

Summary of board papers – statutory bodies

NHS Improvement board meeting – 26 July 2018

For more detail on any of the items outlined in this summary, the board papers are available [here](#).

Chair's report

- Lord Carter and Lord Darzi have been reappointed for a second term as non-executive directors at NHS Improvement (NHSI). There are four new non-executive director appointments joining the board at the beginning of August: Sir Andrew Morris, Wol Kolade, Laura Wade-Grey and Tim Ferris MD.

Chief Executive's Report

- NHSI's contribution to developing the 10 year plan for the NHS will include:
 - The creation of strategic plans which outline how the 10 year plan's priorities will be delivered
 - A new approach to capacity planning that supports the NHS in matching financial resources with the workforce and physical capacity needed to meet demand
 - A review of the NHS financial architecture, including tariff, control totals and sustainability funding
 - An expansion and acceleration of NHSI's productivity and efficiency work
 - Providing a clearer vision and roadmap for the development of integrated care systems
 - Developing plans for more proactively developing the provider landscape.

Update on actions taken in response to Independent review into Liverpool Community Health NHS Trust (LCH)

- The board received an update on actions agreed at the [March board meeting](#) in response to the recommendations of the Kirkup report into issues at LCH. These actions include:
 - The roll-out of regional talent boards, led by NHS Leaders Academy. The plan is to have all regional talent boards up and running by Q4 2018/19.
 - NHSI will conduct a detailed review of risk in standalone community providers.
 - NHSI will carry out a review of former LCH services. This will take place by 31 March 2019.
- NHSI commissioned an independent investigation to clarify the circumstances under which roles were found or facilitated for individuals identified in the report as bearing some responsibility for the issues at LCH. The findings are published [here](#).

Update on NHSI Maternity Programme

- NHSI will provide further guidance to trusts on understanding the safety landscape in maternity services; *Exploring the Golden Thread* is due to be published in late summer 2018.

Quality report

- There are currently no providers rated 'outstanding' by CQC for the 'safe' domain. NHSI's policy team are working with CQC to understand why this is the case.

Care Quality Commission board meeting – 18 July 2018

For more detail on any of the items outlined in this summary, the board papers are available [here](#).

Chief Executive's report (from the board meeting on 13 June 2018)

- Regarding the [performance report](#), CQC is embedding a new tool to report on inspectors' activity. On average, 34% of Inspector time is spent on monitoring and 36% on inspecting and publishing reports.
- The Department of Health and Social Care (DHSC) made a Written Ministerial Statement to Parliament on 23rd of May entitled 'Terms of reference for the review of the Fit and Proper Persons requirement'.
 - The statement refers to CQC and sets out the arrangements for the review:
 - Tom Kark QC is leading the review
 - Document review began in July 2018
 - Principal evidence-gathering will take place in August and September 2018
 - The review is expected to report in autumn 2018.
 - The review will consider the scope, operation and purpose of the Fit and Proper Person Test as a means of preventing the re-deployment or re-employment of senior NHS managers where their conduct has fallen short of the values of the NHS.
- CQC will submit written evidence to the independent review of gross negligence manslaughter and culpable homicide, which is overseen by Dame Clare Marx. The review will report back in early 2019.
- CQC recently published [Driving improvement: case studies from nine adult social care services](#) and [Driving improvement: case studies from 10 GP practices](#); the themes of improvement in general practice include clinical and management leadership, avoiding professional isolation, and the value of the whole practice working as a team and a multidisciplinary model.
- CQC has published the [results of the 2017 adult inpatient survey](#).
- On 28 June CQC published its [response document to the independent healthcare consultation](#).

Executive team's report

- CQC published [Beyond barriers](#), the final report on their local system reviews, on 3 July 2018. We summarise the key findings [here](#), which included that people experience the best care when organisations work together to overcome a fragmented system. The report found that while there were examples of good practice in all 20 systems, barriers to collaboration remain at local and national levels.
- On 20 June 2018 the Gosport Independent Panel, chaired by Rt Reverend James Jones KBE, issued its report into care at Gosport War Memorial Hospital between 1989 and 2000. The panel reported that the lives of over 450 people were shortened as a direct result of the approach used in some wards to the prescribing and administering opioids and other drugs, and that, while records were missing, probably at least another 200 patients were similarly affected. Over many years there was a failure by a series of individuals and institutions, including regulators, to investigate or act appropriately.
 - Since the period covered by the report there have been major changes in clinical governance and regulation including the redevelopment of CQC approach to inspections, the role of the national and local Freedom to Speak Up Guardians to support staff who wish to raise concerns and the way CQC works with other national organisations to share and act on information of concern.

- However, there are a series of issues that are relevant to the CQC's current work, including investigation of staff and relatives' concerns about care and the regulatory response when such concerns are raised. CQC is reviewing the implications of the Panel's finding on the regulation of hospital and primary care services and a full update will be brought to a forthcoming board meeting.
- In the first two months of the year, the Hospitals team undertook 453 units of inspection (96% of the expected average of 235 per month against a target of 100%). There has been an increase in the backlog of Hospitals reports in line with the increase in the directorate's activity.
- On 19 July CQC published a report bringing together the findings from its [review of the timeliness and governance of radiology reporting in trusts](#), which is based on an analysis of data provided to CQC by 151 acute trusts and 19 community trusts between August-October 2017.
- CQC gave evidence to the Health and Social Care Select Committee on Tuesday 3 July as part of their inquiry into prison health and social care.
- On 22 June CQC published *The state of care in urgent primary care services* which showed that most of these services are providing good care despite workforce and commissioning pressures.
- CQC continues to work with the Department of Health and Social Care and system partners to agree its role in oversight of the proposed new Deprivation of Liberty Safeguards system.

