

**Board of Directors:** 10.05.2018  
**Agenda Item:** Bo.5.18.6

**Report from the Chief Executive  
May 2018**

<b>Presented by:</b>	Professor Clive Kay, Chief Executive	<b>Author:</b>	Helen Haslam, Executive Officer to Chief Executive Officer
<b>Previously considered by:</b>	Not applicable		

<b>Key points</b>	<b>Purpose:</b>
<b>1. Internal Communications</b> a. Appointment to Deputy Chief Executive Roles	To discuss and note
<b>2. Visits and External Communications</b> a. Operational Update from Pauline Philip, National Urgent and Emergency Care Director, NHS England (NHSE) and NHS Improvement (NHSI). b. NHS Providers 'On The Day' Briefing. c. Care Quality Commission (CQC) Letter on Winter Pressures in Emergency Departments. d. Visit from the UK Lead for Dementia Carer Voices. e. NHS England and NHS Improvement: Working Closer Together Communication. f. Primary Care Home Event	To discuss and note
<b>3. Quality, Investment and Development</b> a. National Praise for Newborn Hearing Screening. b. Bradford Teaching Hospitals NHS Foundation Trust's New Website	To discuss and note
<b>4. Workforce</b> a. New Consultants in Post.	To discuss and note
<b>5. Celebrating Success</b> a. Robotic Surgery Team achieves Key Milestone.	To discuss and note

<b>Executive Summary:</b>
This paper outlines the key developments and occurrences from March and April 2018 that the Chief Executive wishes to discuss with the Board of Directors.

<b>Financial implications:</b>
No

<b>Regulatory relevance:</b>
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<b>Monitor:</b>	Risk Assessment Framework
	Quality Governance Framework

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<b>Equality Impact / Implications:</b>	<p><b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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<b>Other:</b>	
<b>Strategic Objective:</b> <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

## Report from the Chief Executive – May 2018

### 1. Internal Communications

#### a) **Appointment to Deputy Chief Executive Roles**

Following the retirement of Donna Thompson, Director of Governance and Corporate Affairs/Deputy Chief Executive in March 2018, I have appointed two Deputy Chief Executives, John Holden, Director of Strategy and Integration, and Sandra Shannon, Chief Operating Officer.

Both have been appointed with immediate effect.

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I am sure the Board of Directors will join me in wishing John and Sandra every success in their new roles.

## **2. Visits and External Communications**

### **a) Operational Update from Pauline Philip, National Urgent and Emergency Care Director, NHS England (NHSE) and NHS Improvement (NHSI)**

On 9<sup>th</sup> March 2018, I received a letter from Pauline Philip, National Urgent and Emergency Care Director at NHS England and NHS Improvement

The letter thanks staff for their ongoing efforts during the recent poor weather, and recognises the unprecedented pressure on systems, with hospitals experiencing a rise in admission of stroke and respiratory patients.

The NHSE and NHSI Urgent and Emergency Care System asked Trusts to take additional steps as stated below:-

- Review options for increasing medical capacity for patient care, including how you can
  - ensure every speciality has a senior decision-maker on site and available for rapid review of patients to reduce admissions
  - ensure every patient has a review at the start and end of the day by a senior clinician to facilitate discharge
  - boost essential support services such as diagnostics and pharmacy at the weekends to maximise non-elective patient flow

The Trust ensured that we took the recommendations on board and made necessary actions to facilitate effective patient care.

A copy of the letter is attached for your information at **Appendix 1**.

### **b) NHS Providers 'On The Day' Briefing**

Following delivery of the Spring Statement by Chancellor Philip Hammond, I received NHS Providers 'On The Day' briefing and Spring Statement 2018.

The Chancellor announced in 2016 that major tax or spending changes will now be made once a year, at the Budget in the autumn. In line with that announcement, the Spring Statement contained no new policy announcements, but gave an update on the overall health of the economy, the Office for Budget Responsibility (OBR) forecasts and on progress made since the Autumn Budget 2017.

Although the limited scope of the statement was expected, there were many commentators suggesting that the Chancellor might use this as an opportunity to signal additional public sector expenditure, including in the NHS. The Chancellor did hint that there may be more money for the public sector in the November Budget if public finances continue to improve.

