House of Commons

Health and Social Care Committee

Pre-appointment hearing for the position of Chair of NHS England

Tenth Report of Session 2021–22

Report, together with formal minutes relating to the Report

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Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health & Social Care.

Current membership

Rt Hon Jeremy Hunt MP *(Conservative, South West Surrey)* (Chair)

Lucy Allan MP (*Conservative, Telford*)

Paul Bristow MP *(Conservative, Peterborough)*

Rosie Cooper MP *(Labour, West Lancashire)*

Martyn Day MP (*Scottish National Party, Linlithgow and East Falkirk*)

Dr Luke Evans MP *(Conservative, Bosworth)*

Barbara Keeley MP *(Labour, Worsley and Eccles South)*

Taiwo Owatemi MP *(Labour, Coventry North West)*

Sarah Owen MP *(Labour, Luton North)*

Dean Russell MP *(Conservative, Watford)*

Laura Trott MP *(Conservative, Sevenoaks)*

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publication

Committee reports are published on the Committee's website at www.parliament.uk/hsccom and in print by Order of the House.

Committee staff

The current staff of the Committee are Stephen Aldhouse (Committee Specialist), Hasan Al-Habib (Academic Policy Fellow), Matt Case (Committee Specialist), Joanna Dodd (Clerk), Sandy Gill (Committee Operations Officer), James McQuade (Committee Operations Manager), Conor O'Neill (Clinical Fellow), Rebecca Owen-Evans (Committee Specialist), Anne Peacock (Senior Media and Communications Officer), Billy Roberts (Media and Communications Officer) and Yohanna Sallberg (Second Clerk).

Contacts

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You can follow the Committee on Twitter @CommonsHealth

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1. Appointment of Chair of NHS England

1. On 19 October 2021, the Secretary of State for Health and Social Care wrote to inform us that the current Chair of NHS England, Lord Prior of Brampton, would be stepping down early. Lord Prior had been expected to remain in the role until October 2022. The Secretary of State told us that Lord Prior would be handing over to a new Chair around the end of the financial year, "aligned to the creation of the new, merged NHSE being established".[1] As outlined in the Government's Health and Care Bill, the intention of the Government is to merge NHS England (NHSE) and the two organisations that make up NHS Improvement (NHSI): the NHS Trust Development Authority and Monitor.[2] The Secretary of State wrote to us again on 23 December 2021 to notify us that the recruitment process had concluded, and that his preferred candidate was Richard Meddings.[3] The pre-appointment hearing took place on 18 January 2022. A transcript of the session is available on our website.

2. The hearing addressed Mr Meddings' professional background, and the professional experiences which may be particularly useful if he is appointed to chair NHS England during a time when it is expected to go through significant change following the enactment of the Health and Care Bill. Mr Meddings was asked to reflect on the possible challenges in going from a governance role in the private sector, to one in the public sector.

3. We asked Mr Meddings about how he would ensure that NHS England can operate with autonomy. He stated that although the Secretary of State would have power and influence, he would be comfortable to "push back" against policy initiatives which he felt would be unhelpful for the NHS, and that part of his role would be to act as a bridge, working to prevent "clashes" between NHS England and the Government.

4. We also asked Mr Meddings to discuss, how, if appointed, he would approach the health and care system backlog following the Covid-19 pandemic, and long-term workforce planning. Mr Meddings pointed to how technology and digital solutions could be an opportunity to transform how NHS England works, especially as it faces increasing demand and workforce pressures.

5. We raised our concerns over Mr Meddings' lack of specific experience of the health and social care sectors. Previous Chairs of NHS England have usually had experience working in health and social care, or in NHS Trusts. Mr Meddings recognised his lack of direct experience but reasoned that the role was essentially a governance role. He also told us that he was keen to immerse himself in the issues to gain an understanding of the challenges the sector is facing.

6. We recognise that Mr Meddings has an impressive professional background, but we were concerned about some of the answers he provided during the session, especially on social care. We approve the appointment of the candidate, although this was not a unanimous view across the Committee.

