

**MINUTES OF A MEETING OF THE NHS ENGLAND BOARD HELD IN PUBLIC ON THURSDAY 1 DECEMBER 2022 AT 14.15 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   |
| Susan Kilsby                   | Non-Executive Director    |
| 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   |
| Jeremy Townsend                | Non-Executive Director    |
| Laura Wade-Gery                | Non-Executive Director    |

**In attendance:**

|                                   |   |
|-----------------------------------|---|
| Mark Cubbon                       | Chief Delivery Officer                                |
| Professor Jacqueline Dunkley-Bent | Chief Midwifery Officer                               |
| Navina Evans                      | Chief Workforce Officer                               |
| Matthew Fagg                      | Director of Prevention                                |
| Dr Tim Ferris                     | National Director of Transformation                   |
| David Fitzgerald                  | Director of Policy and Strategy, NHS Cancer Programme |
| Chris Hopson                      | Chief Strategy Officer                                |
| Katie Neumann                     | Head of Board Governance                              |
| Acosia Nyanin                     | Regional Chief Nurse for South East                   |
| Dame Cally Palmer                 | National Cancer Director                              |
| Professor Donald Peebles          | National specialty adviser for obstetrics             |
| Clare Perry                       | Office of the Chair and CEO                           |
| Pauline Philip                    | National Director Urgent and Emergency Care           |
| Jacqui Rock                       | Chief Commercial Officer                              |
| Steve Russell                     | National Director of Covid and Flu Vaccinations       |
| John Stewart                      | Director of Specialised Commissioning                 |

**1. Welcome**

**• Apologies for absence**

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

- **Declarations of interest**

- 1.2. Members noted that Sir David Behan is the Chair of Health Education England (HEE), and Laura Wade-Gery is Chair of NHS Digital (NHSD). 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 meetings held on 6 October 2022 (BM/22/38(Pu))**

- 1.3. The minutes from the NHS England (NHSE) meeting held on 6 October 2022 were approved.

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

- 2.1. The Chair welcomed colleagues to the Board and noted the recent publication of the government's 2022 Autumn Statement, which reflected a £3.3 billion increase in NHS funding in 2023/24 and 2024/25 to cover additional pay and inflation pressures. The Statement also set out the government's commitment to publish a comprehensive NHS workforce plan, including independently verified workforce forecasts, in 2023.
- 2.2. The Board welcomed the review that had been commissioned by the Government from the Rt Hon Patricia Hewitt into the oversight and governance of integrated care systems.
- 2.3. An update was provided on the recent appointment of Professor Tim Briggs, National Director for Clinical Improvement and Elective Recovery, working with Sir Jim Mackey in the Elective Recovery Programme Team, and Sarah-Jane Marsh as Deputy Chief Operating Officer and National Director for Urgent and Emergency Care.
- 2.4. Members discussed the significant number of staff being brought together through the Creating the New NHSE Programme (the Merger Programme) and the design work underway through this with the aim to increase delegation and reduce unnecessary bureaucracy for the new NHSE, while delivering a 30-40% reduction in the current combined size of NHSE, HEE and NHSD.
- 2.5. An update was provided on the appointment of new Non-Executive Directors for NHSE, subject to the Ministerial approval process.
- 2.6. The Chair noted his recent visits to a number of acute and primary care providers, noting in particular the challenges identified around health inequalities in different communities and changes in demand as a result of the UK's ageing population, and the proactive action being taken to manage this.

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

- 3.1. The NHS Chief Executive Officer (CEO) provided an overview of the 2022 Autumn Statement, noting the additional funding for the NHS and social care. In line with the Statement, recovery plans will be published in the new year for urgent and

emergency care (UEC), including action to improve ambulance response times and emergency department waits, and primary care, focussing on access and waiting times for appointments. The Statement also reiterated the ongoing focus on elective recovery, including the ability of patients to choose from a range of suitable providers at the initial point of referral and later in the pathway.

