

**MINUTES OF A PUBLIC MEETING OF THE NHS ENGLAND BOARD HELD ON THURSDAY 30 MARCH 2023 AT 2.30PM AM AT WELLINGTON HOUSE, 133-155 WATERLOO ROAD, LONDON SE1 8UG**

**Members:**

Richard Meddings	Chair
Sir David Behan	Non-Executive Director
Mike Coupe	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
Professor Sir Mark Walport	Non-Executive Director
Professor the Baroness Watkins	Non-Executive Director
Professor Sir Simon Wessely	Non-Executive Director

**Attendees:**

Duncan Burton	Deputy Chief Nursing Officer
Prof Jacqueline Dunkley-Bent	Chief Midwifery Officer, and Maternity Safety Champion
Navina Evans	Chief Workforce Officer
Dr Tim Ferris	National Director of Transformation
Chris Hopson	Chief Strategy Officer
Matthew Jolly	Director of Innovation, Research and Life Sciences
Katie Neumann	Head of Board Governance
Steve Russell	National Director of Covid and Flu Vaccinations
Matt Whitty	Director of Innovation, Research and Life Sciences

**1. Welcome**

• **Apologies**

- 1.1. Apologies for absence were received from Rakesh Kapoor (Non-Executive Director), Susan Kilsby (Non-Executive Director), Jacqui Rock (Chief Commercial Officer) and Laura Wade-Gery (Non-Executive Director).

• **Declarations of interest**

- 1.2. Members noted that Sir David Behan is the Chair of Health Education England (HEE). No further declarations of interest were raised over and above those held on record and no direct conflicts of interest were raised in respect of business covered by the agenda.

- **Minutes from the Board meeting held on 2 February 2023 (BM/23/08(Pu))**

1.3. The minutes from the Board meeting held on 2 February 2023 were approved.

## **2. Chair Update**

2.1. The Chair thanked staff for the substantial work carried out to enable the successful transfer of NHS Digital (NHSD) to NHS England (NHSE) on 1 February and for the impending transfer of HEE to NHSE on 1 April 2023, and commended the NHS Executive and the executive teams from NHSD and HEE for their leadership throughout this process.

2.2. The Chair updated the Board on the visits he had undertaken to NHS organisations across the acute, primary and social care sectors, emphasising the demonstrable progress made on digitisation to improve care delivery and access in parts of the system. The engagement carried out with partner organisations and senior NHS leaders, including on UEC and Genomics, and the outputs of this were also considered.

2.3. The need to retain focus on staff satisfaction and resilience in parallel with delivering safe and high quality care for all, recognising the clear links between these areas, was considered.

2.4. An update was provided on the planned recruitment of new Non-Executive Directors for NHSE, which would launch tomorrow.

## **3. Chief Executive Update**

3.1. The Chief Executive welcomed colleagues from HEE who will be joining the new NHS England on 1 April 2023, and thanked former NHSD colleagues for welcoming her at their offices in Wellington Place, Leeds. The Chief Executive also thanked Sir David Behan and Laura Wade-Gery for their strong leadership of HEE and NHSD, noting their continued roles in NHSE which would support the safe transfer and continued oversight of NHSD and HEE functions in the new NHSE.

3.2. Noting the comments made by the Chair, the Chief Executive highlighted the ongoing work to support new and current staff to come into and develop their careers through the NHS. The diverse range of stakeholders that NHSE works with, which had expanded with the coming together of NHSE, NHSD and HEE, and the opportunities this presented for collaboration and transformation were considered.

3.3. The Board reflected on the learnings for NHSE from the Michelle Cox employment tribunal and discussed the actions being taken to address NHSE's failings identified in the tribunal's findings. The Chief Nursing Officer (CNO) emphasised that everyone was responsible for taking action to eliminate racism, noting that combating racism and discrimination relied on a collective effort from staff, patients and the public.

3.4. On operational performance, the continued pressures across urgent and emergency care (UEC) and the position on industrial action from NHS staff

were discussed, noting the substantial dedication of NHS staff to manage this and ensure the continued delivery of care to those who need it. An update was also provided on the anticipated publication of the Primary Care Access Recovery Plan and the ongoing work to finalise the Long Term Workforce Plan (LTWP). The Board noted the publication of the three year delivery plan for maternity and neonatal services, which would be discussed later in the meeting. Members congratulated Professor Jacqueline Dunkley-Bent on her appointment as Chief Midwife at the International Confederation of Midwives.