1 Annex A
2 Explanatory Notes to the Health and Care Bill, HC 71
3 Annex B

Appendix 1: Letter to the Chair of the Committee from Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care, 19 October 2021

Lord Prior, the Chair of NHS England (NHSE), has indicated his intention to step down earlier from his appointment, which was due to end in October 2022. He will handover to a new Chair around the end of this financial year, aligned to the creation of the new, merged NHSE being established. Subject to Parliamentary approval, the Health and Care Bill sets out proposals to merge NHSE and the two organisations that make up NHS Improvement (NHSI): the NHS Trust Development Authority and Monitor.

As the Chair of NHSE is on the Cabinet Office list of appointments subject to preappointment scrutiny, I would like to invite the Health and Social Care Committee to hold a pre-appointment hearing with the Government's preferred candidate.

We plan to advertise the role in October/November 2021 and conclude the selection process by December. We will prepare to work to a timetable whereby a hearing is held with the Committee in January 2022, if that is suitable for the Committee and if so, I would welcome your report soon thereafter.

In advance of advertising the role, I would welcome the Committee's comments on the role description and person specification (attached separately). If you would like to provide any comments, please do so by 27 October 2021.

I would also like to inform you that in readiness for the conclusion of Baroness Harding's term of office as Chair of NHSI on 29 October, I have invited Sir Andrew Morris, the current Deputy Chair of NHSI, to be interim Chair of NHSI until, subject to the passage of legislation, the new merged NHSE is legally established.

I have copied this letter to the Rt Hon Stephen Barclay MP, Chancellor of the Duchy of Lancaster and to the Clerk of the Liaison Committee.

Sajid Javid MP

Secretary of State for Health and Social Care

Appendix 2: Letter to the Chair of the Committee from Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care, 23 December 2021

I am writing to inform you that following the conclusion of an open recruitment process, my preferred candidate for appointment as the next Chair of NHS England is Richard Meddings.

Richard was until recently the Chair of TSB Bank and is a Non-executive Director at Credit Suisse and HM Treasury. He is a chartered accountant by background and the former Group Finance Director for Standard Chartered bank.

I have attached separately a copy of his CV and a background paper on the recruitment campaign.

It would be helpful if a pre-appointment hearing could be held with the Committee at your earliest opportunity. Richard Meddings will attend, and I look forward to receiving your report following the hearing.

I have copied this letter to Richard Meddings, Ron Kalifa OBE, Senior Independent Panel Member, the Rt Hon Steve Barclay MP, Minister for the Cabinet Office, and to the Clerk of the Liaison Committee.

Sajid Javid MP

Secretary of State for Health and Social Care

Appendix 3: Candidate CV

Richard Meddings.

Education and Qualifications

1969–1976	Wolverhampton Grammar School
1977–1980	Exeter College, Oxford: BA (Hons) Modern History
1983	Institute of Chartered Accountants in England and Wales: ACA

Executive Career Summary

November 2002–June 2014	Standard Chartered Plc
	Group Executive Director
	(Finance Director 2006–2014)
September 2000–November 2002	Barclays Plc
	Group Financial Controller
	COO, Wealth Management Division
May 1999–September 2000	Woolwich Plc
	Group Finance Director
April 1996–May 1999	BZW (subsequently CSFB)
	Managing Director, Corporate Finance
	Managing Director, Investment Banking Division
May 1984–April 1996	Hill Samuel Bank
1984–1986	Corporate Finance Department
1986–1987	EA to Group Chief Executive
1987	Mergers & Acquisitions Head, New York
1987–1994	Director, Corporate Finance Division
1995–1996	Head of New York office
September 1980–May 1984	Price Waterhouse
	ACA
	Tutor–Training Department

Executive Career

2002–2014 Standard Chartered Plc

Group Executive Director

Richard was Group Finance Director, responsible for Finance, Risk, Tax, Treasury, Strategy (including regulatory), Corporate Development and IR from 2006–2014. From November 2002, when he joined the Board, until March 2005 he was the Board Director responsible globally for Risk, Compliance, Legal and Internal Audit and from March 2005 until November 2006 he was also responsible for the businesses in the USA, Latin America, UK/Europe, Africa, the Middle East and Pakistan. He was appointed Group Finance Director in November 2006.