- 3.2. The ongoing work to delegate some NHSE functions to integrated care boards (ICBs), and to strengthen accountability and autonomy at system-level to support place-based care delivery and improvements, was discussed. The importance for the NHS to evidence the appropriate use of resources and effective management of public money in the discharge of its functions, including those delegated to ICBs, was emphasised.
- 3.3. The significant pressures on NHS services were noted, including the risk of potential industrial action from NHS staff on services and the plans being developed to manage this, the ongoing impact of Covid-19 and wider winter pressures. In this context, the Board emphasised the positive progress made in a number of clinical areas, including on community-based falls response and virtual wards.
- 3.4. The launch of the *Accelerating Genomics Medicine in the NHS* strategy, the first genomics strategy for the NHS, was also highlighted. Consideration was given to the positive progress made on cancer treatment and referrals, delivery of record numbers of GP appointments, delivery of the elective recovery plan target relating to 104 week waits, and ongoing work to reduce 78 week waits. The NHS will celebrate its 75<sup>th</sup> anniversary in 2023 and Members reflected on the continued evolution and transformation of the NHS to best meet the needs of those it serves.
- 3.5. The challenges facing the NHS as a result of increasing demand were also discussed, noting in particular the demand driven by the UK's ageing population and the comorbidities associated with this, and the increase in mental ill health in 16 to 24 year olds.

#### **4. NHS performance update (BM/22/39(Pu))**

- **Operational Performance Update**

- 4.1. The Chief Operating Officer introduced the report on NHS operational performance, noting that the NHS had recently dealt with the latest 'spike' of Covid-19 bed occupancy, although several thousand inpatients with the virus remained in hospital, reflecting the position throughout 2022.
- 4.2. Members noted that since the October meeting the NHS had commenced prescription of antiviral drugs for flu and flu-like illnesses, which reflected the official start of flu season. The Board discussed the pressures in children's and young people's (CYP's) services as a result of increased flu and respiratory illnesses, and the anticipated increase in community transmission of flu and the corresponding increase in hospital admissions. The Chief Nursing Officer provided an update on the increase in paediatric respiratory viruses and pressures on paediatric critical care capacity.

- 4.3. On Covid-19, a new variant had been identified and assurance was provided that current vaccines are effective in preventing severe illness from this variant. The anticipated increase in both flu and Covid-19 infection rates in the coming months, and the plans being developed to manage this, were noted.
- 4.4. An update was provided on flu and Covid-19 vaccination uptake compared to last year. The Board thanked NHS staff and volunteers for their continued support for the vaccination programme and urged members of the public to get their flu and Covid-19 vaccination and/or booster if eligible.
- 4.5. A discussion took place on the UEC position, emphasising the increase in demand across accident and emergency services compared to October 2021. It was noted that the NHS was ahead of plan in relation to opening additional beds, as set out in the winter plan, and progress was also being observed on recruiting additional NHS 111 and 999 call handlers. The importance of helping local systems to implement these and the further actions set out in the August winter letter and subsequent 'Going further for winter' guidance, in anticipation of further and sustained pressures over the coming weeks and months, was discussed.
- 4.6. The work underway to improve discharge activity and the funding allocated to support this were considered. Plans are being developed by systems on how this funding will be allocated to improve discharge activity for individuals who no longer meet the criteria to reside.
- 4.7. Delivery on elective recovery was discussed, with members noting the current position of being ahead of plan may be impacted by any future industrial action. Members discussed that the Early Intervention in Psychosis standard continues to be met.