Updating surveillance information

- CQC is proposing to produce an online resource on the use of technology in monitoring and supporting care. It will focus on telecare, telemonitoring, digital care records, mobile health apps, and overt/covert video and audio, and will cover what the use of technology means for how CQC regulates.
 - This will replace the 2015 information on [using hidden cameras](#) and [related guidance for providers](#).

Health Education England board meeting – 17 July 2018

For more detail on any of the items outlined in this summary, the board papers are available [here](#)
Finance report 2018/19 Month 2

- There has been a delay in some areas paying and recharging the cost of GP trainees pay. This has hampered work to fully understand the impact of the junior doctors new pay contract.

Diversity and Inclusion Strategic Framework 2018 – 2022

- Health Education England (HEE) has developed a strategic **framework** to ensure it remains committed to the values of diversity and inclusion for the next four years (2018-22).
 - HEE will use its influence with stakeholders to further diversity and inclusion within medical and clinical education and the wider healthcare system.

Highlights from Local Education and Training Board (LETB) updates

- South of England LETB
 - The committee discussed how the South has seen the greatest reduction in commissions across the country and agreed that Local Workforce Action Boards should work with academic institutions to address this.
 - Mental health workforce plans are in the process of being developed for each STP. Work has been done with NHSE and NHSI to support this and align the plans with investment.
 - The committee discussed the TOPOL review looking at advances in technology and how these will impact on the clinical NHS workforce and the way HEE trains staff.
- North LETB
 - Updates from STP areas included the Greater Manchester Strategic Workforce Board and Collaborative which has considered establishing Integrated Health & Social Care Careers Hubs.
 - The committee received an update on developing an ALB joint 'workforce offer' for the North.
- London's LETB
 - The Medical Education Reform programme has identified reforms for re-structuring the medical education curricula so that training programmes will assure prospective employers that their business needs are being considered within the course structures.
 - General Practice Charter Mark pilot (which focused on the care of the elderly in South London, 2015-18) has demonstrated some positive impacts and is to be rolled out across London, where a future structure may include other disciplines (public health and other professional careers such as nursing).
- Midlands and East LETB
 - Discussion on the workforce strategy consultation centred around 'big ticket' items such as skills passports, engagement of the health and social care sector, and when wider engagement with communities will take place.

NHS England board meeting – 4 July 2018

For more detail on any of the items outlined in this summary, the board papers are available [here](#).

Chair and chief executive reports

- NHS England (NHSE) will work closely with Health Education England on the linked 10 year workforce strategy, as well as local government and Public Health England on prevention and intervention. The Department of Health and Social Care, in partnership with NHSE, will be making capital prioritisation decisions between now and next public meeting. The larger question of capital, looking over 10 years, will be linked to 10 year plan.

Developing the NHS long term plan: evidence based interventions

- A consultation has been launched on the future of evidence based interventions. The programme has been developed and jointly led by NHSE, NICE, NHS Improvement, the Academy of Medical Royal Colleges, and NHS Clinical Commissioners. The consultation is on the design principles, the 17 interventions that should initially be targeted, the proposed clinical criteria, the activity goals that should be set, and the twelve delivery actions. It is proposed that these should be included in the NHS Standard Contract. The [consultation is open until 28 September](#).

Primary care services

- There is renewed attention on the development of primary care networks. A reference guide is being developed to support regions to establish networks. An overarching NHSE programme of work is also being developed and a Primary Care Network Programme is being established.
- Primary care reform:** NHSE and the BMA are looking to make significant changes to the GP contract – the most substantial changes to the contract since 2004. These specifically focus on QOF and future-proofing for digital-first primary care.

NHS finance report (month two)

- At month two NHSE is reporting a year to date underspend of £22m (0.1%). This is broadly in line with plan. At month two commissioners are forecasting to deliver 95% of savings plans (around £3.1bn). CCGs are reporting a “net risk” of £325m at month two – this relates to contract over performance and shortfalls on efficiency schemes. This compares with £443m at month two last year.

Net Expenditure	Year to Date				Forecast Outturn			
	Plan £m	Actual £m	Under/(over) spend		Plan £m	FOT £m	Under/(over) spend	
			£m	%			£m	%
CCGs	13,747.2	13,745.5	1.7	0.0%	83,079.5	83,079.5	0.0	0.0%
Direct Commissioning	3,971.1	3,970.6	0.5	0.0%	25,193.3	25,193.3	0.0	0.0%
NHSE Running & central programme costs (excl. depreciation)	210.6	182.1	28.5	13.5%	5,513.5	5,483.4	30.1	0.5%
Other including technical and ringfenced adjustments	(4.8)	4.4	(9.2)		10.0	56.4	(46.4)	
Total non-ringfenced RDEL under/(over) spend	17,924.1	17,902.6	21.5	0.1%	113,796.3	113,812.6	(16.3)	(0.0%)