2000–2002 Barclays Plc

Group Financial Controller

COO, Wealth Management Division

Following the acquisition of the Woolwich Plc by Barclays in November 2000, Richard was appointed Group Financial Controller reporting to the Group Finance Director. He was responsible for the group's £1 billion cost reduction programme. He also ran financial controls/performance management across the Group, led the budget process and the review of economic capital allocation across the Group as a whole and in each division. He was a member of Barclays Operations Committee and a member of the Group Credit Committee.

Richard was COO, Wealth Management Division reporting to the CEO, Wealth Management. This included Barclays Private Bank, Barclays Premier, Life Assurance and Investment Management, Barclays Stockbrokers, Barclays France and Barclays Spain. He was responsible for Risk and Compliance, Technology, Operations and Corporate Affairs.

1999–2000 Woolwich Plc

Group Finance Director

Richard was an adviser to Woolwich in the Conversion (from Building Society to Bank) and IPO and subsequently joined them in May 1999 as Finance Director. In this period he was involved in a fundamental change to the business model. Richard led a significant cost reduction programme and with the CEO and COO, implemented the Open Plan strategy. In addition to his role as Finance Director, he was responsible for Treasury, Risk and Compliance, Audit, Group Secretariat and Investor Relations.

1996–1999 BZW (subsequently CSFB)

Richard joined BZW as a Managing Director in corporate finance in 1996 and was responsible for a number of clients encompassing advisory work, lead managing transactions and cross bank relationships. He continued to lead client relationships in corporate finance after the acquisition of BZW by CSFB in 1998.

1984–1996 Hill Samuel Bank

Richard joined Hill Samuel when it was one of the top three corporate finance houses. He spent the first two years working in the Corporate Finance Department on a wide variety of 'traditional' corporate finance mandates. He was subsequently appointed in 1986/1987 as EA to the Group Chief Executive, (Christopher Castleman) of the Hill Samuel Group reporting directly to the three senior executive directors of the Group.

He was promoted Director in 1990, responsible for several UK client relationships and led on 23 advisory transactions between 1990 and 1994 including Government advisory and privatisation projects, restructurings, IPOs, Divestments, Acquisitions.

1980–1984 Price Waterhouse

Having attained his ACA in 1983, Richard spent a further year with Price Waterhouse tutoring in its Training Department.

Memberships and Directorships

May 2020–PRESENT Credit Suisse Group AG

Member of the Board of Directors, Chair of the Audit Committee, Interim Chair of the Risk Committee (May-November 2021), member of the Conduct and Culture Committee and member of the Nominations Committee. Member of the Sustainability Board and the Tactical Crisis Committee.

February 2018–November 2021 TSB Chairman

September 2018–April 2019 TSB Interim Executive Chairman

Combined role of chairman and CEO for 8 months, in a very challenging period of technology remediation, regulatory engagement and restoring customer trust.

October 2017–April 2019 Jardine Lloyd Thompson Group Plc

Non-Executive Director, Chair of the Remuneration Committee and member of the Audit and Risk Committee (acquired by Marsh McLennan in April 2019)

September 2017–PRESENT Hastings Education Opportunity Area

Chairman

Investing public funds to improve the educational outcomes for the schools (primary & secondary & F.E) in Hastings

February 2016–PRESENT Teach First

Director and Member of the Board of Trustees

Deputy Chairman Since January 2021

Member of the Finance Committee

October 2015–July 2019 Deutsche Bank AG

Member of the Supervisory Board, Chair of the Audit Committee and Member of the Risk Committee and Member of the Strategy Committee

July 2014–PRESENT HM Treasury

Non Executive Director, Chair of HM Treasury Audit Committee, Chair of Audit Committee for Whole of Government Accounts, Member of Major Projects Review Group (Inactive from September 2018–May 2019 given TSB Executive Chairman role)

May 2008–May 2020 International Chamber of Commerce, United Kingdom (incorporated, as of December 2017, as the World Business Organisation)

Member of the Governing Council

Member of the Finance Committee

June 2011–April 2018 Financial Reporting Review Panel Member

September 2008–July 2014 3i Group Plc

Non Executive Director, Senior Independent Director

Chair of Audit and Risk Committee

2014–2017 Legal & General Group Plc

Non Executive Director, Chair of Risk Committee, Member of Audit Committee and Remuneration Committee