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The outlook was more optimistic than that set out in the Budget in November, with the Chancellor unveiling a minor boost to the growth outlook, and a fall to the borrowing forecast but the OBR points out that “the government’s headroom against its fiscal targets is virtually unchanged.”

This briefing outlines the economic headlines and NHS Providers’ response.

#### Economic overview

- The OBR predicts borrowing in 2017-18 to be £4.7 billion lower than forecast in November. The revision reflects the better than expected performance of tax receipts in recent months, most notably self-assessment income tax receipts received in January. Public sector net borrowing has fallen from a peak of 9.9 per cent of Gross Domestic Product (GDP) (£153.0 billion) in 2009-10 to an estimated 2.2 per cent of GDP (45.2 billion) this year (figure 1).
- Borrowing is forecast to continue falling from 2018-19 onwards, with the deficit dropping below 2 per cent of GDP next year and below 1 per cent of GDP in the final year of the forecast. The structural deficit little changed on average and improved by just £0.3 billion in the Government’s target year of 2020-21.

A copy of the briefing is attached for your information at **Appendix 2.**

#### **c) Care Quality Commission (CQC) Letter on Winter Pressures in Emergency Departments**

The CQC wrote to me sharing the findings of a workshop held with frontline staff, and their report, *sharing best practice from clinical leaders in emergency departments*.

This follow up letter informed of a recent workshop involving over 40 senior clinicians from 24 trusts who came together to discuss the key challenges they faced, and share practical solutions. A report is due to be published shortly.

A copy of the letter is attached for your information at **Appendix 3.**

#### **d) Visit from the UK Lead for Dementia Carer Voices**

On 12<sup>th</sup> March 2018, the Trust was delighted to host Tommy Whitelaw, the UK Lead for Dementia Carer Voices, who came to talk about the importance of seeing the person behind the dementia, and not just the condition.

Tommy first visited the Trust back in November 2017, as part of the Health Professionals Conference, where he gave a presentation about his experience of caring for his mother who had been suffering from dementia, and he kindly agreed to come back and visit the Trust again to share his knowledge and experiences of dementia with our staff.

During his visit and presentation Tommy spoke about the years he spent caring for his mother, and how he started asking for, and collecting life story letters from people across Scotland who were caring for a loved one with dementia. He also organised respite care for his mother, while he walked around Scotland for one week collecting hundreds more of these letters, all citing similar experiences to his

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stress, isolation and sadness over the lack of support and information available about dementia. Since his mother passed away in 2012, Tommy has been devoted to raising awareness among health and social care professionals, the wider society of its impact on families, and the importance of empowering carers in carrying out this difficult but vital role.

Dementia Carer Voices is also working on a *You Can Make a Difference* campaign, where they are asking people working in health and social care services to make a pledge by asking, *what one thing will you do to make a difference to the lives of people with dementia and their carers?* To date, over, 10,000 pledges have been made, and I was delighted to hear that many of Bradford Teaching Hospitals staff have now made their own pledges, which would be added to this work.

It was an honour for us to welcome Tommy back to the Trust, to hear about his work in relation to dementia.

#### e) NHS England and NHS Improvement: Working Closer Together Communication

I recently received a letter from Ian Dalton, Chief Executive, NHS Improvement and Simon Stevens, Chief Executive, NHS England, announcing key steps they are taking to bring the two organisations closer together.

The letter announced their recognition that we have one NHS, that commissioners and providers in each part of the country are serving the same people, and that they need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally, as well as in local health systems.

Subject to the Boards' approval of more detailed proposals, they will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable the two organisations to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

A copy of the letter is attached for your information at **Appendix 4**.

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**f) Primary Care Home Event**

On 17<sup>th</sup> April 2018, I hosted an event at the Trust for our clinicians and managers, with invited guests from partner agencies across Bradford, to discuss the implications of “Primary Care Home”. The event involved a number of speakers from system partners, and was co-hosted with the Bradford Care Alliance (federation of 67 GP practices).

The “Primary Care Home” model will see primary care services across Bradford organised into 10 clusters, each serving populations of up to 50,000, and grouped into three “localities”: roughly north, central and south. Attendees discussed the opportunities to improve care for patients by aligning community provision, and extending out-reach from the hospital to the community; they also had some honest conversations about the risks inherent in any reorganisation which could have financial, operational and clinical impact.

