

**MINUTES OF A MEETING OF THE NHS ENGLAND BOARD HELD IN PUBLIC ON THURSDAY 7 JULY 2022 AT 14.15 AM AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON SE1 8UG**

**Members:**

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**NHS England**

Richard Meddings	Chair
Sir David Behan	Associate Non-Executive Director
Michael Coupe	Non-Executive Director
Amanda Pritchard	Chief Executive Officer
Julian Kelly	Chief Financial Officer
Susan Kilsby	Non-Executive Director
Dame Ruth May	Chief Nursing Officer
Andrew Morris	Deputy Chair
Professor Sir Munir Pirmohamed	Non-Executive Director
Professor Sir Stephen Powis	National Medical Director
Sir David Sloman	Chief Operating Officer
Jeremy Townsend	Non-Executive Director
Laura Wade-Gery	Non-Executive Director

**In attendance:**

Sofia Bernsand	Head of Board Governance
Mark Cubbon	Chief Delivery Officer
Dr Tim Ferris	Chief Transformation Officer
Chris Hopson	Chief Strategy Officer
Katherine Ibbotson	Director of Governance and Legal
Emma McLachlan	Director of Digital Experience
Dr Habib Naqvi	Director, NHS Race and Health Observatory (agenda item 9)
Dr Bola Owolabi	Director, Healthcare Inequalities, NHS England
Pauline Philip	National Director Urgent and Emergency Care
Jacqui Rock	Chief Commercial Officer

**1. Welcome and apologies**

1.1. Apologies for absence had been received from Rakesh Kapoor (Non-Executive Director) and Wol Kolade (Non-Executive Director).

1.2. The Chair noted the abolishment of NHS Improvement on 1 July and that this was the first meeting of the new NHS England Board. He noted that Lord Ara Darzi, Lord Patrick Carter and Dame Julia Goodfellow had stepped down from the Boards and thanked them for their tremendous contributions to the respective Boards and the organisations.

**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 19 May 2022 (BM/22/23(Pu))**

- 3.1. The minutes from the NHS England and NHS Improvement Board meetings held on 19 May 2022 were approved.

### **4. Chair's report (verbal update)**

- 4.1. The Chair introduced the item, highlighting the ongoing pressures on services and that an internal announcement had just been made regarding the creation of a new NHS England organisation and the plans for bringing together NHS England, Health Education England and NHS Digital.

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

- 5.1. The NHS Chief Executive Officer (CEO) introduced her update and provided a summary of the context to the merger of NHS England, Health Education England and NHS Digital. An overview of the significant opportunities that the merger will present was also provided, highlighting that the new integrated organisation will do things differently and will be better enabled to support the NHS and Integrated Care Boards (ICBs) in delivering healthcare to the population. This will be delivered by a re-sizing of the new organisation and deploying resources more effectively. A discussion took place on the approach to the merger and the benefits it will bring. Amongst other things the advantages of bringing together workforce planning and data, digital and technology capabilities and how this will support a more efficient, and digitally enabled, transformation of the NHS.
- 5.2. The 74<sup>th</sup> birthday of the NHS and the award of the George Cross by Her Majesty The Queen to the NHS in recognition of the years of dedicated service, including the courageous efforts by healthcare workers across the nation during the pandemic, was noted.
- 5.3. Feedback from the NHS ConfedExpo conference in June was provided, including a summary of the CEO's 'four Rs' framing for the organisation's focus: recovery, reform, resilience and respect.
- 5.4. The establishment of an assessment of efficiency measures and opportunities across the NHS was highlighted, with the Chief Financial Officer as the Senior Responsible Officer and Jeremy Townsend as the Non-Executive Director sponsor, to identify longer term cost saving opportunities and changes to delivery of services,.
- 5.5. The increase in pressures on services was noted. Work is underway to prepare for the winter season, including planning for associated pressures arising from the flu season and potentially another wave of COVID-19 infections and the impact of economic circumstances – in particular energy costs and inflation – on vulnerable groups. The Chief Executive also highlighted the pending recommendation from the NHS Pay Review Body in respect of a pay settlement for the NHS and the formal commencement of the COVID-19 Public Inquiry.

