

**MINUTES OF A PUBLIC MEETING IN COMMON OF THE BOARDS OF NHS  
ENGLAND AND NHS IMPROVEMENT HELD ON THURSDAY 25 NOVEMBER  
2021 AT 2 PM BY VIDEO CONFERENCE**

**Members:**

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**NHS England**

Lord David Prior	Chair
Michael Coupe	Non-Executive Director
Ian Dodge	National Director for Primary Care, Community Services and Strategy (non-voting member)
Rakesh Kapoor	Non-Executive Director
Amanda Pritchard	Chief Executive Officer
Jeremy Townsend	Non-Executive Director
Laura Wade-Gery	Non-Executive Director

**NHS Improvement**

Sir Andrew Morris	Chair
Lord Patrick Carter of Coles	Non-Executive Director
Sir David Behan	Associate Non-Executive Director
Julia Goodfellow	Non-Executive Director
Wol Kolade	Non-Executive Director
Professor Sir Munir Pirmohamed	Non-Executive Director
Professor Stephen Powis	Chief Executive Officer NHS Improvement

**Joint members**

Mark Cubbon	Interim Chief Operating Officer
Dr Tim Ferris	Director of Transformation (non-voting member)
Julian Kelly	Chief Financial Officer
Ruth May	Chief Nursing Officer
Professor Stephen Powis	National Medical Director

**In attendance:**

Sofia Bernsand	Head of Board Governance
Professor Jacqueline Dunkley-Bent	Chief Midwifery Officer, Maternity Safety Champion
Katherine Ibbotson	Director of Governance and Legal
Prerana Issar	Chief People Officer
Barnabas Leavers	Office of NHS Chairs, CEO and COO
Clare Perry	Senior Business Manager to the Chairs
Pauline Philip	National Director for Emergency and Elective Care
Claire Murdoch	Senior Responsible Officer for Mental Health
Tim Kendall	National Clinical Director for Mental Health
Matthew Jolly	Maternity Safety Champion
Aidan Fowler	National Director of Patient Safety
Matt Whitty	Director of Innovation, Research and Life Sciences, and Chief Executive of the Accelerated Access Collaborative

## **1. Welcome and apologies**

- 1.1. Apologies for absence had been received from Lord Ara Darzi of Denham (Non-Executive Director, NHS England) and Susan Kilsby (Non-Executive Director, NHS England).

## **2. Declarations of interest**

- 2.1. No declarations of interest were raised over and above those held on record and no conflicts of interest were raised in respect of business covered by the agenda.

## **3. Minutes from the meetings held on 30 September 2021 (BM/21/29(Pu))**

- 3.1. The minutes from the NHS England and NHS Improvement Board meetings held on 30 September 2021 were approved.

## **4. Chief Executive's Report (verbal update)**

- 4.1. The NHS Chief Executive, introduced the update and on behalf of the Boards thanked all staff across the NHS for their continued dedication and hard work and for ensuring that patients continue to receive safe and effective care.
- 4.2. An update on the COVID-19 vaccination deployment programme was provided, noting the considerable expansion of the programme to include the roll-out of booster doses. The important role the booster jab has in ensuring continued protection against the virus was emphasised. Members of the public were also reminded of the 'evergreen' offer to those who had not yet received the COVID-19 vaccine. The Chief Executive also thanked everyone involved in delivering the programme for their remarkable achievements to date.
- 4.3. An overview of the number of patients in hospital being treated for COVID-19 and the continued pressures on services, in particular acute care, were provided. It was noted that the 10-point recovery plan for urgent and emergency care (UEC) services and the support fund made available to primary care to support additional capacity and services were having a positive impact, but the NHS is nonetheless about to face a very challenging winter. The importance of continued close collaboration between the NHS and social care professionals and the expansion of urgent community response teams to alleviate some of the current pressures were highlighted. Focused work on recovering elective activity remained a clear priority.
- 4.4. The launch of 15 specialist clinics to assist in addressing challenges around obesity and mental health in children and young people were noted. Positive developments delivered since the last meeting included a deal to deliver additional blood thinning drugs to up to 610,000 further patients, at home blood pressure monitoring and a new treatment for sickle cell disease and spinal muscular atrophy.
- 4.5. The Health and Care Bill is before Parliament and the majority of designated integrated care system chairs and chief executives have been appointed. Dr Clare Fuller, senior responsible officer of the Surrey Heartlands Integrated Care System, has been commissioned to lead a piece of work on how primary care

networks can be supported in integrated care systems, with particular focus on how to accelerate the preventative and out of hospital care offer for patients.

