

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND  
NHS IMPROVEMENT HELD ON THURSDAY 28 NOVEMBER 2019 AT 15.00 AT  
SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

**Members:**

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**NHS Improvement**

Baroness Dido Harding	Chair
Simon Stevens	NHS CEO
Sir David Behan	Associate Non-Executive Director
Lord Ara Darzi	Non-Executive Director
Ian Dodge	National Director for Strategy & Innovation
Richard Douglas	Vice Chair
Dr Tim Ferris	Non-Executive Director (by telephone)
Julian Kelly	Chief Financial Officer
Ruth May	Executive Director of Nursing
Sir Andrew Morris	Non-Executive Director
Professor Stephen Powis	National Medical Director
Amanda Pritchard	Chief Operating Officer

**NHS England**

Lord David Prior	Chair
Simon Stevens	NHS CEO
Ian Dodge	National Director for Strategy & Innovation
Noel Gordon	Non-Executive Member
Julian Kelly	Chief Financial Officer
Ruth May	Chief Nursing Officer
Michelle Mitchell	Non-Executive Member
Professor Stephen Powis	National Medical Director
Professor Sir Munir Pirmohamed	Non-Executive Member
Amanda Pritchard	Chief Operating Officer
Joanne Shaw	Non-Executive Member
David Roberts	Vice Chair

**In attendance:**

Jessica Dahlstrom	Head of Governance
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**1. Welcome and apologies**

- 1.1. Apologies for absence had been received from Lord Carter of Coles (Non-Executive Director) and Emily Lawson (National Director for Transformation & Corporate Development).

**2. Declarations of interest**

2.1. No interests were declared over and above those held on record.

### **3. Minutes and matters arising from the private meeting held on 26 September 2019 (BM/19/30)**

3.1. The minutes from the private meeting held on 26 September 2019 were approved.

### **4. Risk appetite and joint risk register (BM/19/33(P))**

4.1. The Boards received a paper providing an overview of the proposed approach to risk appetite for the joint organisation. Board members were asked to consider the recommended approach by reflecting on the case study provided and to confirm whether the risk appetite statement, supported by the risk heatmap criteria, provided an appropriate guideline for assessing risks across the organisation i.e., whether it constituted an appropriate framework to consider how much and what types of risk are acceptable relative to potential reward.

4.2. Board members noted that the Executive Risk Management Group was working well and there had been a high level of engagement from national directors. Work was ongoing on building closer links across directorates to ensure comprehensive bottom up risk reporting.

4.3. Board members suggested that six monthly reporting to the Audit and Risk Assurance Committee (ARAC) and annual reporting to the Board would be appropriate. It was noted that while ARAC was responsible for overseeing risk management processes, the substantive consideration of the risks identified was the responsibility of the Boards.

There were risk trade-offs to be made and these would need to be carefully articulated. It was suggested that further work was required on rating the cybersecurity risk.

4.4. The Boards welcomed the ownership which the Executive Team had taken of the risk appetite and joint risk register.

### **RESOLVED:**

4.5. The Board resolved to approve the proposals set out in the paper.

### **5. Capital strategy (BM/19/34(P))**

5.1. The Boards considered a paper which provided an update on capital strategy, setting out developments related to potential reforms to the capital regime and the long-term approach to allocating and managing capital, the Health Infrastructure Plan and streamlining the business case approvals process.

5.2. Board members noted that thinking had been developed on setting regional capital budgets with some national oversight, and some budget available nationally.

Progress had also been made on redesigning and streamlining the capital approvals processes by bringing together the NHS England, NHS Improvement and Department of Health and Social Care (DHSC) processes.

- 5.3. A discussion took place on the approach to capital allocation between regional and national budgets, and on the levels of spend which would trigger approvals processes. Board members highlighted the importance of making as much of the funding as possible available regionally and locally. It would be important to encourage the service to strengthen the early strategic thinking in relation to capital cases, which would help deliver a more streamlined approvals process.
- 5.4. The interaction with the NHS foundation trust capital regime was considered. Organisational incentives were noted and Board members discussed incentives to ensure enough spend on digital investment.

## **6. Update on Long Term Plan implementation (BM/19/35(P))**

- 6.1. Matt Tagney, Director of Planning, joined the meeting for consideration of this item.
- 6.2. The paper presented the latest position from system strategic plans shared with NHS England and NHS Improvement on 15 November, covering both forecast financial position and planned delivery against headline Long Term Plan (LTP) metrics over the next four years. It also set out proposals for concluding the LTP planning process, publishing the aggregation of 42 local strategic system plans in a national implementation plan for the LTP, and the planned pivot to the annual operational planning round during Q4 of 19/20 with the publication of operational planning guidance.
- 6.3. Board members welcomed the work ongoing on LTP implementation. There was some variation in progress made across regions and systems. National trajectories were not yet in place for all areas, but these were being addressed. Rolling four-year programmes might be appropriate in some areas.
- 6.4. A Board call on plans would be scheduled in the first week of January if needed ahead of the next Board, particularly if there was a change in administration following the election.

