Health Education Wessex Board Meeting
14th October 2014 2.00 pm – 5.00 pm
Oak, Southern House

Board Members:
Lawrence Brad, Education Lead for Dorset, Dorset CCG - LB
Allan Jolly, Director of Workforce Transformation, Health Education Wessex - AJ
Katrina Percy, Chief Executive, Southern Health NHS Foundation Trust - KP
Simon Plint, Postgraduate Dean, Health Education Wessex - SP
Martin Stephens, Chief Executive, Wessex Academic Health Sciences Network – MS
Jacqueline Swift, Independent Chair, Health Education Wessex - JS
Nigel Watson, Chief Executive, Wessex Local Medical Committee – NW

Attendance on behalf of Board Members:
Karen Allman, Director of HR, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust – KA
Jonathan Drennan, Professor of Healthcare Research, University of Southampton - JD
Mark Elmore, Assistant Director of HR, NHS Isle of Wight - ME
Beverley Harden, Associate Director of Education Workforce and Development, Hampshire Hospitals NHS Foundation Trust – BH
Peter Hockey, Deputy Post Graduate Dean, Health Education Wessex – PHo
Alison Kingscott, Director of Human Resources, Salisbury NHS Foundation Trust - AKs
Amanda Moores, Chief Officer, Dorset LPC – AM
Jo Phillips, Associate Director – Learning and Development, Dorset HealthCare University Hospital NHS Foundation Trust – JP
Tim Powell, Director of Workforce and Organisational Development, Portsmouth Hospitals NHS Trust – TP
Judy Saunders, Interim Director of HR, Poole Hospital NHS Foundation Trust – JSa
Alison Tong, Director of Education and Quality, Dorset Country Hospitals NHS Foundation Trust – AT

In Attendance:
Linda Applin, Corporate Services Manager, Health Education Wessex – LA
Simon Baughan, Head of Corporate Governance, Health Education Wessex - SBa
Paul Holmes, Director (South), Health Education England – PHs
Ruth Monger, Associate Director Strategic Workforce Planning, Health Education Wessex - RM
Rob Pink, Head of IM&T, Health Education Wessex – RP
Faye Smith, PA to Jacqueline Swift and Paul Holmes, Health Education Wessex [Notes] - FS
Jenny Tyrie, Business Manager, Thames Valley and Wessex Leadership Academy – JT
Maggie Woods, Lead Consultant – Leadership Development, Thames Valley and Wessex Leadership Academy – MW