- **Financial Performance Update**

- 4.8. The Chief Financial Officer provided an update on the Month 6 2022/23 financial position and the current expectation for 2023/24 funding, noting the assumptions applied by government in the 2022 Autumn Statement and the impact of this on NHS funding.
- 4.9. Assurance was provided that the NHS was currently on track to deliver a balanced financial position at year end 2022/23, in parallel with maintaining bed capacity and elective activity, and that regional teams were providing targeted support and intervention to the more challenged systems. On capital, the Board discussed that the Department of Health and Social Care (DHSC) has set a capital budget for the NHS to 2024/25 which remains unchanged following the 2022 Autumn Statement. Noting the overall funding position, Members supported the plan to maintain the existing three-year system allocations, deliver a breakeven position in 2022/23 and deliver the additional capacity NHSE has committed to.
- 4.10. Members discussed the impact of potential industrial action on service delivery and the actions being taken with Trade Unions, regions and systems to manage this, including the derogation of services nationally and locally to ensure the continued provision of critical, safe care.

4.11. Following the update at the October Board, it was noted that responsibility for the New Hospitals Programme remained with DHSC.

## **5. Maternity and Neonatal Services – Update (BM/22/40(Pu))**

5.1. The Chief Nursing Officer introduced the report and summarised the findings of the independent investigation led by Dr Bill Kirkup on maternity and neonatal services in East Kent (the East Kent Report). The hard work and dedication across the NHS on improving maternity and neonatal services, and the importance for this to be maintained to drive progress and address the fundamental challenges identified in the report, were considered.

5.2. Consideration was given to the development of the single delivery plan for maternity and neonatal services to support the critical implementation of the recommendations from the East Kent and previous Shrewsbury and Telford reports, which extended into organisational culture and ways of working. The need to establish clear metrics to track progress of this work was emphasised. It was noted that the delivery plan would be submitted for consideration in early 2023.

5.3. A discussion took place on the staffing gaps identified in relation to obstetricians, neonatologists, midwives and obstetric anaesthetists and the extent to which ways of working and behaviours and culture impact this. The work underway on recruitment was noted, including international recruitment, increasing domestic supply and improving retention.

5.4. The potential benefit of training these staff together to establish a common understanding of their respective roles and responsibilities and drive collaboration to strengthen leadership and quality of care across maternity and neonatal services was considered. There was no workforce standard for staffing levels in obstetrics, however guidance was provided on the expected behaviours and roles for obstetric consultants on labour wards and the Royal College of Obstetricians and Gynaecologists has been commissioned to build a safer staffing tool.

5.5. The approach to identifying and applying learnings in maternity and neonatal services was discussed and members considered the use of listening events and surveys to receive, understand and act on feedback and to give stakeholders the opportunity to contribute to the transformation of these services.

## **6. Earlier Diagnosis of Cancer – Progress Report (BM/22/41(Pu))**

6.1. The National Cancer Director introduced the report summarising the core aims around prevention, earlier diagnosis to access more curative treatments, and consistent high quality care. Members noted the work underway to address health inequalities in relation to cancer diagnosis and treatment, recognising the impact of deprivation on health.

6.2. The positive progress made to date against the targets set in the NHS Long Term Plan on early diagnosis and intervention and the drivers of this were considered, including the robust communications strategy to raise awareness and encourage people to come forward to get checked. It was highlighted that early diagnosis rates had been broadly flat since records began in 2013, however the first

increase had been reported in recent months from 55% to 57%. The Board also received an update on the roll out of Targeted Lung Health Checks, emphasising the benefit of earlier diagnosis in curing disease. Assurance was provided on the funding allocated to support delivery of the Cancer Programme in future years.

- 6.3. The work underway to review the approach to diagnosis and treatment by tumour type to inform potential changes to and/or expansion of the programme according to care and access needs was discussed. The status of the Galleri test trial with GRAIL, which was being tested with 140,000 volunteers initially, was discussed. Plans were being developed to roll out the test to 1 million people in 2024 and 2025 if the trial is successful and the outcome data satisfies the health economic tests.
- 6.4. The extent to which technology and digitisation can drive improvements in cancer care and create jobs for the local community, as evidenced in the East Sussex and North Essex Community Diagnostic Centre, was discussed. The ongoing work to build a further 90 CDCs by the end of 2023, with all 160 CDCs to be established by 2025, was noted.
- 6.5. The Board was content that regular updates on this work would be provided at future meetings.