- 4.6. An overview of the announcement made by Government to integrate Health Education England, NHS Digital and NHSX with NHS England and NHS Improvement was provided, highlighting the opportunities this presents by strengthening existing collaborations between the organisations through the creation of a single organisation with workforce and digital at its centre.
- 4.7. The Chief Executive concluded by highlighting immediate priorities, which included continued preparations to manage winter pressures including COVID-19, the deployment of the COVID-19 vaccine programme, recovery of critical non COVID-19 services and continuing to support system transformation.

## **5. NHS operational performance update (BM/21/30(Pu))**

- 5.1. The Interim Chief Operating Officer introduced the report and provided an update on cancer, noting the positive response to the Help Us Help You campaign and continued work to respond to urgent cancer referrals. The increase in Primary Care activity was highlighted and their support in delivering the COVID-19 vaccination programme was commended. 90 specialist post-COVID clinics have now also been established to support local services and patients recovering from COVID-19.
- 5.2. The National Director for Emergency and Elective Care provided an overview of winter pressures and the impact this is having on elective and UEC services. Demand on 999 and NHS 111 First remain very high and considerable efforts are being made to reduce call waiting times and increase capacity for the ambulance service but also support staff through these very challenging times. An update on elective recovery activity was also provided, and the additional funding made available to support elective activity and cancer services. A discussion took place on NHS 111 First services and the tremendous work they are doing in ensuring patients are given the most appropriate clinical response and directed through the service from the outset.
- 5.3. The National Director for Primary Care, Community Services and Strategy provided an update on primary care, discharge and community services, noting the continued high demand for primary care services. Additional funding has been made available to address challenges around hospital discharge and NHS England and NHS Improvement are working closely with social care bodies and Government departments to provide support for new or additional care needs after discharge from hospital. The continued rollout of community support services and the two-hour crisis response standard for support at home was noted. Considerable work is being undertaken to expand the offering around hospital at home and virtual ward models.

## **6. Update on Innovation, Research and Life Sciences and Accelerated Access Collaborative (BM/21/31(Pu))**

- 6.1. The National Director of Transformation introduced the report, which provided an update on progress made in the last year by the Innovation, Research and Life

Sciences (IRLS) in delivering an ambitious suite of research and innovation programmes to ensure the NHS continues to improve patient outcomes and reduce health inequalities. Tribute was paid to the IRLS team for their achievements and the adoptions of innovations that strive to deliver better care for patients.

- 6.2. The Chief Executive of the Accelerated Access Collaborative (AAC) provided an overview of the background to the AAC, highlighting its role in improving patient outcomes and reducing health inequalities by working together with health, Government, regulatory, charity and other industry partners to accelerate research and adoption of innovations.
- 6.3. A summary of some of the innovations introduced during the last twelve months and priorities for the coming year were provided. Main priorities include supporting the NHS workforce to champion frontline innovations and increase the diversity, scale, and speed of research to enable the NHS to have improved clinical evidence that better reflects the population and enable adoption of innovations that will improve outcomes and address health inequalities.
- 6.4. The Chief Nursing Officer provided an overview of the Strategic Plan for Research, aiming to broaden the involvement of nurses in research, and enable research led and delivered by nurses to become part of business as usual in all health and care settings.
- 6.5. Board members commended the work of the IRLS/ACC and emphasised the importance of offering chances to join clinical trials where appropriate to assist the NHS in improving healthcare and better outcomes for patients.
- 6.6. A discussion took place on uptake across the NHS of National Institute for Health and Care Excellence (NICE) technologies and the need for Integrated Care Systems to embed research as part of their business as usual. The approach to prioritisation and how innovations and research are improving productivity and efficiency were also considered. The recent introduction of a web portal designed to capture innovations from NHS colleagues was highlighted.

