

MINUTES OF A MEETING OF THE NHS ENGLAND BOARD HELD IN PUBLIC ON THURSDAY 6 OCTOBER 2022 AT 14.15 AM AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON SE1 8UG

Members:

NHS England

Richard Meddings	Chair
Sir David Behan	Non-Executive Director
Rakesh Kapoor	Non-Executive Director
Julian Kelly	Chief Financial Officer
Wol Kolade	Deputy Chair
Dame Ruth May	Chief Nursing Officer
Sir Andrew Morris	Deputy Chair
Professor Sir Munir Pirmohamed	Non-Executive Director
Professor Sir Stephen Powis	National Medical Director
Amanda Pritchard	Chief Executive Officer
Sir David Sloman	Chief Operating Officer
Laura Wade-Gery	Non-Executive Director (from 10.30am)

In attendance:

Duncan Burton	Deputy Chief Nursing Officer (until item 6)
Tom Cahill	National Director for Learning Disability and Autism (until item 4)
Mark Cubbon	Chief Delivery Officer
Dr Amanda Doyle	National Director of Primary Care and Community Services
Professor Jacqui Dunkley-Bent	Chief Midwifery Officer (until item 6)
Dr Navina Evans	Chief Workforce Officer
Dr Tim Ferris	National Director of Transformation
Chris Hopson	Chief Strategy Officer
Professor Tim Kendall	National Clinical Director for Mental Health (until item 4)
Claire Murdoch	National Director for Mental Health (until item 4)
Katie Neumann	Head of Board Governance
Dr Bola Owolabi	Director of Health Inequalities
Professor Donald Peebles	Consultant Obstetrician (until item 6)
Jacqui Rock	Chief Commercial Officer
Steve Russell	National Director of Covid and Flu Vaccinations
Morag Stuart	Chief Programme Officer, New Hospitals Programme

1. Welcome

• **Apologies for absence**

- 1.1. Apologies for absence had been received from Mike Coupe (Non-Executive Director), Susan Kilsby (Non-Executive Director) and Jeremy Townsend (Non-Executive Director).

- **Declarations of interest**

1.2. 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.

- **Minutes from the meetings held on 7 July 2022 (BM/22/30(Pu))**

1.3. The minutes from the NHS England Board meeting held on 7 July 2022 were approved.

2. Chair's report (verbal update)

2.1. The Chair welcomed colleagues to the Board and updated Members on his recent visits to East London NHS Foundation Trust and the Hellingly Centre at Sussex Partnership NHS Foundation Trust which demonstrated an outstanding commitment from staff and management that was evidenced in the high quality care for patients, and noting the update that would be provided under the Chief Executive Officer's (CEO's) update on mental health inpatient services, including the significant failings in care at the Edenfield Centre. He also noted his visit to the Charing Cross Hospital, highlighting in particular the fantastic cancer support provided through the Maggie's Centre.

2.2. The ongoing pressures around workforce, demand and capacity across the NHS, particularly in primary care and dentistry, urgent and emergency care (UEC) and ambulance services were highlighted. Continuing challenges in relation to cost of living pressures were recognised and the Chair commended the NHS executive on their continuing support for NHS staff to manage cost of living pressures.

2.3. The discussions that had taken place at the private Board meeting on the development of the Long Term Workforce Plan and the Creating the new NHS England Programme were noted.

2.4. The engagement planned with integrated care board (ICB) chairs in the next week was discussed.

3. Chief Executive's Report (verbal update)

3.1. The NHS Chief Executive Officer (CEO) introduced her update, acknowledging that this was the first meeting held in public since the passing of Queen Elizabeth II and reflecting on her support for the NHS and its staff.