## **7. NHS Prevention (BM/22/42(Pu))**

- 7.1. The National Medical Director introduced the report on the NHS Prevention programme and wider action to identify and address contributors to common health conditions, highlighting the long-term value of this in reducing excess mortality and pressures on UEC services, which were driven in large part by preventable illnesses including cardiovascular disease, diabetes and respiratory illnesses. The NMD also described the work undertaken over the preceding months with the UK's Chief Medical Officer to carry out a stocktake of current prevention interventions to inform action to address gaps and drive progress.
- 7.2. Members considered the opportunity presented through the creation of ICSs to align and strengthen efforts on prevention and secondary prevention across their constituent organisations, including NHS commissioners and providers, local authorities and other statutory and public services, and the voluntary and community sector.
- 7.3. The Director of Prevention summarised the initiatives set up through the NHS Long Term Plan and the rationale for planned work over the coming months to engage ICSs and their constituent parts, and wider stakeholders, on how best to achieve further progress within the new commissioning landscape. This was clearly understood and a discussion took place on the actions needed at a national and system level to support implementation, noting the potential learnings from this around system-led development and implementation which could be adopted and adapted for other programmes. The benefit of system-led delivery on improving reach into more deprived communities was considered.

## **RESOLVED:**

- 7.4. The Board expressed its strong support for this work and resolved to approve that, subject to the ongoing work to clarify resources and programme structure within NHSE:
- a. NHSE should extensively engage ICSs to work out how best to prioritise secondary prevention, and the best ways of achieving improvements in health locally;
  - b. ICSs should be supported to prioritise secondary prevention as part of their strategic plans; and
  - c. To support local planning NHSE should publish a tool summarising the highest impact interventions and supportive resources relating to the prevention and management of respiratory disease, CVD and diabetes.

## **8. Medicines Access and Uptake – transforming patient outcomes (BM/22/43(Pu))**

- 8.1. The Director of Specialised Commissioning introduced the report, highlighting the key developments delivered on medicines access and uptake through specialised commissioning and the commercial medicines unit. The progress made on curing – and potentially eradicating – previously incurable diseases through this work was emphasised.
- 8.2. A discussion took place on the affordability criteria for new drugs and innovative treatments, which follows approval by the Medicines and Healthcare Regulatory Authority of new drugs and focusses on clinical and cost effectiveness as assessed by the National Institute for Health and Care Excellence (NICE). The support NHSE provides to companies in developing and presenting their value propositions for NICE was also considered. Members discussed the balance between cost effectiveness and overall budget impact, as exemplified in Hepatitis C drugs which were very cost effective but accounted for a large proportion of the medicines budget.
- 8.3. Members considered the progress delivered through the positive access environment, enabling more people improved access to medicines, including through the Voluntary Scheme for Branded Medicines Pricing and Access (VPAS). The VPAS would be renegotiated in the coming year and a report on this was requested to an upcoming Board meeting.

**ACTION: JS**

## **9. Update on the integration of NHS England, Health Education England, and NHS Digital (BM/22/44(Pu))**

- 9.1. The Chief Delivery Officer (CDO), in his capacity as SRO for the Creating the New NHSE Programme, provided an overview of the status of the Programme and progress of the organisational design.
- 9.2. The progress made through the design work to deliver the target minimum of 30%, and up to 40%, reduction in the combined organisation's size and the approach to the transfer of functions and resources to ICBs were considered. The Board

discussed the timeline for the change process and the status of the voluntary redundancy scheme, which was awaiting DHSC approval.

- 9.3. Members also considered the work to improve coordination of the new NHSE's work, both within the organisation and with the wider NHS, and the ongoing development of the culture for the new organisation.
- 9.4. The Board thanked the Programme team and all staff across the three organisations for their continued support and hard work for the Programme, recognising the substantial progress made to date and the further work required, in the current challenged operating environment, to create the new NHSE.

## **10. Any other business**

- 10.1. There was no other business.

**Close**