Apologies:
Karen Baker, Chief Executive, NHS Isle of Wight - KB
Felicity Cox, Area Director Wessex, NHS England – DF
Fiona Dalton, Chief Executive, University Hospital Southampton NHS Foundation Trust - FD
Mary Edwards, Chief Executive, Hampshire Hospitals NHS Foundation Trust - MEd
Debbie Fleming, Chief Executive, Poole Hospital NHS Foundation Trust - DF
Graham Galbraith, Vice Chancellor, University of Portsmouth – GG
Sue Harriman, Chief Executive, Solent NHS Trust - SH
Peter Hill, Chief Executive, Salisbury NHS Foundation Trust - PHI
Patricia Miller, Chief Executive, Dorset County Hospital NHS Foundation Trust - PM
David Phillips, Transition Director, and Director of Public Health, Dorset County Council - DP
Sarah Schofield, Chairman, West Hampshire CCG - SS
Ron Shields, Chief Executive, Dorset HealthCare University Hospitals NHS Foundation Trust - RS
Tony Spotswood, Chief Executive, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust - TS
Stuart Ward, Medical Director, NHS England (Wessex) - SW
Ursula Ward, Chief Executive, Portsmouth Hospitals NHS Trust – UW
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Jacqueline Swift (Independent Chair)</td>
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<td>Welcome &amp; Apologies</td>
<td>JS welcomed everyone to the Health Education Wessex (HEW) October Board meeting and invited introductions from Board Members.</td>
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<td>Apologies were received in advance of the meeting and are recorded above.</td>
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<td>JS invited SP to give an update on Beyond Transition. SP confirmed the appointments and changes for HEW as follows:</td>
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<td>Paul Holmes, National Director (South)</td>
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<td>Colin McInnes, Head of Finance (South)</td>
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<td>Professor John Clark, Director of Education and Quality (South)</td>
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<td>Peter Holt, Head of Finance, (London and South East)</td>
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<td>Allan Jolly – will be leaving HEW in December, and until then will be leading on Better Care, Better Together and Workforce Transformation locally and on Veterans nationally</td>
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<td>Local Director (HEW) – not appointed - subject to Phase 1 second round recruitment process. Interim support arrangements for HEW have been put in place pending the appointment of the HEW Local Director as follows:</td>
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<td>Simon Plint, Interim Local Director, HEW</td>
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<td>Peter Hockey, Deputy Postgraduate Dean, HEW to act up as Postgraduate Dean</td>
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<td></td>
<td>Wendy Lane, Senior Finance Manager to take on responsibility as local Finance HEW Lead</td>
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<td>Ruth Monger, Interim Director of Quality and Education, HEW</td>
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<td>A paper setting out proposals for an operating model and approach to phase 2 will go to the HEE Board in early November and out to consultation for a likely period of two months, providing opportunity to inform and influence outcomes.</td>
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<td>JS asked Members to consider HEW Board representation to a national provider advisory group and for the position of to be appointed from within the Membership. The Board was asked if there were any views that should be expressed to Health Education England regarding the roles as no formal guidance has been issued.</td>
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<td>KP welcomed the opportunity to influence nationally as well as locally, but Chief Executives are not necessarily the experts and this may be more relevant for those in educational roles within provider trusts.</td>
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<td>PHs confirmed the role of the representative was open to a broader range than Chief Executives from Foundation Trusts. The role was to represent views of the LETBs from the South to HEE and it was more about gaining the views on demands on services etc and getting intelligence from the services than the technical knowledge.</td>
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<td>KP offered to contact other Chief Executives across the patch to gain opinion regarding the role and then discuss the outcome with JS and SP.</td>
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<td></td>
<td><strong>Action:</strong> KP to speak to other Chief Executives in the area to gain opinion regarding the role and then discuss the outcome with JS and SP.</td>
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<td><strong>Action:</strong> It was also agreed that JS and SP would discuss with CCG’s.</td>
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<td>Items for Business</td>
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<td>Declaration of interests</td>
<td>No declarations of interests were made.</td>
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<td>Notes of previous meeting – 8th July</td>
<td>It was agreed that these were an accurate and true record.</td>
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| Matters arising | Recruitment of Independent Chair for Assurance Group; this remains on hold pending the outcome of phase one of Beyond Transition and it was agreed that this should be part of the conversation with Chief Executives regarding the new provider advisory group role.  
Performance Report to be subject of a Board development session, this was postponed in May due to the Board engagement session on Beyond Transition. This took place following the main agenda today.  
Business plan for 2014/15 will contain an opening dashboard and a projected year end dash board, which is linked to the Delivery Plan. This took place as part of the development session.  
Circulate national GP demographic profile data once available. This is now available on HEE website. HEE have been asked by Jeremy Hunt to look at the overall workforce capacity or model of workforce capacity of the national GP workforce which will be conducted by Professor Martin Roland University of Cambridge. RM stated that a workforce data collection project is underway with a group of local practices within Wessex. |
| Interim Managing Directors Report | SP introduced the Interim Managing Director’s Report, the purpose of which is to update Board members on key areas of work in HEE and HEW.  
**Corporate Office**  
SP said that the LETB was on track to address the recommendations within the Annual Accountability Agreement with HEE to fulfil developments outlined and maintain Maturity Model Level 2 by March 2015.  
**Postgraduate Medical Education**  
3.1 Psychiatry Recruitment: SP advised the Board of the significant concern regarding the unsuccessful recruitment to psychiatry training posts this year which was also a national problem.  
A Task and Finish group has been set up locally to look at innovative training and service solutions. We need to make training a positive experience and to look at offering incentives to increase foundation trainees and attract GP trainees into psychiatry.  
KP commented that we should stop giving out medicines and to look at therapeutics; other professions within the workforce link in with psychiatry and other clinical roles may be able to fill the posts.  
PHo advised that there are professional boundaries between psychiatrists and psychologists and the capability in each is not acknowledged.  
3.2 Trauma and Orthopaedics, University Hospital Southampton: all recommendations have been met leading to significant improvements in the trainee experience. Monitoring of the situation will continue with further visits but confident that improvements will be maintained.  
3.3 GP vacancies: The Isle of Wight NHS Trust held their own Workforce Summit.  
ME advised that a wide range of workforce elements was discussed including:  
Paramedics – how they may be used as a resource in GP practices through a pilot scheme. Once the information from the pilot has been verified by stakeholders it will be shared with the Board.  
**Action:** ME to share outcome of the pilot scheme once verified by
stakeholders

Extending the role of pharmacist’s was also considered.

Recruitment was discussed and a taskforce set up to look at recruitment incentives for living on the Isle of Wight, such as reduced ferry fares, along with joined up training for spouses.