2004–2015 Seeing is Believing

Chairman (2004–2014)

A charity focused on curing avoidable blindness–raising, $100 million and providing interventions in 36 countries via 151 individual health programmes

2005–2007 Indo British Partnership Network

Director

Appendix 4: Candidate questionnaire

1) **What motivated you to apply for this role, and what specific experiences would you bring to it?**

The NHS is a core foundation stone of our society. We should be judged on how well we, as a society, look after all people and the quality of lives lived is much determined by health. The NHS is distinctive to the UK, and an institution of which we should, even with its current challenges, be immensely proud. It is vast in scale, hugely complex, has been underinvested in key capabilities, been managed on too short a horizon, facing increasing volume and changing shape of demand, and structurally boundaried within a broader health and care ecosystem, all of which makes for less effective delivery. I do not underestimate the scale of the challenge faced by NHS England, the demands of the role and the personal commitment that the role requires. As the Health Select Committee has said, the NHS has responded magnificently to the pandemic. However, as it starts to deal with recovery of services and acute backlogs, it faces immense challenges and deep stresses in all directions. But there is axiomatically an abundance of health knowledge and experience across the senior levels of the NHS and at its heart is a culture of sacrifice and service. But the impact of Covid over the past two years, on top of a multiyear period of declining performance, poses a set of difficult issues for the NHS, for all who work in it and for its ability to deliver, in time, health interventions to those in real need. It is the opportunity to both contribute to the work of the NHS and to help it address its many challenges that motivated me to apply. What experience do I bring? The role is a Chair role. It is a governance role. It is a bridge between the management and the Ministry and responsible to Parliament. Its "customers" are the population at large and they have growing needs for better delivery of health interventions. The role is governance not management. I have over 30 years of FTSE 100 equivalent Board experience. I have been a Chief Executive and a Chairman. I have chaired every type of governance committee. I have been fortunate in my career to have been a leader of businesses enjoying huge success and growth but have also been called on to deal with numerous crises. Financially literate, experienced in Board practice, experienced in how a Board guides and challenges management, supportively but firmly. I have, in particular, strong digital skills and insights from my financial sector experience. I have worked with Government in my more than 7 years on the HM Treasury Board and in other "expert adviser" roles, and also in the charities sector, chairing Seeing is Believing, an avoidable blindness charity for over ten years, as deputy Chair currently of Teach First and separately, for the Department of Education, chairing the Hastings Opportunity Area over the last four years. This very breadth of experience, of governance and of Boards, of interaction with Government, will enable me to lead, as Chair, NHS England through what will be a period of intense challenge and significant pressure. I am an outsider, bringing a fresh pair of eyes to the challenges. I bring experience of Board governance and performance disciplines. I am deeply committed to trying to make a difference, offering my professional experiences from 40 years, primarily in a different system, to meet the challenges that we all face.

2) **If appointed are there specific areas within your new responsibilities where you will need to acquire new skills or knowledge?**

I will need to immerse myself in all aspects of our NHS, in particular to gain a real understanding of the front line. As Chair, along with the rest of the Board, I must understand

the practical realities faced by our workforce. This cannot be a case of commanding generals sat miles behind the trench lines. Strategic challenge and direction within the Board is the key role but it must be grounded in some real world understanding of the pressures on the workforce, and on the system and on how performance requirements actually translate to the point of delivery. In the first weeks or months, I will want to gain as much first hand insight as possible, to listen to both the front line and to patient groups to help ensure Boardroom conversations are grounded in real understanding. And yet the role is as much to keep eyes on the long term horizon and so active engagement with and learning from expert health organisations about the longer term factors at play will be essential. From a very personal perspective, I would like to drive to a better, more commonly agreed fact base and a data set that we all acknowledge. As I read into this role there seems a panoply of multiple data points, which undermine clear options analysis and communications.