3.2. The CEO introduced the National Director for Mental Health, National Clinical Director for Mental Health, and the National Director for Learning Disability and Autism to discuss the significant failings of care at the Edenfield Centre (Edenfield) (part of Greater Manchester Mental Health Trust), the subject of the recent BBC Panorama documentary, *Undercover Hospital: Patients at Risk*. The nature of the issues identified and the extent to which these were evident across mental health inpatient services across England were considered, emphasising the need for collective effort and action from staff across the NHS to improve quality of care and safeguarding for these patients.

- 3.3. All patients involved in the documentary had undergone an independent review of their care and a review had also been commissioned into Edenfield, focussing on clinical governance, oversight and monitoring of service delivery and quality of care from ward to Board level, and the extent to which patients' and families' lived experience was used to inform service improvements. A wide range of actions were also in train to address the failings identified, led by the North West regional team in partnership with the Greater Manchester ICB, reporting into the Chief Operating Officer and the Chief Executive. A number of staff had been suspended from Edenfield and disciplinary processes were underway.
- 3.4. A discussion took place on the need for more radical change of the model of care for mental health, including expanding the provision of community mental health services, improving the quality of inpatient care and addressing structural issues relating to staffing and estates. A three-year Quality Improvement Programme was being developed to drive this work, and Members considered the importance for this work to cover governance, risk management and oversight, culture, values, training and education, with robust engagement with clinicians, patients and other regulators to shape and deliver this Programme. The learnings from the failings at Edenfield for all NHS providers were emphasised. It was noted that this work would be overseen by the Board's Quality Committee.
- 3.5. The CEO noted the appointment of a new Secretary of State for Health and Social Care and Ministerial team since the last Board meeting and the development of the Government's Our Plan for Patients publication.
- 3.6. On Covid-19, over 9,500 people were currently in hospital with Covid-19 and the CEO emphasised the need for continued focus on and support for the vaccination programme, noting the targeted action being taken to reach citizens in underserved communities.
- 3.7. The ongoing work to develop plans to support service delivery and resilience during the winter period and the further engagement planned with the NHS leadership community to determine additional actions that could be taken on this were considered. The specific challenges identified for delivery were noted, including the risk of industrial action by NHS staff and the potential impact of this on services.
- 3.8. The CEO provided an overview of the actions being taken to address capacity challenges in primary care, in particular the recruitment of advanced practitioners, GP assistants and digital leads as part of the primary care workforce, and the ramp up of the community pharmacy consultation service.
- 3.9. The role that volunteers can and do play in supporting capacity, staff and patient experience across the NHS was highlighted and an update provided on the work underway with ICBs to strengthen the volunteering infrastructure and support model in their systems.
- 3.10. The Board noted the continuing work on the merger between NHS England, Health Education England and NHS Digital and the challenging timescales for delivery.

4. NHS performance update (BM/22/31(Pu))

- **Operational Performance Update**

- 4.1. The Chief Operating Officer (COO) introduced the report on NHS operational performance, summary the latest position on performance and progress made since the previous Board.
- 4.2. The National Medical Director provided an overview of the reported increase in Covid-19 infections across England, with approximately 35-40% of admissions reporting Covid as the primary reason for admission and noting that the percentage of patients in high dependency and intensive care units remains low, and materially better than the previous year, indicating a reduction in the severity of illness which was largely attributable to the vaccination programme. Members emphasised the importance for members of the public to take up the offer of a free flu vaccine and Covid-19 booster, taking into account the latest evidence on natural immunity from Covid-19, rising transmission rates, and other respiratory viruses that may circulate this winter.
- 4.3. The National Director of Covid and Flu Vaccinations provided an update on vaccination delivery, highlighting that just over 5 million people in eligible groups had come forward for a Covid-19 vaccination and approximately 4 million people had received a flu vaccination across the country. The continuing focus on increasing access and vaccine delivery in underserved communities was discussed, focussing on building confidence in the NHS through local leadership, culturally competent communications, and delivering vaccines in a setting that is relevant for these individuals.
- 4.4. The COO summarised the progress made on elective recovery, highlighting delivery of the elective recovery plan target relating to 104 week waits, and the shift in focus to reduce 78 week waits. Assurance was provided on the arrangements in place to manage continued delivery of elective recovery in the context of increasing Covid infections and Covid-positive inpatients.
- 4.5. On UEC, the Board received an overview of the significant pressures across these services and the actions being taken to manage these through winter planning, as summarised in the previous item. The improvements in cardiovascular services, particular around thrombolysis and thrombectomy, were highlighted. A discussion took place on the progress made to open the additional 7,000 general and acute beds, including the proportion of these which were virtual versus physical beds.
- 4.6. The ongoing work led by the Department of Health and Social Care on allocation of the Government's £500 million discharge funding was noted.