NW said that they were looking at a model where GPs are not the first port of call and that there are conversations taking place on the Island about having just one practice run by a GP Federation. This could be a way of making a GP practice sustainable and easier to retain and recruit.

3.4 Health Education Wessex/Deanery Website

SP confirmed that a web editor has been appointed on a fixed term contract and the Health Education Wessex/Deanery Website was now up and running.

Workforce Strategic Planning and Education Commissioning & Quality

5.7 Growing Nursing Numbers

SP confirmed that a new back to nursing campaign had been launched which Health Education Wessex was supporting and 35 have been signed up so far with two more cohorts in March 2015.

5.9 Workforce Transformation – Better Together and Better Care

SP advised the Board that AJ was now interim lead on behalf of HEW on the Better Together and Better Care programmes until he departs in December. AJ committed to securing agreement on how the s256 funding would be invested this year, and for report to be submitted to the next HEW board meeting.

5.10 Reservists Campaign

As part of his new interim role AJ was also the national lead for the reservists campaign.

Wessex School of Quality Improvement

6.4 Jointly Funded Fellowships

SP confirmed to the Board that six teams have now been recruited for the pilot team-based fellowship; these are jointly funded between HEW, Thames Valley and Wessex Leadership Academy and Wessex AHSN.

Leadership Development

MW confirmed that additional monies were being invested with three streams of funding; peer to peer workshops have been well received along with leadership development centres and lead and be lead.

LB asked about funding for new GPs for senior leadership development as they are struggling for funding to continue the group in Dorset. SP confirmed that funding had been provided by HEW for the last two years.

The Board noted the report.

Strategic Update on Mandate – actions taken towards delivering the

| AJ introduced the update on the Mandate |
| AJ advised that there is a shift of focus towards supporting the education and training of the current workforce. We need to look at Continued Professional |
Mandate

Development funding and the deliverables in the Mandate and ask Trusts to do some work making the links to the Mandate and take a strategic view on the priorities.

This year money was allocated to Acute Trusts, none to the third or private sectors even though they provide placements. HEW contributed an additional £300k to offset these costs and wrote to all GP practices offering to fund placements at the same tariff as the Providers and received over 135 expressions of interest.

ME advised that there is a care home on the Island which is an accredited trainer with no students on placement. The Care home has offered to host students, which is in a community setting.

KA thanked ME stating it is helpful to know what places are available in community settings.

AJ also highlighted the data collection timetable attached to the report for information. JP advised that the timetable is helpful as it states what is due by when.

The Board noted the report.

2015/16 Education Commissioning and Training Plan

RM presented the 2015/16 Education Commissioning and Training Plan, making the explicit link to the Investment Plan and asking ‘What are the needs of the future workforce?’ And ‘Are we meeting the need of the future workforce?’

PH asked about Isle of Wight practitioners training and how they are trained so that they practice for longer on the Isle of Wight. PHs suggested a longer term model is explored.

KA advised that Royal Bournemouth and Christchurch Hospitals NHS Trust have a service model workforce summit in December.

SP advised that Emergency Medicine continues to address the shortage of supply of Emergency Medicine Consultants and HEW will expand the Acute Care Common Stem (ACCS) Programme. It was agreed to write a letter of thanks to Julia Harris and the emergency medicine task force and it was agreed to share any learning from the experience.

Action: SP/JS to write letter of thanks to Julia Harris and the Emergency Task Force.

The Board agreed that the Education Commissioning and Training Plan does reflect priorities and approved the 2015/16 Education Commissioning and Training Plan.

Draft Investment Plan

SP introduced the draft investment plan (see Appendix B), explaining that all LETBs have been asked to plan for three scenarios

- flat cash (but because of changes to funding capitation = extra £1.5m)
- an increase in budget of 1% (£2million)
- a decrease of 2% (£4million), ostensibly to support Health Education England in overall financial allocation.

The flat cash scenario enables us to do everything described in commissioning intentions and to meet our commitments.

Having achieved a ‘balanced budget’ for the flat cash version, which meets the Education Commissioning and Training (ECAT) requirements, scenario planning has identified the following options for the Board to review.

For the plus 1%, HEW will commission activity in the following areas with the stated associated budget:
- Prepare the future and current workforce for transition to Community working (£1.25m)
- Equip workforce with skills and expertise in Patient Safety & Quality Improvement methods (£0.25m)
- Harmonise level of salary payments to that of other LETBs for doctors in specialist training to current level provided by other LETBs (£0.5m)

More challenging is a model with 2% less.

