

To: **Rt Hon Wes Streeting MP**
Secretary of State for Health and Social
Care

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

16 October 2024

Dear Wes,

With over 30 years of FTSE 100 or equivalent board experience in banking and financial services, I did not anticipate I would have a role in the health service. However, the role of NHS England chair has been one of the most personally satisfying, demanding and challenging positions I've ever had. This position has been a privilege, especially during one of the most difficult periods for the health service, for our patients and also for our staff who are truly exceptional.

Following the recent discussion that you and I had, I have reflected on what the NHS and social care will need to make the shift to prevention, primary and community care a reality. I accept that you would benefit from someone who has significant experience in health, who can complement Amanda's skills. Having thought further on our conversation, and as I approach almost three years in the role, I have therefore concluded that now is the right time for me to offer to stand down as chair.

I am wholly committed to continuing my support for the NHS, patients and the wider communities we serve and so I suggest we set a departure date for the end of the financial year. This will give you time to run an open competition and allow for the parliamentary approvals process to take place. If the process concludes more rapidly, it will allow for a period to parallel run and a suitable induction.

It has been my priority to focus relentlessly on recovering services following the shock of the pandemic, develop new models of care and put in place the building blocks we need to make the NHS fit for the future, alongside saving taxpayers' money and driving efficiency. I am proud that during the last three years, in the face of pressure on competing fronts, we have delivered in these areas.

In this period, we have published the first ever NHS Long Term Workforce Plan, a once in a generation opportunity to put staffing on a sustainable footing. We have embraced the latest technology – from rolling out virtual wards and same day emergency care to upgraded digital phone technology in all GP services – on top of introducing the federated data platform, which will improve the interoperability of secondary care data to improve productivity and patient care.

This has also been a significant period of innovation for the NHS. We have started to offer whole genome sequencing for newborns and enabled patients to access cutting edge



technology through groundbreaking cancer vaccines. We have strengthened the foundations of the NHS App, significantly increasing its use and functionality, and we have secured electronic patient records for every Trust.

We have, for the first time, started to create a target technology architecture for the health service, informing national standards. We also formally established Integrated Care Boards (ICBs) in July 2022 and have worked intensively with them since that point, which has been a fundamental part of health service reform. Additionally, working with a number of ICBs, we have already begun to explore new models of care which may offer a transformational opportunity for primary care and separately for frailty - the latter being important not only for improving our care for elderly patients but also to better utilise our currently constrained physical capacity and infrastructure.

We have successfully brought together three national bodies into one new NHS England, reduced our headcount by over a third – around 9,000 roles – not only reducing head office bureaucracy but already saving £490 million to reinvest in patient care. While you and I both recognise there is much more work to do to, there is a great deal happening in parts of the NHS to boost services for patients, which gives me significant optimism for the future.

I would be delighted as you suggested to continue to help build the ten-year plan over the next few months. I am clear that the plan is a significant opportunity to change the NHS – it must ensure that those who work in the NHS in ten years' time no longer face and manage the serious challenges created by unacceptable levels of underinvestment that we see across the service today.

It has been an honour to work with Amanda, her executive team and my colleagues on the NHS England board – they are immensely committed and hardworking. To continue to support their work, it is important that that we now actively start to recruit for the new non executive directors in parallel to a new chair. This is essential to help ensure that there are no gaps given the natural evolution of the board and the length of service of a number of my excellent colleagues.

As you seek to identify my successor and of course other board members, identifying strong individuals with relevant experience, including those with health, voluntary, as well as commercial sector experience will be very important. Although it may seem pedestrian to some, it will be vital to be clear about the demands of the role – the statutory and regulatory requirements are not trivial, particularly since we brought together three large national organisations.

There are six public and six private board meetings a year, and additional Board deep dives on specific topics as required. The work that underpins the board is necessarily onerous and structured through committees - it is the work and structure of these that enabled the safe merger of Health Education England, NHS Digital and NHS England. The committees include Audit and Risk, Quality (incorporating patient safety), Digital and Technology, People and Remuneration and also Workforce Training and Education, which oversees the delivery of the Long Term Workforce Plan. As well as participating in the committees listed above, I also chair a number of other NHS specific Board committees such as the Genomic Medicine Service, the New Hospital Programme and Board to Boards with individual NHS Trusts who have entered formal oversight arrangements. The governance obligations are appropriately demanding.

I have always believed that public service is both a duty and privilege and I remain personally hugely committed to it. As I step away from my role in NHS England in a few months' time, I remain more than willing to contribute, as part of my public service, to whichever sectors or to any issues where my skills and experience can be of value.

I'd like to put on record again that it has been an honour to work in this role. I have had the privilege to join ambulance night shifts, visit many hospitals, meet GPs and their teams in their busy practices, meet Boards of Trusts and ICBs and hear directly from patients and their families. Each time I have visited a different part of the NHS, the efforts of staff, their compassion, dedication and skill, never cease to amaze me. It is one of the best parts of the job.

You and I have a shared belief in the societal importance of the NHS and its founding principles and we also share the same ambitions for the service – so I wish you all the very best for the future as you work alongside the NHS England team to help steer the NHS and social care towards a service that is fit for the future.

A handwritten signature in black ink that reads "Richard Meddings". The signature is written in a cursive, slightly slanted style.

Richard Meddings.
Chair of NHS England