- 3.5. The publication of the NHS Staff Survey results and ongoing work to develop and agree the actions that will be taken in response to this was noted.
- 3.6. An update was provided on the ongoing work with the Rt Hon Patricia Hewitt on the Hewitt Review, with the final report expected in the coming weeks.
- 3.7. The Board's focus going forward on challenging delivery and working with the NHS Executive to drive transformation and innovation in support of NHSE's key strategic objectives, looking ahead to the next five years, was considered.

#### **4. Performance update (BM/23/09(Pu))**

- **Operational Performance Update**

- 4.1. The COO introduced the operational performance update, noting the changes to the format of the report to improve accessibility.
- 4.2. The Board considered the position on Covid-19 infection rates, highlighting that the NHS has treated over 1 million patients in hospital with Covid-19 to date.
- 4.3. A discussion took place on the positive progress made on delivery of UEC constitutional standards in spite of continuing pressures, noting in particular the reduction in four hour waits and ambulance handover times (currently 37 minutes on average against the 30 minute standard). Members noted the ambition to improve the proportion of patients being admitted, transferred or discharged within four hours to 76% by March 2024, with further improvement in 2024/25.
- 4.4. Consideration was given to the reported position on elective activity and the Board commended systems, providers, NHS and NHSE staff on the progress made on 78 week waits, which had reduced from 1.2 million to only 11,000 people on the waiting list. The continuing focus on 65 week waits and addressing the 62 day cancer backlog was noted.
- 4.5. The COO updated the Board on the ongoing industrial action (IA) by NHS staff and the potential IA from junior doctors and nurses over the Easter period. The plans and communications being developed at trust and site level to manage the potential impact of this, in particular to mitigate the risk of patient harm as far as possible, and ensure patients, staff and the public were aware of the position were discussed. The potential risk to elective activity in order to maintain prioritised services, namely emergency treatment, critical care, maternity, neonatal care and trauma, was noted.

- **Financial Performance Update**

- 4.6. The Chief Financial Officer (CFO) updated the Board that the NHS was broadly on track to deliver within budget for 2022/23, with spend currently forecast as £125m below budget for the year-end, approximately £100m of which is ringfenced vaccination funding.
- 4.7. A discussion took place on the planning process for 2023/24 and the focussed engagement underway with integrated care boards (ICBs) and providers to ensure their plans supported delivery of a balanced position across finance, operational delivery and quality of care. This was the first full year of ICB-led planning and Members considered the benefits and challenges identified in this process to date, in particular relating to the varying maturity of ICBs and the scale of the challenges faced across different systems.
- 4.8. The continuing focus on staff pay was discussed, noting the recent NHS pay deal and the assurances received from Government on the additional funding that would be provided by HM Treasury to manage any increase and to ensure this did not impact services or quality of care.

**5. NHS Innovation, Research and Life Sciences: mobilising the NHS behind research and innovation (BM/23/10(Pu))**

- 5.1. The Director of Innovation, Research and Life Sciences (IRLS) provided an overview of progress against the five innovation and research priorities for the NHS: embedding research; demand signalling and horizon scanning; uptake of proven innovation; building innovation capacity; and innovator support. The appointment of Roland Sinker, Chief Executive of Cambridge University Hospitals Foundation Trust, as National Director for Research and Innovation was noted.
- 5.2. The criticality of IRLS for the NHS to ensure sustainability of services and manage increasing demand and changes in patient demographics was emphasised. The Board discussed the reliance of this work on the spread and adoption of identified innovations and considered the further work needed to develop the model for operationalising innovations and new technologies, ensuring a balance between national and local development and delivery and taking account of economies of scale where appropriate.
- 5.3. A discussion took place on the education, training and support for researchers and innovators and the actions that could be taken to incentivise clinical staff to move into this field, including strengthening research as a multi-professional discipline and providing clearer guidance on how to shift from clinical to research roles. The House of Lords Science and Technology Committee's ongoing inquiry on clinical academics in the NHS and the engagement from NHSE on this were noted.
- 5.4. Members discussed the need to broaden the approach to partnership working to support comprehensive engagement and collaboration with the wider IRLS workforce. The opportunities that could be offered through partnerships with charity and third sector organisations were considered. A discussion took place on the role and responsibilities of Academic Health Science Networks and

applied research collaboratives within these, noting the progress made and continued evolution of these partnerships.