The event was well-received on the day, and we have since had positive feedback from our own clinicians and from system partners, who welcomed the Trust taking a lead in convening discussions on a topic, where historically we might have been less willing to get involved.

**2. Quality, Investment and Development**

**a) National Praise for Newborn Hearing Screening Programme**

The Newborn Hearing Screening Programme here at Bradford Teaching Hospitals NHS Foundation Trust has recently been recognised nationally for the high standard of care the programme delivers to babies with suspected hearing loss and their parents. I was delighted to hear the news that Public Health England had named the Trust as one of only a small number of sites nationally that have consistently met, and exceeded, the standard for time taken to see a hearing specialist from the audiology service after referral from the initial screening.

The Newborn Hearing Screening test helps to identify babies who have permanent hearing loss as early as possible, so parents can get the support and advice they need right from the start. Permanent hearing loss can significantly affect a baby's development, and finding out at an early stage can give these babies a better chance of developing language, speech, and communication skills. It also helps babies to make the most of relationships with their family or carers from an early age.

The service here at the Trust, which sees both children and adults with hearing loss, is one of the largest in the country, and already in the top 18 of best-performing sites. And now it has also achieved the accolade of being one of just nine sites to maintain achieving the four-week target.

**b) Bradford Teaching Hospitals NHS Foundation Trust's New Website**

I am very pleased to report that the Trust's new website has completed its beta testing phase, including an extensive period of “penetration testing” to guard against malicious hackers, and is now fully live.

Not only is the site more visually appealing, faster, simpler to use and easier to update, it can also accommodate images and video content far more easily than its predecessor – this will be extremely helpful in explaining the services we offer (for marketing purposes), and showcasing the Trust and Bradford in general, for example with recruitment. Amongst many innovations we intend to develop as the site evolves, we have introduced an interactive site map which allows users to navigate the ground

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level of the BRI site. Subject to feedback from users, we will extend the coverage of this application to all floors and all major sites.

We welcome any, and all feedback on the new website, if you wish to share your views please contact John Holden, Director of Strategy and Integration/Deputy Chief Executive.

### **3. Workforce**

#### **a) New consultants in post**

**Dr Shabnam Rashid** joined the Trust on 5<sup>th</sup> March 2018 as a Consultant Interventional Cardiologist. Previously a Specialty Registrar in Leeds Teaching Hospitals, Shabnam has worked in the West Yorkshire region within Cardiology, and has a special interest in Percutaneous Coronary Intervention (PCI). Shabnam has completed a one year Interventional Fellowship in Halifax, Nova Scotia, Canada.

**Mrs Deborah Quayle** joined the Trust on 23<sup>rd</sup> April 2018 as a Consultant in Ear, Nose and Throat (ENT), Surgery with a special interest in Paediatrics and Otology. Previously a Specialty Registrar from Sheffield Children's Hospitals, Deborah was successfully awarded a one year funding scholarship by the Royal College of Surgeons of England, allowing her to undertake a medical doctorate at the University of Hull. Deborah has also worked here at Bradford Teaching Hospitals NHS Foundation Trust as a trainee.

### **4. Celebrating Success**

#### **a) Robotic Surgery Team Achieves Key Milestone**

The Robotic Surgery Team, recently had the honour again of organising and hosting the third annual North of England Robotic Urological Surgeons (NERUS) meeting here at Bradford Teaching Hospitals NHS Trust.

Robotic urological surgery began here at Bradford Teaching Hospitals NHS Foundation Trust in late 2012 and, in the relatively short time since then, the practice has advanced significantly. The team has now completed over 1,000 robotic cases, making the Trust one of the highest volume centres in the North. Robotic surgery is the default option offered to all patients requiring surgery for prostate cancer, bladder cancer and those requiring nephron sparing surgery (NSS) for renal cancer. In 2017, no open surgery was performed in this Trust for any of these three indications, and the Trust became the only centre in the North to do so.

More than 50 people attended from across the UK, and the many experts were universal in their praise for the ability, attitude and dedication of the theatre staff here at Bradford Teaching Hospitals NHS Foundation Trust.

