

## Summary of board papers: statutory bodies

### Health Education England (HEE) board meeting – 20 March 2023

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

#### Chief executive update

- This was the last HEE board meeting. The chief executive wanted to note the contribution HEE has made across the health and care sector
- HEE's gold command team continues to meet weekly to oversee activity and support regions during periods of industrial action. University strike action may see health learners become disadvantaged, so HEE will continue to monitor the impact of these strikes
- The National Education and Training Survey (NETS) 2022 [reporting tool](#) is now live. This year's results show that tackling discrimination and ensuring learners are in a safe and supportive environment should remain an urgent priority for the new NHS England (NHSE).

#### Performance report

##### Future workforce delivery

- The numbers of students accepting and starting courses in 2022 are below their 2021 peak. However, overall numbers remain above the 2019 pre-Covid position
- The Universities and Colleges Admissions Service (UCAS) end of 2022 cycle data reports that 59,640 students were accepted to undergraduate courses allied to medicine in England. This is 14% higher than 2019 (52,340) but below the peak acceptance numbers of 2021 (62,865)
- Of the 59,640, there were 23,240 students accepted onto nursing degree courses in England. This remains 18% higher than the pre-Covid 2019 acceptances (19,770). However, acceptances for 2022 are 10% lower than the 2021 peak (25,815).

##### Current workforce

- Regional "psychology of workforce redesign" fellows are being recruited to provide a behavioural change support offer for integrated care systems (ICSs)

- HEE has offered an expansion of advanced practice opportunities to build multi-disciplinary teams and a more flexible workforce
- 500 change leaders have either graduated, or are about to graduate through HEE's digital health leadership programme

## Finance report

- The overall HEE budget for financial year 2022/23, as agreed with the Department of Health and Social Care (DHSC) was £5.4 billion, of which £5,383m was allocated to programme funding and £62m is administration funding (running costs)
- Included in the above total is funding from NHSE to pay for additional [NHS Long Term Plan](#) workforce investments
- As reported in the previous board meeting, this expenditure and activity is being jointly managed with NHSE. HEE have been operating to avoid requiring the remaining drawdown of £87m and this has been communicated to NHSE. HEE and NSHE have agreed that no further drawdown from this funding will be required.

## General Medical Council (GMC) report on equality, diversity and inclusion (ED&I) data

- GMC's [reporting tool](#) highlights that inequalities persist within medical education, resulting in poorer outcomes for UK graduates of black or black British heritage
- HEE agrees that tackling inequalities in medicine is a priority and currently has a series of programmes addressing disparities in medical education and training. It recognises that more action is needed as the new workforce, training and education directorate (WT&E) is established in the new NHSE
- The forthcoming Long Term Workforce Plan (LTWP) will also provide a framework that should allow the NHS to work on resolving disparities in the future. This will include listening exercises on the experience of students and trainees and developing actions from the feedback
- Later in spring, HEE will publish an update on their work to eliminate inequalities in education and training.

## 2022/23 'Pulse survey' of HEE's key national stakeholders

- Between November 2022 and January 2023 HEE conducted a survey of how its closest partners and stakeholders view the organisation. There was a particular focus on how HEE has changed over the past year, in preparation for the transition to NHSE

- Stakeholders identified a range of opportunities that would arise with HEE's transition to NHSE. These included bringing workforce planning/strategy and supply through education and training
- Many stakeholders were concerned that education and training could lose its profile within the larger organisation, and felt that long-term thinking and funding decisions could be overshadowed by more immediate competing service priorities in NHSE
- A key concern shared by stakeholders was that NHSE recognise the importance of workforce, education and training continues to have a systematic process for managing relationships with key stakeholders
- Next steps are to incorporate the findings of this survey into the ways of working for the new WT&E directorate in NHSE.

## HEE transition programme update

- The Health Education England (Transfer of Functions and Abolition) Regulations 2023 were laid before Parliament on 20 February 2023. They are now being reviewed by two Committees before consideration and approval is sought in both Houses of Parliament
- Once approved, the regulations are made by the Minister signing the Statutory Instrument. Signing of the Transfer Scheme legally merges NHSE and HEE on 1 April 2023
- The WT&E consultation for HEE staff was launched on 9 February 2023 for a period of 45 calendar days and closed on 27 March 2023.

## Workforce transformation update

- The *working differently* section within the LTWP sets out the strategic vision for different ways of working across health and social care over the 15 year period of the plan. The actions have been developed alongside HEE and NHSE programmes and have drawn in clinical leads to make realistic assumptions of the impact of changes on workload redistribution
- The key areas the plan sets out are:
  - Opportunities for digital and technological interventions to improve workforce productivity
  - Optimising skills mix for effective multi-disciplinary team working
  - Up-skilling the workforce to meet the future shape of care
- Going into the new NHSE, a central function of workforce transformation is required to strategically lead workforce design and new ways of working at a national level. NHSE should utilise the expertise of existing approaches and resources and use them to support practical solutions to build and develop the current and future workforce.