3) **How were you recruited? Were you encouraged to apply, and if so, by whom?**

I was approached by headhunters (recruitment consultants). I was initially apprehensive but it was explained that there was strong health knowledge and expertise around the Board, and clearly in the senior management below Board level, but the aim was to bring fresh insights, strong experience of Board governance, digital and financial skills, and courage in adversity and strategic leadership. Experience in working with Government was also a relevant consideration. The recruitment was by way of an open competition which involved a written application letter along with a CV, assessment by the headhunter, external referencing, a panel interview and other interviews with the SofS and the PM. Before I applied I had several conversations with the headhunters and with network contacts about how they saw the role. Given my breadth of Board experience and that my reputation was, if anything, as someone "good and calm in crisis", I was unambiguously encouraged to apply, as long as I recognised the immense scale of the challenge (but perhaps one's network has a bias).

4) **Do you currently or potentially have any business, financial of pecuniary interests or commitments that might give rise to the perception of a conflict of interest if you are appointed? How do you intend to resolve any potential conflicts of interest if you are appointed?**

No. At the time of my appointment my only other roles will be with Credit Suisse, with Teach First and the Hastings Opportunity Area. My only conflict is a related party conflict in that my twin brother has recently, last year, retired from NHS Scotland as a consultant urologist, although he still offers his services as a consultant surgeon on a non full time basis. My daughter is a 4th year medical student at Bristol University. It would also be my intention to gift the fees to charity, as I have done with the fees for my Board role on HM Treasury.

5) **If appointed what professional or voluntary work commitments will you continue to undertake, or do you intend to take on, alongside your new role? How will you reconcile these with your new role?**

The role at NHSEI would be a key focus. I would intend to maintain my roles as a Non-Executive Director at Credit Suisse but would step away from all other commitments. I stepped down from the HM Treasury Board on 31/12/2021 and as Chair of TSB plc at

the end of November 2021. I will give up my role as Deputy Chair of Teach First and as a member of its Finance Committee. With regard to the Hastings Opportunity Area, my intention is to step down, however the last year of funding runs parallel with the school year so I may possibly continue to chair the last three Board meetings but have agreed with the executive support team that other than that my engagement will fall away.

6) **Have you ever held any post or undertaken any activity that might cast doubt on your political impartiality? If so how will you demonstrate your political impartiality in the role if appointed?**

No.

7) **Do you intend to serve your full term in office?**

I do expect to serve my full term in office and if I had support from colleagues but also the DHSC, yourselves and broader constituencies, then I would intend to apply for either a second term or an extension if that helped with transition. The task ahead and the challenges we face are clearly beyond a four year horizon. However, performance in role must be the main determinant.

8) **If appointed what will be your main priorities on taking up the role?**

There are some immediate priorities that the Chair faces. These include i) the mechanics of establishing a new Board as NHS England and NHS Improvement are merged as legislation passes; ii) bringing together NHS Digital, NHSX and Health Education England within the operational and governance structure; iii) within the newly created structure, a key priority will be bringing to operational life the Integrated Care Boards, with responsibility for NHS strategic planning and allocation decisions, along with establishing the Integrated Care Partnerships, which bring together a wider set of system partners. Getting this right will be key to ensuring more effective delivery of agreed priorities, and the allocated funding, to meet local identified need and thereby improving patient outcomes; iv) better integration of health and social care will be hard to get right but vital. Acute hospitals are pressurised on discharge, unable to operate at their capacity, in part because the boundary between health and social care is not effective. We need to see the NHS role in the context of a broader health ecosystem, working seamlessly with the care system and the agents of its delivery. The ICS restructure is for me the cornerstone of why we can be more confident in how the NHS delivers; v) building a relationship with the NHS England CEO, and the senior team, so that there is a clear sense of strong and purposeful leadership, will be very important. As an outsider, I look forward to bringing an external perspective in supportive challenge to the CEO, confident that her deep insider knowledge of the NHS, will make for good debate and real partnership; 4 vi) relationship building, in particular with the CEO, but also with the Board, the senior staff, the DHSC, HM Treasury, the Cabinet office, and Number 10 will again be key. The Chair acts as an additional bridge between the NHS executive and the "shareholder" ensuring clear communication around priority and objectives. vii) the relationship with the Secretary of State will be central and critical, ensuring his confidence in NHS delivery, to milestones, of agreed key priorities will be essential; viii) on a personal note, as referred to above, early immersion as much as practical in gaining front line insights into the work of the NHS and the pressures faced by it, will be important. And then there is a range of broader priorities. The most important, to my mind, is the NHS workforce. The people of the NHS have performed