The Board of Directors is asked to receive and note this report.





9 March 2018

To

CCG Accountable Officers and Clinical Leads  
NHS Foundation Trust Chief Executives  
NHS Trust Chief Executives  
NHS Foundation Trust Medical Directors  
NHS Trust Medical Directors

Cc: Local Authority Chief Executives

**Gateway Reference 07804**

Dear Colleague

We are writing to you given the significant pressure our Urgent and Emergency Care system is under as a result of the recent poor weather.

We recognise and want to thank you for the huge ongoing efforts from staff across the country to continue to deliver outstanding care during such challenged times. Over the last few weeks in particular, we have heard countless examples of individuals and organisations going above and beyond to look after your patients, and we sincerely thank you for this.

The recent cold weather has brought unprecedented pressure to a system already under stress. We are still in the midst of the worst flu season for many years, with D&V and Norovirus cases remaining stubbornly high. We also know hospitals see a rise in the admission of stroke and respiratory patients up 12 days after the temperature drops, so over the coming week we expect to see a further increase in the number of acutely ill patients attending our hospitals as a direct consequence of the recent cold spell. As a result, we expect pressure to continue into the coming week.

We are therefore asking you to ensure that in addition to the steps you have already taken that you:

- Review options for increasing medical capacity for patient care, including how you can
  - ensure every speciality has a senior decision-maker on site and available for rapid review of patients to reduce admissions
  - ensure every patient has a review at the start and end of the day by a senior clinician to facilitate discharge



- boost essential support services such as diagnostics and pharmacy at the weekends to maximise non elective patient flow

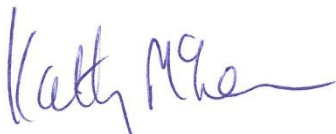
In addition, the Secretary of State for Health and Social Care will be writing to Local Authority colleagues to ask that they ensure there is adequate social work presence in your hospitals over the weekend to allow assessments to continue and maintain discharge volumes at weekday levels.

Your Regional Directors will be in contact to provide further support in operationalising these suggested actions and please do provide feedback either through them or via [nhsi.uecdirector@nhs.net](mailto:nhsi.uecdirector@nhs.net) if there is further support we can provide.

Kind regards

A handwritten signature in black ink, appearing to read 'Pauline Philip'.

Pauline Philip  
National Urgent and Emergency Care Director, NHS England and NHS Improvement

A handwritten signature in purple ink, appearing to read 'Kathy McLean'.

Kathy McLean  
Executive Medical Director and Chief Operating Officer, NHS Improvement

A handwritten signature in black ink, appearing to read 'Stephen Powis'.

Professor Stephen Powis  
National Medical Director, NHS England

## Spring statement 2018

### Overview

The Chancellor announced in 2016 that major tax or spending changes will now be made once a year at the Budget in the autumn. In line with that announcement, today's **Spring Statement** contained no new policy announcements, but gave an update on the **overall health of the economy**, the Office for Budget Responsibility (OBR) **forecasts** and on **progress made since the Autumn Budget 2017**.

Although the limited scope of the statement was expected, there were many commentators suggesting that the Chancellor might use this as an opportunity to signal additional public sector expenditure, including in the NHS. The Chancellor did hint that there may be more money for the public sector in the November Budget if public finances continue to improve.

The outlook was more optimistic than that set out in the Budget in November, with the Chancellor unveiling a minor boost to the growth outlook and a fall to the borrowing forecast but the OBR points out that "the government's headroom against its fiscal targets is virtually unchanged."