**ACTION: JD, MT**

- 6.5. Operational planning guidance was likely to be published in January, after the election, although it might be possible to give some face to face guidance in meetings in late December after the election.
- 6.6. The Board expressed its support for the proposals set out in the paper.

## **7. Update on People Plan (BM/19/36(P))**

- 7.1. Prerana Issar, Chief People Officer, joined the meeting for consideration of this item.
- 7.2. The Boards considered a paper which provided an update on the key elements of the NHS People Plan, including of the proposed 'core offer' for NHS staff and Leadership Compact, current projections of how far nursing and GP shortages can be reduced, and work underway on implementation planning.
- 7.3. The Chief People Officer set out the links between the People Plan and the LTP. The People Plan had built links to national programmes such as the cancer programme and the mental health programme. An outline was provided of the Making Time for Care initiative.
- 7.4. A discussion took place on how to incentivise high performing staff to work for the NHS. Board members welcomed the work and the engagement that had taken place as part of the development of the People Plan. Consideration was given to Black, Asian and Minority Ethnic (BAME) staff and how a step change could be made in diversity in the NHS. Leadership would be required to enable this change, and good practices which had been identified in trusts were outlined.
- 7.5. Consideration was given to the impact of the primary care recruitment campaign on the future workforce in other specialties. The mechanisms for expanding the workforce (more medical school training places, retention, international recruitment and expansion of other healthcare staff's responsibilities) were outlined and measures being put in place in each area were noted.
- 7.6. The collaboration between NHS England, NHS Improvement and Health Education England was welcomed by Board members. Workforce planning was now closely aligned to service planning. In terms of curriculum development, this was a two-way process and the NHS should help specify the requirements for its new workforce.
- 7.7. Board members discussed the importance of culture in the interaction with both patients and the workforce. The importance of adoption of the Leadership Compact by all organisations was highlighted. Five key levers should be used to ensure this.
- 7.8. Detailed feedback on the People Plan would be provided to the Chief People Officer outside of this meeting.

## **8. Shrewsbury and Telford maternity update (BM/19/39(P))**

- 8.1. The Boards considered a paper which provided an update on an independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust (the Trust) commissioned by NHS Improvement.
- 8.2. The National Medical Director provided an overview of the number of families who had come forward to raise issues associated with care received by the Trust, and the time period covered. The core period was 2005-17 although some families with older cases had also come forward. The status of the interim report was

discussed, and the Boards received an overview of the history of the report's commissioning.

- 8.3. An inspection by the Care Quality Commission (CQC) had taken place over the summer and the report on this inspection would be published on Tuesday 3 December. The findings of the report were expected to show improvements in maternity services. However, an enforcement notice had been issued regarding the A&E department.
- 8.4. The Boards received an outline of the support which had been put in place for the review team. This was being managed carefully to ensure the review team remained fully independent. Support was also being provided to the Trust. The Chief Nursing Officer outlined the support package which had been offered to the Trust as part of a wider programme of work for maternity services.
- 8.5. Board members emphasised the importance of establishing a learning process for the NHS and national regulators as part of the review, particularly regarding identifying issues across the service. This should be progressed urgently.  
**ACTION: SP, RM**
- 8.6. The role of trust boards was discussed, and a culture of openness and honesty was crucial. Board members highlighted the importance of listening to patients' stories as well as reviewing information.
- 8.7. Other reviews commissioned by NHS Improvement and due to report in 2020 were noted, and the role of bodies concerned with patient safety discussed. An overview of the patient safety landscape should be brought to the Boards in January.

**ACTION: SP, RM**

## **9. Pensions update**

- 9.1. The Boards received a paper which informed Board members about recent announcements regarding the impact of pensions tax on clinical labour supply, operational performance and patient access in winter 2019/20, following:
  - a. discussion with the Board on 30 October where it was agreed that the executive would continue to work with the DHSC on in-year solutions; and
  - b. agreement on 18 November that under NHS England's Standing Orders and following final direction by the Secretary of State for Health and Social Care on behalf of the Government, the Chief Executive and Chair of NHSE would take emergency action in using powers reserved to the full Board to progress the proposals, and that finalisation of operational detail would be delegated to the Chief Executive and Chief Financial Officer.
- 9.2. The emergency action had been ratified in the public session of the Board meeting by the Board of NHS England. A letter setting out the potential agreement with affected clinicians was due to be provided to trusts on 29 November 2019. Further work outstanding was discussed.

## **10. Any other business**

10.1. The Boards noted that an informal governance review would take place over coming months.

10.2. Board members requested further information on IMH Group as a provider of primary care services.

**ACTION: AP**

10.3. The Board would welcome a further discussion on the issue of wholly owned trust subsidiaries. The matter would be discussed at a future private Board meeting.

**ACTION: JD**

**Close**