

Summary of board papers – statutory bodies

Health Education England board meeting – 12 February 2019

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

Chief Executive report

- Further progress has been made towards the aim of better aligning Health Education England's (HEE) regional footprint with the new NHS England (NHSE)/NHS Improvement (NHSI) footprint of seven.
- HEE have been working closely with NHSI and others on the workforce implementation plan that Baroness Dido Harding was asked to lead; this collaborative work will continue.

Finance report

- 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, particularly with respect to pay protection.

Trainee Nursing Associate update

- A nursing associate delivery board was established in October 2018 to monitor delivery and to support the preparation for the next phase of the expansion programme. Next steps in the programme include the development of regional delivery plans for the achievement of the further 7,500 places to be achieved by March 2020.

Maternity Transformation Workforce Strategy to 2021

- The strategy incorporates a set of shared principles to underpin future workforce decisions, such as:
 - Enabling a flexible and adaptable workforce through investment in education and training of new and current staff
 - Ensuring that service, financial and workforce planning are intertwined, so that every significant policy has workforce implication thought through and tested.
- HEE have taken action to begin the transformation of skills and capacities in the maternity workforce by developing initiatives such as a bespoke return to practice scheme for midwives and distributing funding to support maternity safety training.
- There is still further work that can be done to improve the sustainability of maternity services. Only a fixed number of new staff completing training in the main professions will be available by 2021.

Care Quality Commission board meeting: 20 February 2019

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

Chief Executive report

- Dr Rosie Benneyworth has been confirmed as the new Chief Inspector of Primary Medical Services and Integrated Care.
- Debbie Westhead has been appointed to Chief Inspector of Adult Social Care Services on an interim basis.
- Mark Sutton has been appointed as Chief Digital Officer.

Chief Inspector of Primary Medical Services' report

- The Care Quality Commission (CQC) support the recommendations made in the Kark review of the fit and proper persons test and will be working with the Department of Health and Social Care and partners to take the work forward.

Executive Director of Strategy and Intelligence's report

- Work to explore how the CQC can work with providers to encourage good models of innovation is now underway. This work will look at what good looks like and how organisations are implementing and developing innovative or new technologies. It explores options for what 'regulatory sandboxing' could look like within CQCs purpose and statutory functions and how to engage earlier with providers deploying innovative approaches in a collaborative and controlled safe space.
- CQC will continue to work develop their engagements with the public, providers, other regulators and developers of new technologies to support their wider objective to encourage improvement and innovation in care.

Recent publications

- CQC have launched, on 19 February, their 'Declare Your Care' campaign. This is a new, year long, multi-channel national cross sector campaign that encourages people to share their experiences of care with them.

Upcoming publications

- At the end of February, CQC plan to publish an update of their 2014 approach to human rights in inspection on their website.
- In Spring, CQC will publish a report looking at what early progress has been made from the 'Learning from death programme board'. This report will aim to provide NHS trusts with examples of good practice from which they can learn, by comparing to their own practice and from the approaches taken to make progress.

NHS England and NHS Improvement joint board meeting: 28 February 2019

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

Recruitment update

- Prerana Issar has been appointed to the new Chief People Officer post and will play the leading role ensuring the NHS have the right people with the right skills and experience and to ensure they are supported enough to achieve the goals of the long term plan. Prerana Joins from United Nations.

Building the case for primary legislative change

- Core proposals:
 - To remove the Competition and Markets Authority's (CMA) function to review mergers involving NHS Foundation Trust's, removing NHSI's competition requirements and removing the need for NHSI to refer contested licence conditions or national tariff provisions to the CMA.
 - The regulations made under section 75 of the Health and Social Care Act 2012 should be revoked and the powers in primary legislation under which they are made should be repealed.
 - Arrangements between NHS commissioners and NHS providers are removed from the scope of the Public Contracts Regulations and that NHS commissioners are instead subject to a new 'best value' test, supported by statutory guidance, when making such arrangements.
 - Legislative changes that could help provide more flexibility in developing new payment models. Proposals would allow national prices to be set as a formula rather than a fixed value, so that the price payable can reflect local factors.
 - Once Integrated Care Systems are fully developed, removing the current ability for providers to seek NHSI's agreement for unilateral local modifications to national tariff prices, so that the onus is on providers and commissioners to agree any local variations to national prices.
 - The Secretary of State should be given clear powers to establish new NHS trusts for the purposes of providing integrated care.
 - NHSI should have targeted powers to direct mergers or acquisitions involving NHS Foundation Trusts, in specific circumstances only, where clear patient benefits have been shown.
 - NHSI should have powers to agree annual capital spending for NHS Foundation Trusts in the same way that it can already do for NHS trusts.
 - Promote collaboration by removing the legal barriers that limit the ability of CCGs, local authorities and NHSE to work together and take decisions jointly.
 - There should be express powers for organisations to create joint committees and for CCGs and NHS providers to be able to make joint appointments.
 - Allow CCGs to appoint to their governing bodies a designated nurse and secondary care doctor from local providers.

- Introducing a new shared duty for CCGs and NHS providers (trusts and Foundation Trusts) to promote and contribute to a 'triple aim' of better health for everyone, better care for all patients, and efficient use of NHS resources.
- To bring NHSE and NHSI closer together, beyond the limits of legislation. Will seek views on how far this closer working should extend, ranging from fully merging the organisations to providing more flexibility in working arrangements.
- The engagement period for these proposals starts today and will run until 25 April 2019. NHSE and NHSI will also actively reach out to interested organisations.

Establishment of the NHS Assembly

- This is a new forum that will bring together a range of individuals from across the health and care sectors at regular intervals to advise the Boards of NHSE and NHSI on delivering of the long term plan. The inaugural meeting will take place in early April.
- The NHS Assembly will have membership of around 50 people and will be co chaired by Sir Chris Ham and Dr Clare Gerada. The co-chairs will be responsible for providing leadership to the group, ensuring its effectiveness and promoting the work of the assembly within the NHS and among wider partners.
- To ensure a variety of experience NHSE and NHSI will look to appoint a balanced and diverse membership drawing from across different stakeholder groups. These groups include Royal Colleges, health system and organisational leaders, frontline staff and clinicians, patients, carer and public voice networks, Voluntary, Community and Social Enterprise sector, Think Tanks and health research bodies.

Update for the Delivery and Performance Committee meeting

- The focus for winter is currently on developing plans at regional level to improve operational performance for the remainder of the winter period.
- For the exit from the EU, the prevention of stockpiling was highlighted and a discussion took place on the need for a clear regional view of stock management. Consideration was given to the role of provider boards in facilitating an appropriate approach to preparing for EU exit. The need for an internal programme to train senior staff for various EU Exit scenarios was also highlighted.