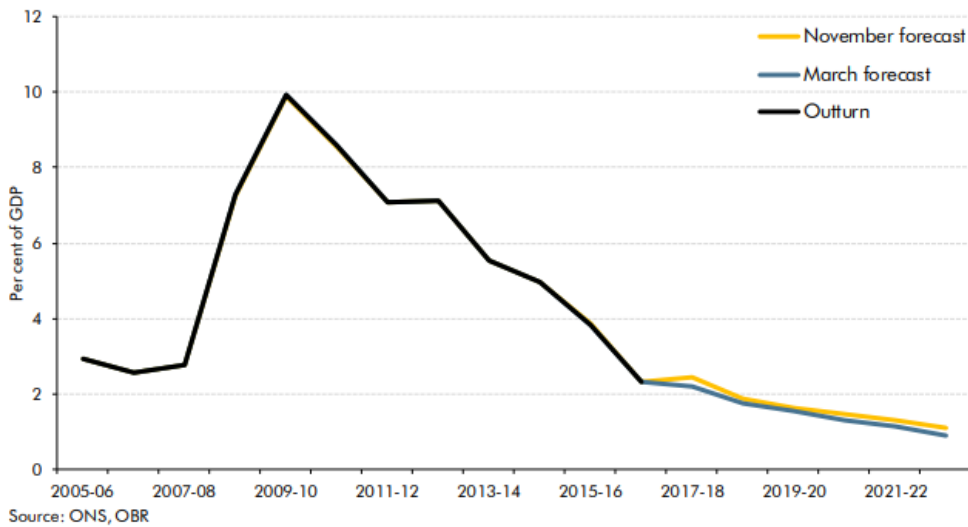
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- Borrowing is forecast to continue falling from 2018-19 onwards, with the deficit dropping below 2 per cent of GDP next year and below 1 per cent of GDP in the final year of the forecast. The structural deficit little changed on average and improved by just £0.3 billion in the Government's target year of 2020-21.

FIGURE 1

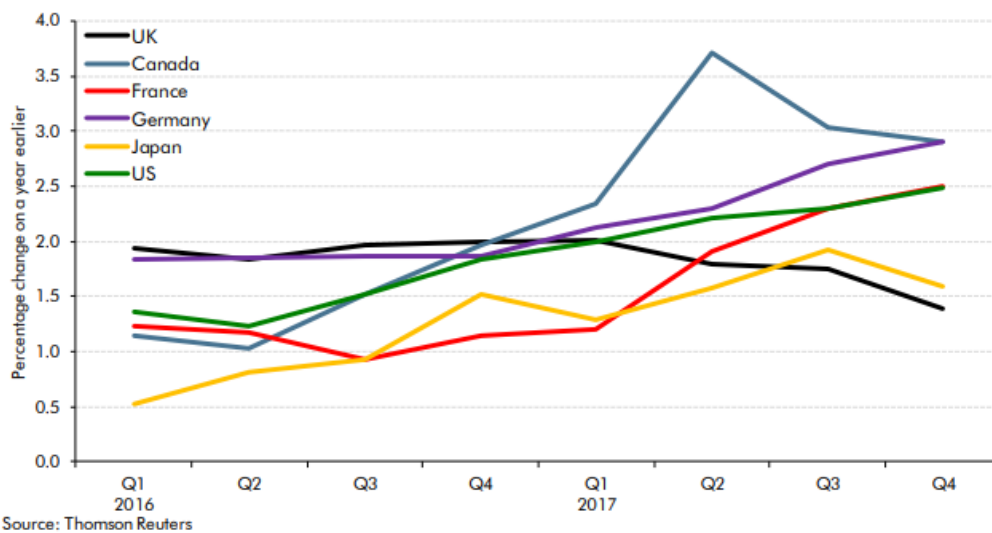
### Public sector net borrowing



- The OBR has increased their forecast growth for this year, which will rise to 1.4% in 2021 and 1.5% in 2022. However, this is the slowest rate of four-quarter growth since mid-2012 and the lowest among the G7 group of major advanced economies over the past year (figure 2).