- **Financial Performance Update**

- 4.7. The Chief Financial Officer (CFO) provided an update on the Month 4 2022/23 Financial Position, including the impact of increased Covid-19, UEC and elective demand on spend and the allocation of additional funding for social care and discharge, and noted that the forecast reflected delivery on budget for the financial year. Work continues to closely oversee and manage the position, while delivering the funding reductions required of NHS England (NHSE), including the cost reductions planned through the New NHS England Merger Programme.

- 4.8. Looking to 2023/24 and beyond, Members discussed the impact of the unplanned financial costs incurred across the NHS in 2022/23 on the financial position, particularly in relation to Covid, increased demand across services, challenges in discharge and workforce, reprioritisation of funding to cover the NHS pay settlement and costs associated with the Government's Living with Covid Plan, higher inflation in 2022/23 and unfunded costs transferred to NHSE. The CFO reported that the NHS had committed to delivering £12 billion of annualised savings by 2024/25, however these unplanned costs added another £2.5 billion, totalling £14.5 billion of planned savings which equated to a circa 10% reduction in the NHS's current nominal cost base. This did not include a potential additional £6-7 billion cost pressure depending on how inflation feeds through into pay and other prices in 2023/24.
- 4.9. The Board considered the ongoing work to develop plans for managing these unquantified additional challenges within the nominal budget currently set for NHSE and the implications of this for service delivery, particularly the ability for the NHS to deliver the previously committed expansion of mental health, cancer, diagnostic and primary care services. The extent to which energy prices, the business relief scheme, discharge funding, staff pay and cost of living pressures would impact the financial position was also noted.

5. Maternity and Neonatal Services – Update (BM/22/32(Pu))

- 5.1. The Chief Nursing Officer introduced the update, summarising the planned publication of the report on the independent investigation led by Dr Bill Kirkup on maternity and neonatal services in East Kent on 19 October, and launch of the Nottingham University Hospitals Independent Review of Maternity, chaired by Donna Ockenden with the COO as the Senior Responsible Officer. The development of the single delivery plan for maternity and neonatal services was also noted.
- 5.2. The Board noted that maternal medicine networks would be operational in all parts of the country by the end of this year to support access to high quality care for women with medical complexity, with further work needed to embed obstetric physicians in these networks and to ensure that they are appropriately managing inequalities. The continued focus on reducing smoking rates in pregnant women and ongoing work on stillbirths was discussed, emphasising the importance for pregnant women to get vaccinated.
- 5.3. The Chief Midwifery Officer described the specific challenges identified and further work underway to ensure continuity of care across maternity and neonatal services and actions taken on safe staffing to support this. The particular focus on women from ethnic minority backgrounds, who are statistically most likely to experience harm, was emphasised.
- 5.4. A discussion took place on the workforce position and the actions being taken on recruitment, training and retention, including support for clinical leadership across maternity and neonatal services and ensuring sufficient consultant cover on labour wards. The work planned on international recruitment was considered and Members emphasised the need to prioritise training domestic supply in the UK and supporting continuous learning and professional development.

5.5. The extent to which the continuing action and support on maternity and neonatal services would result in a reduction in the clinical negligence costs to the NHS due to poor maternity and neonatal care was noted.