heroically particularly over the past couple of years but remain under continued intense pressure, are in many areas exhausted, and as a workforce see high attrition and high vacancies. Workforce planning, with a suitably long term horizon, is a clear priority. The NHS suffers, like many large institutions, from poor, multiple systems, and poor data lineage. Technology is at the same time offering many more efficient, and still effective, interventions which can be harnessed to improve services to patients. Society is becoming more comfortable with the online world. A clear digital and date agenda is a priority but is as much a matter of skill, culture and aptitude as the technology itself. The digital agenda will be one part of the transformation agenda, already underway, but which needs focused prioritisation and the buy in of the workforce and the partner organisations that work with the NHS. How can we spend more productively? Where can we make savings in order to reinvest in other health areas? Over what period can we compensate historic under investment in parts of the NHS, the consequence of which today is growing refurbishment or remediation spend or worse, challenges to patient safety from outdated premises or equipment. Covid remains an immediate continuing pressure but even when it has ceased its virulence, the NHS must address the longer term consequences of the pandemic years. So urgently addressing the elective backlog; improving the responsiveness of emergency pathways; an industrial strength vaccination capability; improving access to primary care and how it operates; and continuing to focus on population health management for the prevention of ill health and to address identified health inequalities are a number of the major priorities. In particular, the elective backlog continues to grow. Pre Covid, it was high, but since Covid struck it has now become alarmingly high. The question of "main priorities" when thinking about the health of our population and the scale and breadth of the NHS, is clearly complex. Essentially, at the Board level, it is about ensuring the agreed key priorities are communicated down through a cogent structure, so that at local level there is alignment. Services are delivered at local level and must be sensitive to the patient needs of the local community. If I were to venture three themes for my first year as Chair, they would be "capacity", "concentration risk" and "implementation/delivery". Pursuing and modeling the questions of capacity across a suitably long horizon is hugely informative. Focusing consistently on those pockets of concentrated utilisation, by age, by infirmity, by community, informed by a philosophy of early, preventive intervention, are areas I would like to understand better. And implementation, or delivery, must be 5 the main thrust. It has been said that a poor strategy well executed is much better than a good strategy badly executed and so actual delivery of better patient outcomes is the key.

9) **What criteria should the Committee use to judge NHSE's performance over your term of office?**

I would suggest that my performance should be judged against five criteria. Firstly, the establishment of a strong, experienced, unitary Board, with highly experienced independent NonExecutive Directors, fully engaged on the big issues and connected actively to the workforce across its constituencies. Secondly, the establishment of the ICB's, with clear leadership, producing high quality strategies and resource allocation and connected to the NHS England Board and to the various delivery organisations. Through collaboration and also flexibility to meet local place based need, this structural reform has the potential to make a material early difference. Thirdly, the relationship between me as Chair and the CEO, building a partnership of supportive but critical challenge and with her to bring together an executive leadership team of the highest quality and commitment. Fourth is clarity of purpose expressed through strategic priorities agreed

with the DHSC, reflecting on the existing Long Term Plan and Covid recovery challenge, and measurable in clear milestones and commitments. Lastly, evidenced engagement with external, knowledgeable voices, accepting fact based challenge and bridging that challenge into the work of the Board.

10) **How will you protect and enhance your personal independence and the institutional independence of NHSE from the Government/ministers?**

I will ensure this through clarity of communication, through fact based decisions, through transparency, through engaging with knowledgeable outsiders, and through personal integrity. The success of the Chair will be in large part determined by the quality of the relationship with the Government and with Ministers. NHS England is, however, an arm's length body, required to deliver against its given mandate. Not just the Chair, but also the Board, must be independent and seen to be so in helping set priorities and in the choices made. Yet these cannot be made in a vacuum and need to be informed by a broad range of contributions, including critically from Government, but also from many other parties. The Board will encompass a group of strong, highly engaged individuals in both independent Non-Executive Director and in Executive Director roles. It would be my intention to listen actively to external expert foundations, independent of the NHS England, but deeply knowledgeable. This external exchange, along with a belief in fact based decision making, using agreed shared data, will reinforce independence. As will a continuing and deep engagement with NHS leaders and staff. On a personal note, I will also remain completely free from any conflict of interest, actual or perceived, and maintain the highest levels of integrity and transparency in all of my engagements.