## **7. Update on Mental Health Services (BM/21/32(Pu))**

- 7.1. The Senior Responsible Officer for Mental Health introduced the item and provided an update on the national mental health programme, including the impacts of COVID-19, achievements to date and critical risk and success factors to the future delivery of the mental health programme.
- 7.2. An overview of the NHS Long Term Plan mental health commitments that have been expediated to support the response to the COVID-19 pandemic was provided. These included the rapid roll out of all age mental health crises lines, the increase in the use of digital technology and the development of enhanced mental health and wellbeing hubs to support colleagues within the NHS. NHS led Provider Collaboratives that oversee the commissioning of a number of specialised mental health, learning disability and autism services have also been established across the country.

- 7.3. Following the publication of the Mental Health Equalities Strategy in 2020, reporting against inequalities is now embedded in NHS mental health governance, via the Advancing Mental Health Equalities Taskforce, and has resulted in improved quality and usability of inequality data.
- 7.4. Pressures on mental health services were noted and it was discussed that the deployment of funding made available through the COVID-19 Mental Health and Wellbeing Recovery Action Plan has enabled fast tracking of the roll out of mental health support teams in schools and 24/7 mental health crises support over the phone for children and young people.
- 7.5. The National Clinical Director for Mental Health provided an overview of his personal experience in supporting homeless people with mental health issues and provided an overview of technological advancements made since the start of the pandemic, highlighted the positive improvements in offering patients more flexibility in the approach to receiving therapy. The positive impact the 24/7 mental health liaison service is having for patients and staff in accident and emergency departments was highlighted.
- 7.6. Discussions took place on the benefits of the wellbeing zones in some hospitals and the impact the pandemic has had on many young adolescents. Consideration was also given to the workforce capacity challenges.

## **8. Maternity and Neonatal Services Update (BM/21/33(Pu))**

- 8.1. The Chief Nursing Officer introduced the report, highlighting that 9 December marked the one-year anniversary since the interim publication of the Donna Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust (the Ockenden review).
- 8.2. The National Director of Patient Safety provided an update on the Ockenden review, noting that reviews were also taking place into maternity services at East Kent Hospitals University NHS Foundation Trust and Nottingham University Hospitals NHS Trust. The Boards noted their support for the proposal to request that trust chairs and chief executives report on progress made against the seven immediate and essential actions set out in the Ockenden review at a public board meeting before the end of the financial year.
- 8.3. The Chief Nursing Officer provided an overview of progress made in deploying the £95.6m made available to improve maternity services and increase the number of midwifery and obstetrician posts. The continued close joint working with Health Education England and the Royal Colleges on target interventions to address regional variation in vacancy and workforce supply levels was also highlighted.
- 8.4. Updates on the Maternity Safety Support, the Digital Maternity and the Neonatal programmes were provided. Work to progress the continuity of carer model is ongoing and a new guide has been published to encourage this to be implemented where appropriate.
- 8.5. The Chief Midwifery Officer provided an overview of the Equity and Equality Guidance for Local Maternity Systems and the Four Key Pledges to Women,

Babies and Staff guidance, which sets out five clinical priorities and four pledges to improve the shared understanding of why work on equity and equality is so important.

- 8.6. The Boards welcomed progress made and highlighted the importance of agreeing the minimum level of required staffing for each maternity and neonatal service area. A discussion took place on the trusts which are receiving targeted support for their maternity units through the Maternity Safety Support Programme. The importance that these trusts are given expedited support to promptly address areas of concern and improve outcomes for patients was emphasised.

## **9. Public Participation Assurance (BM/21/34(Pu))**

- 9.1. The Boards noted the annual Public Participation Dashboard.

## **10. Any other business**

- 10.1. There was no other business.

**Close**