6. Access to Primary Care (BM/22/33(Pu))

6.1. The National Director of Primary Care and Community Services introduced the report and set out the actions underway to improve contact with and access to primary care. The increasing pressure on primary care as a result of the ageing UK population, and associated increase in comorbidities were considered.

6.2. The significant increase in the number of GP trainees was highlighted, however a large proportion of UK trainees were international medical graduates whose leave to remain ceased when they graduated. Work was underway with the Department of Health and Social Care (DHSC) and the Home Office to review the visa requirements to enable international medical graduates to stay and work in the UK. The further work needed in parallel to improve GP retention and to consider skill mix, taking into account the work on the Long Term Workforce Plan, to drive a material change in provision and access in primary care was also considered.

6.3. The Board discussed the further work planned on community pharmacy, noting the support needed to ensure the sustainability of this sector and deliver the additional capacity that could be provided to manage demand on primary care.

6.4. On dentistry, Members considered that NHS dental activity was at around 80% of pre-pandemic levels and was below the levels commissioned by NHSE. A number of reforms had been made to the NHS dental contract which seek to address the challenges associated with delivering care to higher needs patients and make it easier for patients to access NHS care, with further work planned to drive more material change to commissioning and provision. The actions being taken to increase access to dental services in currently underserved communities were noted, and the Board supported the proposed simplification of the registration process for dentists to join the NHS providers list.

7. New Hospitals Programme (BM/22/34(Pu))

7.1. The Chief Programme Officer, New Hospitals Programme provided an overview of the strategic objectives for the Programme, noting the collaborative approach being taken with ICBs.

7.2. Confirmation was awaited from Government on the next stage of funding and scope for the Programme, which was expected in December, and a discussion took place on the funding position across the Schemes in Cohorts 1 to 4. The work underway with Government to address Reinforced Autoclaved Aerated Concrete issues identified across 14 NHS hospitals, with seven of these being critical, was also noted.

8. Annual report on NHS England's work on healthcare inequalities, to improve access, experience and outcomes for all (BM/22/35(Pu))

- 8.1. The Chief Strategy Officer introduced the annual report on NHSE's work on healthcare inequalities item, highlighting NHSE's responsibility to address health inequalities in accordance with the NHS constitution, its statutory functions, and the commitments in the NHS Long Term Plan.
- 8.2. The Director of Health Inequalities summarised the progress made and further work required across the NHS, noting in particular the actions taken by Mid and South Essex NHS Foundation Trust through the Anchor Programme to create employment, volunteering, internship and network opportunities for the local community, the progress made by University Hospitals of Leicester NHS Trust to reduce the rates of those not attending appointments in respiratory pathways through targeted engagement and communication with more deprived communities, and the work carried out by North Midlands NHS Trust to improve communications on accessing health and care services for citizens whose main language was English which delivered a 25% reduction in accident and emergency attendances.
- 8.3. A discussion took place on the roll out of the Core20PLUS5 approach across children and young peoples' services and the plans to accelerate work on digital inclusion. Multimorbidity was considered in the Core20PLUS5 plans and actions, with further work needed to consider how differences in prevalence and how and when these issues present could be identified across different communities. The Board considered the wider objectives for Core20PLUS5 and discussed that this should be integrated into all areas of NHSE's work, recognising the criticality of this work to improve access and health outcomes for the whole population.

9. Use of the NHS England Seal (BM/22/36(Pu))

- 9.1. The Boards noted the report which set out details of all documents that have been authorised and sealed with the NHSE seal, between 1 January to 5 September 2022.

10. Annual NHS England Freedom to Speak Up Report (BM/22/37(Pu))

- 10.1. The Boards noted the annual report on internal Freedom to Speak Up (FTSU) from the NHSE FTSU Guardians and thanked Richard Barker as the SRO for internal FTSU, and Sir Andrew Morris for his continued support on FTSU.

11. Any other business

- 11.1. The Chair thanked the Board for their engagement and support provided on the various Board committees and commended the Executive on their continued strong leadership of the organisation.

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