- 5.5. Consideration was given to the timeframes associated with developing, testing and rolling out innovations in the NHS and the extent to which barriers to progress would be addressed through ICBs, particularly where these were institutional. The work underway to improve access to clinical trials for both NHS organisations and the public and simplify the model for rolling out innovations nationally was considered.
- 5.6. The Board thanked the team and Lord Ara Darzi, Chair of the Accelerated Access Collaborative, for their substantial contributions and continued dedication to IRLS.

## **6. Three-year delivery plan for maternity and neonatal services (BM/23/11(Pu))**

- 6.1 The CNO introduced the report and summarised the current position across maternity and neonatal services, outputs of the recent Maternity and Neonatal Summit, and the content of the three-year delivery plan for maternity and neonatal services. The development of the Plan in the context of the recent independent reports by Donna Ockenden on maternity services in Shrewsbury and Telford and by Dr Bill Kirkup on maternity and neonatal services in East Kent, and previously Morecambe Bay was noted.
- 6.2 The Chief Midwifery Officer reported that the Plan is a dynamic document, balancing strategy and flexibility to respond to potential changes in the operating context in the coming three years. The four high level themes in the Plan and the actions underpinning these were discussed: listening to women and families with compassion; supporting our workforce; developing and sustaining a culture of safety; and meeting and improving standards and structures, and the actions underpinning these. The intention that the Plan operates as the single point of reference at national, regional, system and organisation level to drive action and improvements across maternity and neonatal services was emphasised.
- 6.3 The Board discussed the need for open and consistent communication and engagement with staff, patients and the public on delivery of the plan and across maternity and neonatal services more broadly to support a culture of transparency and continuous improvement. In particular the Board considered the potential to strengthen reporting and the use of early warning signs data, and received assurance on the development of the national maternity dashboard which will support the triangulation of performance monitoring to enable the early identification of issues.
- 6.4 Consideration was given to the metrics that will be used to track progress against the Plan, emphasising trusts' and ICBs' role in driving delivery. The Plan had been co-produced with service users and partners and Members discussed that this should be taken into the delivery approach. It was requested that an update on delivery, including progress on the national maternity dashboard, should be reported to the Board in October 2023.

**ACTION: RM**

Date: 230518  
Ref: BM/23/16(Pu)

6.5 Members discussed the increase in appetite for natural births in England and the focus on upskilling and improving antenatal care through maternal medicine networks to support this increase and improve patient outcomes. The risk that patients may require specialist care should complications arise and the information that is provided on this to all service users were considered.

## **7. Revised NHS England Board Governance Framework (BM/23/12(Pu))**

7.1. The Chair summarised the proposed changes to the NHS England (NHSE) Governance Manual documents and the Board Governance Framework for implementation from 1 April 2023 to ensure robust oversight of functions transferred from HEE to NHSE.

### **RESOLVED:**

7.2. The Board approved the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions and the proposed establishment of the Workforce Training and Education Committee from 1 April 2023.

## **8. Annual Emergency Preparedness, Resilience and Response Report (BM/23/13(Pu))**

8.1. The Board noted the annual Emergency Preparedness, Resilience and Response (EPRR) Report which summarised the EPRR work carried out during the year and provided assurance on the appropriate exercise of NHS England's EPRR duties and preparedness to respond to an emergency.

## **9. Report on the use of the NHS England seal (BM/23/14(Pu))**

9.1. The Board noted the report on the documents that had been authorised and sealed with the NHS England seal between 28 September 2022 to 16 March 2023.

## **10. Directions (BM/23/15(Pu))**

10.1. The Board noted the overview of directions issued to NHS England under section 254 of the Health and Social Care Act 2012 since the merger of NHS England and NHS Digital on 1 February 2023, namely the NHS England De-Identified Data Analytics and Publication Directions 2023 and the NHS App Directions 2023.

## **11. Any other business**

11.1. There was no other business.

**Close**