## Care Quality Commission (CQC) board meeting – 29 March 2023

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

### Independent review into the handling of protected disclosures & listening, learning and responding to concerns (LLRC) review

- In 2019 Mr Shyam Kumar, an orthopaedic surgeon who worked part-time for CQC as a specialist professional advisor (SpA), was disengaged by CQC from his role. During the years he worked for CQC (2014 – 2019), he had raised concerns, including patient safety issues, to CQC. Mr Kumar took CQC's decision to end his employment to an employment tribunal. In August 2022 the tribunal found that his disengagement by CQC had been made on account of him having made 'protected disclosures' to CQC and Mr Kumar was awarded for injury to feelings. CQC accepted the findings in full and set out to undertake a two phase review to understand how they manage concerns which are raised
- The **first phase of the review** was led by Ms Zoe Leventhal KC and undertook an independent review into CQC's handling of protected disclosures shared by Mr Kumar, alongside 18 sample cases of other information of concern shared by health and care staff
- Ms Leventhal KC made a series of recommendations as a result of her review, which are as follows:
  - that the CQC issue a full apology to Mr Kumar and acknowledge his input
  - integrating the role of SpA properly within CQC
  - improve access to appropriate clinical expertise via SpA's
  - improve processes, policies and training for staff dealing with whistleblowing information, and for managers in supporting staff
- Ms Leventhal's **full review was published** on 29 March 2023
- **Phase two** was made up of 5 workstreams and was a review of how CQC 'listen, learn and respond to concerns'. The review addressed:
  - reviewing how well CQC listen to whistleblowing concerns
  - reviewing CQC's freedom to speak up policy
  - learning from the tribunal case
  - reviewing how CQC listen to their staff
  - reviewing the expectations and experiences of people who raise concerns with CQC
- The recommendations from the phase two wider review included:
  - CQC should review and improve the provision, delivery and governance of the public sector equality duty in its strategic and operational activities

- CQC should look to commission an external specialist to guide and oversee a development programme. This programme should ensure that there is enhanced training, skills and knowledge in issues of race, racism and wider protected characteristic discrimination as set out in the Equality Act 2010. The programme should be implemented across all operations
- CQC should implement evidence-based and academically sound anti-racism training for all its staff (in addition to the specific training above) involving the staff Race Equality Network
- A programme of 'lean' methodology should be used to map all processes, policies and practice that fell within the remit of the review. This should look to reduce the steps, thereby reducing the opportunities for error in delivery, while improving and clarifying governance
- Whilst race wasn't raised by Mr Kumar in his tribunal, CQC agreed with the review process that race should be considered when reviewing the disengagement of any employee
- The full [listening, learning, responding to concerns review](#) was published on 29 March 2023.

## Executive team update

### Regulatory matters

- From 1 April, CQC will have the powers to begin to undertake local authority assessment work. CQC have published [guidance](#) on this work, which is subject to government approval
- There will be pilot assessments of up to five local authorities. Following this, formal assessments from September will produce a baseline of all local authorities. CQC expect to start with up to 20 assessments of local authorities between September and December 2023
- CQC continue to engage with people with lived experiences and clinicians across mental health specialist areas to enhance and understand peoples experience of care, and to identify where closed cultures and restrictive practices exist and impact on people's human rights
- CQC have held two out of three external advisory group meetings on health inequalities experienced by people with learning disabilities and autism and what can be done to improve community support. A third meeting will be held and the discussions from all three meetings will be reviewed and inform CQC priorities over the next two years.

### Operational matters

- On 9 January, in recognition of the pressures faced by the NHS during the winter, CQC agreed to change their operational tempo until the end of March
- CQC would only undertake high risk inspections of NHS services, whilst looking to increase capacity in the adult social care system
- CQC set themselves a target of undertaking 300 "increasing capacity" inspections during this period

- As of 28 March 2023, CQC had undertaken 545 increasing capacity inspections, exceeding their 300 target. Early indications are that around half of CQC's inspections are increasing capacity, with an average figure of an additional 15 beds released per inspection.

## Integrated care systems (ICSs) and adult social care survey analysis

- The CQC will begin formal regulation of ICSs and local authorities from the new financial year. In preparation for the new period of regulation, CQC set out some of the variation they see across the country as ICSs complete work on their long-term plans
- CQC analysis has shown them that:
  - The scale of variation is both broad and deep. Adjoining regions have significant disparity in the quality of care available
  - Some regions face challenges across multiple areas of care: for example, reducing bed numbers, increased ambulance handover times and lower ratings
  - Adult social care providers want to work in partnership to provide care to more people, but challenges remain around stability, staffing and commissioning
- Capacity remains one of the key issues surrounding patient flow. Looking at the period of September 2022 to January 2023, the number of people in hospital beds across England but ready to leave hospital, totalled 13,571. This was an 8% increase compared to the April 2022 to August 2022 period
- However, the CQC's latest adult social care survey shows that 42% of adult social care providers who responded have between 11% and 100% unused capacity. Almost 1 in 10 (9%) have over 70% unused capacity
- Where there was unused capacity, 26% of survey respondents told the CQC it was as a result of low staffing or recruitment and retention challenges and 28% told CQC their unused capacity was connected to the cost and commissioning of care
- Survey respondents state that recruitment and retention of staff is the single biggest problem many providers face
- CQC plan to use this information to help inform their conversations with ICSs and partner organisations. From April 2023, CQC will begin the implementation of their local authority and ICS assessment and will bring together all the above data and insights to inform their assessments.