

## Summary of board papers – statutory bodies

### NHS England and Improvement board meeting: 25 June 2020

For more detail on any of the items outlined in this summary, please find the full agenda and [papers available online](#).

#### Chief executive's report – Sir Simon Stevens

- NHS has been under enormous pressure in the days and weeks since the last board meeting. The health service has seen 102,000 coronavirus inpatients, most of whom were elderly, and all were vulnerable. Sir Simon Stevens noted that every person was able to get care for coronavirus and made a tribute to NHS staff.
- The NHS has been on a level 4 incident national emergency for the longest period in its 72-year history. Following the unfolding restrictions on 4 July, NHSE/I will keep an eye on how the number of cases changes, if the number of cases does decline further, then NHSE/I will reduce this to level 3.
- 98% of GPs have joined a primary care network.
- Sir Simon thanked trusts and CCGs for their 'financial discipline', saying that the number of trusts in financial deficit has halved. He noted that NHSE/I will be laying out accounts to Parliament in August.
- The NHS should lock in learning from the crisis, including the sharp focus brought on health inequalities and how the NHS can support people facing the greatest risk.

#### Ongoing COVID response and NHS recovery

- The board noted the extraordinary response of the NHS in the face of unprecedented challenges.
- There has been significant disruption to business-as-usual service delivery, and major changes in the behaviour of the public accessing the NHS. While attendance across urgent and emergency care is rising, overall activity has not yet returned to pre-COVID level.
- Access to 111 increased from 300,000-350,000 calls per week to 800,000 per week during March. These numbers have since started dropping. There is now an opportunity to consolidate these changes and to encourage the public to use 111 before accessing services in person.
- There has been a significant increase in telephone and video consultations, both in primary care and mental health services. A remote triage model was put in place for primary care. Work is also being carried out on better embedding telemedicine into the NHS.
- There has been an increase in the number of people referred to the two-week cancer referral pathway.
- Mental health services have continued throughout. They have been able to maintain the same funding commitments and have delivered on 24/7 crisis services.
- Across the pandemic, 46% of all outpatient appointments have taken place in non-face-to-face context.
- The board recognised how vital it is to put people in charge of their own care. This is at the heart of the work around the 'NHS at home', which is being framed as a way of reconceptualising the care offer.

#### What's next?

- NHSE/I is working with regional teams and systems to ensure there are clear restoration plans in place.

- Using the expertise of national clinical leads; working with public health teams over infection control and prevention measures and working with DHSC on supply of PPE.
- NHSE/I continues to look at how it can marshal the private sector to support secondary care activity.
- Professor Stephen Powis expressed hope that the steady relaxation of social distancing measures should not adversely affect the lower prevalence in the community.
- NHSE/I has regularly been in contact with health leaders in other countries.
- Recovery trials are taking place across 170 trusts, with trials being led by Oxford University. The board noted the therapeutic value of dexamethasone.
- Vaccine development is running at pace. There will be challenges in terms of the approval processes given the unprecedented speed at which vaccines are currently being developed.
- PHE has launched a study which measures both the antigen and antibody responses of individuals. This study will follow people over time to measure their development and the degree of their potential immunity to COVID-19.

### Finance update

- Julian Kelly noted that NHSE/I had very rapidly brought in a new financial framework to deal with the emergency phase of the pandemic.
- For the interim financial arrangements NHSE/I removed the need for commissioning and contracting work. NHSE/I are now firming up proposals to be introduced at the end of July for the remainder of the financial year.
- The aim is to instil financial discipline and incentivise the recovery of activity levels, while also recognising the service is operating in a very different environment post-COVID.
- Sir Simon also noted briefly at the start of the discussion that by year end 2019/20, the numbers of trusts in deficit halved relative to 2018/19, and the MHIS standard was also met.

### Progress update on work programme addressing impact of COVID-19 on black, Asian and minority ethnic (BAME) staff and health inequalities

- Chief People Officer, Prerana Issar, has launched a comprehensive programme to address the impact of COVID-19 on NHS BAME workforce with five streams of work – protection of staff, rehabilitation and recovery, communications, staff networks and representation in decision making - underpinned by three principles of protecting, supporting and engaging our staff.
- **Protecting:**
  - o On 29 April NHSE/I sent instructions to the system that employers should risk assess staff potentially at greater risk.
  - o NHSE/I are looking at what the impact would be on auxiliary, agency staff and porters.
- **Supporting:**
  - o NHSE/I remain committed to a culture of transparency, and the centre has sent a joint letter from the National Guardian's Office and the Workforce Racial Equality Standard (WRES) team to reinforce support for staff speaking out. NHSE/I are also encouraging BAME freedom to speak up guardians.
  - o The NHSE/I advice line for staff received 2773 calls and the text service held 1383 conversations.
  - o NHSE/I are working with regional directors to examine how it can make emergency response structure more representative of the workforce and the communities served.

- Creation of lounges for staff, with the help of the airline industry, to encourage some rest and respite. NHSE/I recognise that part of providing the best possible care for patients means looking after staff.
  
- **Engaging:**
  - NHSE/I has begun a programme of delivery to support BAME networks to become vehicles for change. 240 BAME network leads and healthcare leaders have engaged with this, and NHSE/I are working to establish a sister cohort in Primary Care Networks.
  
- **Next steps:**
  - NHS Race and Health Observatory: hosted by the NHS Confederation
  - Working within an inequalities strategy
  - Refresh of People Plan post COVID-19, how we can make sure the issues highlighted by COVID-19 are appropriately addressed
  - Call for regulators to also have a zero-tolerance approach to regulatory referrals being used for intimidation

# Summary of board papers – statutory bodies

## Care Quality Commission board meeting: 17 June 2020

For more detail on any of the items outlined in this summary, please find the full agenda and [papers available online](#).

### Chief Executive and COVID-19 update

- CQC continues to collate information through its Emergency Support Framework (ESF) conversations with providers. This has enabled CQC to identify good practice and services that may need help. It has begun to use the ESF in adult social care over the last few months and will continue to collate information
- CQC is still carrying out regulatory activity, including responsive visits where intelligence indicates that there may be concerns around safety of service provision.
- As the country eases out of lockdown, CQC is planning to step up regulatory activity to carry out focussed inspections and Provider Collaboration Reviews to understand how local systems have worked together during the crisis. This work will explore the approaches and impact of provider collaboration efforts in response to COVID-19
- CQC is developing communications to reiterate the importance of infection control in care homes

### Restraint, segregation, and seclusion/ closed cultures update

- CQC will be publishing an update to its supporting information for inspectors on closed cultures and will be rolling out mandatory training from 22 June to support inspectors to use this guidance in their inspection activities. It has also launched mandatory online learning about equality and human rights for all staff
- Working in collaboration with Warwick University to develop a tool for inspectors to assess how well positive behaviour approaches are used in a range of health and social care services.

### Healthwatch England report 19/20

- Following concerns raised by the Healthwatch network and others on the inappropriate use of DNARs, Healthwatch produced a briefing for local Healthwatch on how these should be applied to patients and service users approaching end of life during COVID-19.
- Between June and September, Healthwatch will be working with the network to look at what parts of the updated discharge guidance have improved the discharge process and where things have not gone according to plan.