FIGURE 2

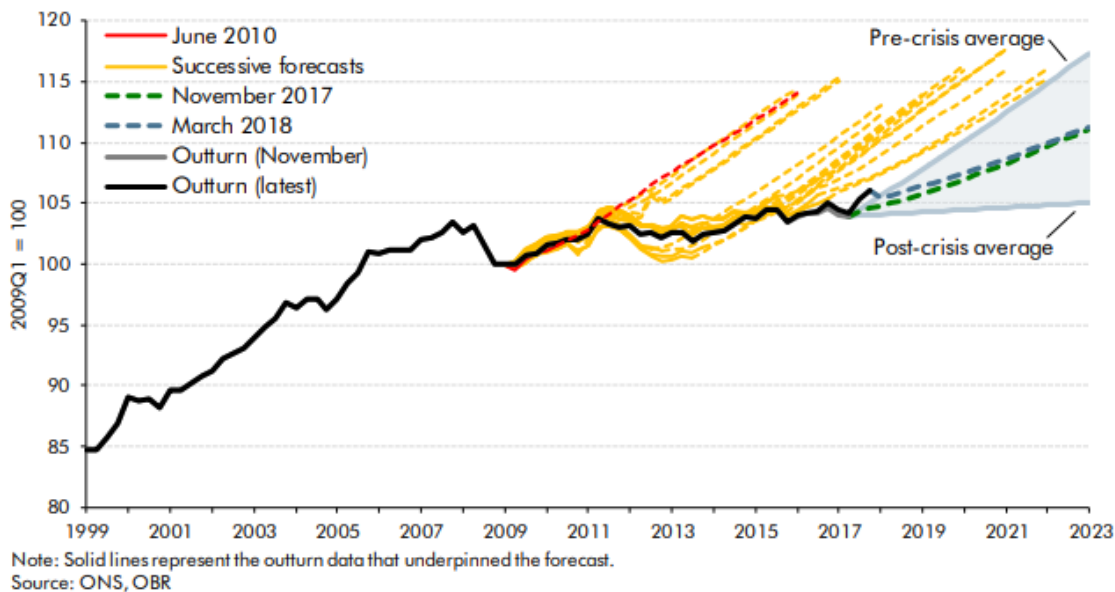
### Headline GDP growth in the UK and other G7 countries



- Productivity levels have risen more strongly than was forecast in November (figure 3).

FIGURE 3

### OBR productivity growth (output per hour) – forecasts and outturns



- Inflation is currently at 3 per cent, which is above the Bank of England's 2 per cent target, but the OBR expect Consumer Prices Index (CPI) inflation to fall over the next 12 months. Retail Prices Index (RPI) inflation averaged 4 per cent in the fourth quarter of 2017, 0.1 percentage points below the OBR's November forecast.

## Press statement

NHS Providers press statement setting out our response to the Spring Statement is below and also accessible online [here](#).

### Urgent steps needed on long term funding of health and social care

Responding to the Chancellor's spring statement, the deputy chief executive of NHS Providers, Saffron Cordery, said:

"It is encouraging that the Chancellor has acknowledged funding pressures faced by the NHS which mean the service can't deliver the levels of patient care set out in the NHS constitution.

"This winter we have seen the impact of under-funding and a lack of staff.

"We need to see urgent steps put in train to ensure sustainable long term funding for health and social care, because the current situation is unsustainable.

"It is also vital that any deal that is reached on pay is fully funded, as promised in the Budget."



Via Email

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[www.cqc.org.uk](http://www.cqc.org.uk)

16 March 2018

Dear Chief Executive

In September we wrote to you sharing the findings from a workshop CQC held with frontline staff. This letter and our report *Sharing best practice from clinical leaders in emergency departments* identified key areas where patients could be at risk, and shared best practice from clinical staff on addressing these risk areas, in order to support local quality improvements.

As you will be all too aware, the demand on emergency departments in winter 2017/18 was and continues to be unprecedented. On our inspections, we have seen many examples of staff going to extraordinary lengths to mitigate the risks this demand presents to patient safety.

We are writing to you now to let you know that yesterday we again brought together over 40 senior clinicians from 24 trusts to discuss the key challenges they are facing right now, to share practical solutions to tackling these problems and to consider preparation strategies for future surges in demand. We will be publishing a full report based on the findings of this workshop, and of our inspections of emergency departments over the winter period in a few weeks.

Recent CQC inspections and our Local System Reviews have demonstrated the importance of the eight key themes to ensure patient safety in departments working under pressure that we outlined in the letter of 29 September 2017. At yesterday's workshop clinicians reaffirmed their importance. They told us that where they had successfully implemented action to address these issues, this was critically dependent on strong leadership, engagement and support by the board and executive team of the trust.