11) **How do you assess the public profile and reputation of NHSE?**

The NHS is admired worldwide for its foundation and its central purpose and is defended and strongly supported as a societal good. In its performance, however, its reputation is less strong. So its purpose, the commitment and courage of the NHS workforce, and the sheer amount of what it does to serve patient outcomes, are rightly applauded. However, delivery is increasingly stressed and the challenges are intense, with increasing evidence to the public, and via the media, of short comings in terms of patient outcomes and patient safety. The public little distinguishes NHS England from the NHS. However, the profile and reputation of NHS England is more represented in 6 operational effectiveness. Here the reputational pressure is going to get worse before it gets better given the magnitude of the issues and their trajectory. It is also true that the vast amount of good the NHS does goes mainly unrepresented whilst its problems, and understandably because of the mental and physical distress to patients, are widely covered across all media. There remains an immense fund of goodwill for the NHS and its people. Providing into that a shared sense of the depth of crisis that the NHS faces but simultaneously with the strategic responses and the time horizon for delivery, will be key. Communicating the continued central strength of what the NHS stands for, whilst being seen to engage transparently with the challenges and to meet publicised milestones of performance, will underpin its long term reputation. Political consensus around agreed priorities will be an important enabler.

12) **What risks to do you think NHSE will face over your term of office? How do you intend to manage them?**

The key risk lies within the workforce. How to attract and recruit new entrants, what is the skills mix we need and how do we build it, how to continue the development of the current workforce, building an approach to a long term career, with people able to adapt and change and to ensure that careers are financially but more importantly value rewarding. We should focus on the conditions that support an optimistic and diverse workforce, with the relevant mix of skills, that wants to work in the NHS and is given the equipment, the development support, and the opportunities that make it a rewarding vocation. Financial resources need to be sufficient and with oncoming inflation the cost challenges are likely only to grow. So hard choices over investment priorities will be needed. Finding savings, through assessed value for money, which can be reinvested and managing and aligning the structures through which spend is allocated will be essential. The NHS must reform and transform to meet the growing but changing patient demand. This cannot be achieved without the support of the workforce but also the various partner providers contracted on an appropriate basis. It will require successful integration of social care and health. Covid recovery poses the most immediate challenge. And if one were horizon spotting for future risks then being ready to deal with another pandemic must be a focus. But if the risks are many then there are also opportunities. A digital agenda potentially lifting diagnostic and care capacity, continued focus on life sciences, thematic capacity planning with accompanying investment and concentration risk assessment to better direct resources are all areas which offer significant service uplift but over time. So we can seek to change what we do and what we prioritise, the impact of which may only be partially immediately seen yet will set clear avenues for future improvement. The role of Chair is a governance not management role. It is about direction, about challenge, about fact based decision making and communication. The NHS faces a situation and set of issues as severe as any it has faced in its history. On a personal note, my strong belief in the NHS, in its accessibility to all and free at the point of delivery, is the reason for courage and also optimism. Keeping the delivery of best outcomes for patients at the centre of our thinking will make for better strategic choices.

Formal minutes

Tuesday 18 January 2022

Members present:

Jeremy Hunt, in the Chair

Lucy Allan

Paul Bristow

Barbara Keeley

Taiwo Owatemi

Sarah Owen

Laura Trott

Draft Report (*Pre-appointment hearing for the position of Chair of NHS England*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 6 agreed to.

Appendices agreed to.

Resolved, That the Report be the Tenth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Thursday 20 January 2022 at 10.30 am

Witness

The following witness gave evidence. The transcript can be viewed on the inquiry publications page of the Committee's website.

Tuesday 18 January 2022

Richard Meddings

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

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2nd Special	Delivering core NHS and care services during the pandemic and beyond: Government Response to the Committee's Second Report of Session 2019–21	HC 1149
3rd Special	Drugs policy: Government Response to the Committees First Report of Session 2019	HC 1178