For the -2%, HEW has identified the following areas:

- Reduce some elements of medical and non medical salary support, applies to new students or trainees - cost passed to Trusts and impacts on widening participation contrary to mandate (£2.4m)
- Remove quality payments to Higher Education Institutions (HEI's) - reduce income to HEI's brings Wessex into line with 11 other LETBs (£1.1m)
- Reduce Clinical Academic Quality and education supervisors, this will impact on ability to educate staff in quality improvement methodology, and non-medical career pathways (£0.3m)
- Commission leadership academy to absorb Wessex Professional Programme (£0.2m) within the current allocation.

SP asked the Board members for their views on what priorities HEW should be investing their money in.

BH suggested tackling the problem of how people enter the service, investing in what people need to be trained to do, develop a set of skills that can be moulded into a role, as there is a need to create the future workforce. This needs to be done at scale not in small numbers to create staff fit for purpose.

MW proposed looking at investing in bigger education communities to allow further training, working with local authorities to educate our staff to work together including educating people to manage their conditions.

LB recommended developing a scheme to use GPs to educate and provide mentorship.

Majority of Board members agreed that investment should be in lower banded roles to take on the higher work level and free up time at the higher level.

AJ suggested commissioning more Mental Health workers as there was a shortage. This would include psychologists ensuring that the new roles are fit for purpose.

SP concluded that we need to be more effective in how we invest our money, looking at new roles and shift emphasis.

The draft Investment Plan 2015/16 was approved.

**Financial Results August 2014 (Month five)**

WL introduced the paper.

At month five HEW is reporting a slight under spend of £183k (0.22%) against plan.

A forecast outturn of £163k under spend was being declared to HEE. We are now required to deliver an underspend at year end and this was identified under running costs. Month 6 continues to show a breakeven.

The Board noted the report.
**Risk Report**

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<th>SB introduced the risk report, confirming that there is currently one red risk relating to Beyond Transition. The impact of Beyond Transition was likely to affect the retention of staff, with contingency plans being put in place, with the extension of the Senior Leadership Team.</th>
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<td>SP shared the breakdown of staff to the Board: 40% fixed term contracts 10% agency staff 50% permanent staff.</td>
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<td>PHs advised that the controls in recruitment have built in room to meet requirements of the business in phase 2 Beyond Transition with minimum redundancies. The policy for recruiting new members of staff would allow flexibility until the new model for HEW is known.</td>
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<td>SB advised that the Trauma and Orthopaedics, and Deanery website risks have been downgraded to Amber.</td>
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<td>AKs asked why Psychiatry is not on the risk register. SP confirmed that it was and is regularly discussed at Deanery meetings and therefore is being appropriately managed.</td>
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**Development**

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<th>RP presented the performance overview to the Board [See Appendix A attached].</th>
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<td>RP advised that HEW reports on 16 national metrics, and a further set of local metrics developed with input from the Board. All metrics allow benchmarking. RP went through all the metrics. The Board agreed that the level of detail presented for each metric is too strategic and asked if selected metrics could be reported and benchmarked.</td>
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<td>The Board also suggested that metrics are presented in a dashboard and any risks highlighted.</td>
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<td>CMI questioned how benchmarking and RAG rating fits into the risk register. SB confirmed that any risks highlighted from performance reporting would be picked up through Executive Team review and recorded and reported appropriately through the risk register and Board Assurance Framework.</td>
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<td>Metric 8 Training Evaluation for Postgraduate Medical Trainees was highlighted and SP made the link to the GMC Survey Results paper, asking the Board if the metric 8 report reflected the paper as this is presented as green where the indicator on the metric is amber?</td>
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<td>KP stated that the feedback was important regarding the culture of education and training.</td>
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<td>PHs stated at the recent Thames Valley LETB conference trainee experience and culture in a learning environment was in high regard and had presented some thinking around giving a clear line of sight to the Board from student feedback.</td>
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<td>JS said in summary what the Board wants is exception reporting of hot topics which are an issue of relevance.</td>
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<td>Action: HEW to select relevant metrics for reporting and for SP to bring the Thames Valley example to a future Board.</td>
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<td>SP thanked RP for his efforts.</td>
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**Any Other Business**

| JS informed the Board that it would be AJ’s last Board meeting. JS thanked AJ for all his enthusiasm and hard work over the years and his contribution to the
AKS requested an update on the Better Care and Better Together projects at the next Board meeting.

**Action:** Update report on Better Care and Better Together projects to January Board

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<tr>
<th>Date and time of next meeting</th>
<th>Date: Tuesday 27th January 2015</th>
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<tr>
<td>Time:</td>
<td>2—5pm</td>
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<td>Venue:</td>
<td>Southern House</td>
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