It is important that in all trusts working under pressure in this current environment there is strong leadership from the board to ensure that patient safety is secured at all times. The clinicians stressed the importance of a trust wide, not a purely ED-focused approach to the management of clinical risk. The support of other clinical services in ensuring that crowding in the emergency department is dealt with effectively when there are surges of activity is also vital.

We often pick up a perception that we expect standard staffing ratios that prevents trusts from flexibly staffing the hospital at times of high demand. We would like to take this opportunity to clarify CQC's position on staffing. Boards should assure themselves that they have the right information to make appropriate local staffing decisions. These decisions may require balancing clinical demand in emergency departments with that across the rest of the hospital, but must always be based on

the needs of their patients, using patient acuity and dependency data alongside throughput, and the skills and experience of the wider multi-professional team. When CQC inspect, we look for evidence that boards have made such decisions based upon objective criteria that include both and an appropriate assessment of clinical risk and an assessment of the impact on patient experience.

CQC does not endorse patients being cared for in inappropriate environments and clinicians stressed the importance of this. Trusts must take a trust-wide assessment of where the safest place to care for any patient is, taking into account the physical environment but also the staffing available. It is unacceptable for patients to be cared for in unsuitable spaces such as ED corridors, or in ambulances on the hospital forecourt. Ambulances must be unloaded in a timely way. Clinicians told us that patient flow often proved challenging and they needed the full commitment and support of their boards to ensure they do not care for patients in inappropriate places. This is what clinicians want and what patients and families expect. Trusts must not normalise unacceptable practices.

While all trusts had escalation plans, clinicians told us that these were not always effectively implemented. It is essential that boards ensure that trust-wide escalation plans are thoroughly risk assessed to ensure they manage increased activity effectively and safely. These plans must be owned across the organisation they are not solely the responsibility of the emergency department.

Our recent inspections and yesterday's workshop have demonstrated to us more than ever the heroic efforts clinical staff are making to continue to provide good safe care in an increasingly pressurised environment – and, in many cases, the significant toll that this is taking on them. We will support the system as much as possible, while balancing this with our responsibility to ensure that increased pressure doesn't result in deterioration in the quality of care patients receive by continuing to monitor performance very closely and acting to protect people if necessary.

Finally, it's important to reiterate that these pressures do not originate with and are not restricted to emergency departments, or to NHS acute trusts. This is a whole system issue, which demands a whole system response. The long-term solution must be for health and care providers and commissioners to collaborate to provide health and social care services that meet the needs of their local population, with a stronger focus on keeping people well and helping them stay out of hospital, and on reducing variation that can inhibit people's access to and choice of services.

Yours sincerely,



**Sir David Behan**  
Chief Executive



**Professor Edward Baker**  
Chief Inspector of Hospitals


**NHS Improvement and NHS England**

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London SE1 8UG

020 3747 0000

[www.england.nhs.uk](http://www.england.nhs.uk)  
[www.improvement.nhs.uk](http://www.improvement.nhs.uk)

27/03/2018

To:

- NHS provider chief executives and chairs
- CCG accountable officers
- STP leads

Dear colleague

**NHS England and NHS Improvement: working closer together**

NHS England and NHS Improvement are today announcing some key steps that we are taking to bring our organisations closer together. We wanted to let you know why we are making these changes and how we want to involve you in their design.

At its heart, what we are announcing is about recognising that we have one NHS, that commissioners and providers in each part of the country are serving the same people, and that we need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems.

Subject to our Boards' approval of more detailed proposals, we will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable us to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

There are a number of examples of how we are working together already, including a number of joint national and regional appointments and a single national programme for urgent and emergency care, winter planning and A&E performance.



NHS England and NHS Improvement still have distinctive statutory responsibilities and accountabilities and nothing we are proposing cuts across these. The legislation also means that a formal merger between our organisations is not possible, instead we propose to combine forces for those functions where we can better work as one.

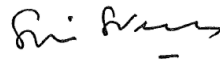
Over the coming months we will work with you, our staff and our partners on the details of how this new approach will work. We want to design these joint ways of working with you and agree how we will measure success with all of the organisations that they will affect.

We look forward to working with you as we use our collective effort to improve the NHS and patient care.

Yours sincerely



**Ian Dalton**  
Chief Executive  
NHS Improvement



**Simon Stevens**  
Chief Executive  
NHS England