## **6. NHS operational performance update (BM/22/24(Pu))**

- 6.1. The Chief Operating Officer and the National Medical Director provided an update on the increase in COVID-19 infection rates, the number of patients being admitted to hospital for COVID-19, and the impact this is having on services. The likelihood of a challenging winter season was highlighted, noting the important role that the autumn COVID-19 vaccine booster and flu vaccines will have in protecting members of the public and managing pressures on hospitals. A discussion took place on COVID-19 therapeutics and the availability of these to eligible patients.
- 6.2. An update on elective recovery was provided and the Board noted the continuing efforts being made to eliminate the 104-week waiting list. It was noted that the next milestones in the elective recovery delivery plan include the reduction in the number of people waiting more than 62 days for an urgent cancer referral back to pre-pandemic levels by March 2023 and to eliminate waits of over 18 months by April 2023. This would be achieved through performance management and support to providers to ensure good waiting list management.
- 6.3. The continuing pressure on urgent and emergency care (UEC) was highlighted and a discussion took place on the initiatives that NHS England will undertake to support the most challenged systems in managing UEC supply and demand and ambulance handover challenges. This will be supported by the development of a comprehensive winter plan, focusing on work to avoid admissions to hospitals, support to ambulance services and timely flow across the UEC pathways. It was noted that the winter plan will encompass physical and mental health services. The Board noted the recruitment of additional nurses to support front line pressures over the winter period.
- 6.4. An overview of initiatives to improve discharge was provided, including the implementation of the 10 highest impact interventions to improve flow through the system and discharge via the '100 day challenge'. Calls for early pioneers for looking at radical ways to improve the flow of patients between the health and social care systems have also been made.
- 6.5. It was noted that work has commenced to review the recommendations of the Fuller report. This will include work to improve access to primary care and reorientate the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay well and healthy.
- 6.6. The Boards considered the establishment of Community Diagnostic Centres and their work to increase access and diagnostic capacity.
- 6.7. The Chief Financial Officer noted that the final financial plans for 2022/23 had been submitted, highlighting the risks in the delivery of the plans and ongoing work with systems to manage these risks and the additional costs of 'Living With COVID'.
- 6.8. The pending recommendation from the NHS Pay Review Body on the NHS pay settlement and the consequence to the NHS should additional funding not be made available to accommodate an increase above 3% were considered. The

Board noted its support for NHS frontline colleagues to be properly recognised and awarded but raised concern about the implications on services should an award in excess of 3% have to be funded with existing NHS resources. The implications of cuts to investments that will drive efficiencies and result in longer term more affordable care was also considered.

## **7. New commercial strategy for the NHS (BM/22/25(Pu))**

- 7.1. The Chief Commercial Officer introduced the item and provided an overview of the current procurement landscape and context to the introduction of a new commercial strategy for the NHS.
- 7.2. The Boards noted that a new central commercial function will be established, and led by NHS England, and will provide seven service offerings to support all NHS commercial activities. NHS England will work collaboratively with the NHS commercial community to collectively deliver better value for money. An overview of the seven service offerings was provided, noting that the aim was to have all service offerings in place by the end of 2024. The Board welcomed the strategy and a discussion took place on the benefits that this will bring to the NHS as well as suppliers, highlighting in particular the benefits of scale that standardising procurement across the NHS will bring. The impact of the rise in inflation was also discussed. The Board requested that regular updates on the implementation of the strategy be provided.

**ACTION: JR**

## **8. Update on the NHS App and plans for development (BM/22/26(Pu))**

- 8.1. The National Director of Transformation introduced the update on progress made in developing the NHS App (the App), and plans to expand its functionalities and improve the offer to patients by expanding access to trusted health information.
- 8.2. The Director of Digital Experience provided an overview of the additional functionalities that will be made available on the App over the next year, in particular highlighting the objective to increase access to GP records and the ability to make appointments using the App. A discussion took place on accessibility and the need to support all providers of primary and secondary care to reach a stage where they have a platform in place that has the capability to transmit health information data to the App. The need to consider expanding the use of the App to include services for NHS staff and ensure the key principles from the Digital Inclusion Framework are incorporated into the App were also emphasised.

## **9. NHS Race and Health Observatory annual report (BN/22/27(Pu))**

- 9.1. The Director of Health Inequalities, NHS England, provided an overview of the background to the NHS Race and Health Observatory (RHO) and the Director of the RHO provided a summary of the work of the RHO since its inception in April 2021.
- 9.2. The Boards welcomed the areas of focus and the work and impact to date, noting the core areas of initial focus of mental health, maternal and neonatal health,

digital and data, genomics and precision medicine, and the health and care workforce. It was noted that 18 work programmes are in place to improve ethnic health inequalities and one key focus going forward will be to work with ICSs to implement novel and innovative ways to tackle identified inequalities. Work was also taking place with international colleagues to share best practice and learnings. A discussion took place on the approach to engaging with patients and members of the public, and Board members commended the RHO for its focus on things that have a real impact, the alignment to the NHS Long Term Plan and its proactive collaborative approach.

### **Any other business**

9.3. There was no other business.

**Close**