Minutes of the Health Education Wessex Board Meeting
A Committee of the HEE Board
Tuesday 27th October 2015 at 2.00pm
Oak Meeting Room, Southern House, Otterbourne, Winchester, SO21 2RU

Board Members:
Jacqueline Swift DL, Chair, Health Education Wessex - JS
Ruth Monger, Local Director, Health Education Wessex - RM
Simon Plint, Postgraduate Dean, Health Education Wessex - SP
Amanda Moores, Chief Officer, Dorset LPC – AM
Sarah Schofield, Chair, West Hampshire CCG – SS
Karen Baker, Chief Executive, NHS Isle of Wight – KB
Stephen Tomkins, Clinical Programme Director, Dorset CCG – ST
Debbie Fleming, Chief Executive, Poole Hospital NHS Foundation Trust – DF
Andrew Mortimore, Director of Public Health, Southampton Council – AM
Graham Galbraith, Vice-Chancellor, University of Portsmouth – GG

Attendance on behalf of Board Member:
Karen Allman, Director of HR, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust – KA
Alison Kingscott, Director of Human Resources, Salisbury NHS Foundation Trust - AK
Diane Piddard, Head of HR and Well-being, Hampshire Hospitals NHS Foundation Trust – DP
Colin Hague, Director of HR, Dorset Healthcare University NHS Foundation Trust – CH
Judy Saunders, Director of Human Resources, Poole Hospitals NHS Foundation Trust – JSa
Jane Hazlegrove, Director of Education, Southern Health NHS Foundation Trust – JH
Mark Warner – Director of Workforce & OD, Dorset County Hospitals NHS Foundation Trust – MW
Ruth Williams, Director of Nursing, NHS England (Wessex) – RW
Gail Byrne, Director of Nursing and Improvement, University Hospital Southampton NHS Foundation Trust – GB
Laura Edwards, Medical Director, Wessex Local Medical Committee – LE

In Attendance
Paul Holmes, Director, Health Education England (South) – PH
Gail Doran, Assistant Director for Education Quality and Learning, Health Education Wessex – GD
Fleur Kitsell, Health Dean, Health Education Wessex – FK
Paul Newell, Assistant Director Workforce Transformation and Strategy, Health Education Wessex – PN
Simon Baughan, Governance Lead, Health Education England (South) – SB
Juan Batley, Senior Information Officer, Health Education England (South) – JB
Claire Parker, Governance Officer, Health Education Wessex – CP
Maggie Woods, Lead Consultant, Thames Valley and Wessex Leadership Academy – MW
Mary Connor, Senior Finance Officer, Health Education England (South) – MC
Stuart Ward, Head of Primary Care Taskforce – SW
Karen Mounce, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust – KM
Julia Harris, Mental Health Primary Care Taskforce – JH
Ray Vieweg, Head of School of Psychiatry, University Hospital Southampton NHS Foundation Trust – RV
Julie Parks, Public Health, Health Education Wessex – JP

Observers:
Karen Nugent, University Hospital Southampton NHS Foundation Trust
Diane Massey, Institute of Health Visiting
Clare Mander, Clinical Academic Careers and Research Lead, Health Education Wessex
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<tr>
<th>Ref.</th>
<th>Item</th>
<th>Action</th>
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<tr>
<td>271001</td>
<td><strong>Welcome and Apologies</strong></td>
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<td>JS welcomed everyone to the Health Education Wessex (HEW) October board meeting and asked the meeting attendees for introductions.</td>
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<td>JS noted that there were additional observers to the board and asked the observers to introduce themselves.</td>
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<td>Apologies were received in advance of meeting and are recorded above.</td>
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<td>271002</td>
<td><strong>Register and Declarations of Interests</strong></td>
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<td>JS asked the meeting to declare any interests to CP.</td>
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<td>271003</td>
<td><strong>Approval of Minutes of Board Meeting held on 28\textsuperscript{th} July 2015 and matters arising</strong></td>
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<td>It was agreed that these were an accurate and true record.</td>
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<td>271004</td>
<td><strong>Review of Board Action Tracker</strong></td>
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<td>270708 - Work has been done with local providers and the two pharmacy education providers KSS and SWIMT. HEW has agreed to fund 6 pilot pre-registration pharmacy training roles, starting in September 2016 will have placement experience across primary, community care and acute settings.</td>
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<td>270705 – PH has now shared HEW board minutes from July with Lisa Bayliss-Pratt. Health Education England (HEE) are working towards a possible launch of proposals for consultation later in the Autumn regarding development of support worker role at which point the Board will be able to provide comments.</td>
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<td>270714 – Now standing item on HEW Board.</td>
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<td>270712 - PH has provided a breakdown of the national HEE transformation fund and the approved national programmes.</td>
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<td>270716 – JH has received a response from GD.</td>
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<td>271005</td>
<td><strong>LETB Director’s Report</strong></td>
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<td>RM provided an update to the Board on developments within HEW over the past 3 months.</td>
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<td><strong>Financial Position</strong></td>
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<td>The position at the end of Q2 is a forecast breakeven position. See Board paper 271011 – HEW Finance paper.</td>
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<td><strong>HEW Annual Conference and Shine Awards</strong></td>
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<td>The HEW Annual Conference and Shine Awards were held on October 15\textsuperscript{th}. The day was very successful with 180 people attending in the morning and nearly 300 in the afternoon. Ian Cummings, Chief Executive of Health</td>
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Education England (HEE) gave the key note speech. Sir Keith Pearson, Chair of HEE, Paul Holmes, Director (South) HEE, and Debbie Fleming Chief Executive Poole Hospital FT and Vice Chair HEW, joined the question and answer panel.

Six innovation and challenge workshops were run, showcasing some of the work going on across Wessex. Helene Dyson, Paralympic gold medallist, gave an inspirational talk showing how ambition, perseverance and teamwork help you achieve your goals. The Shine Awards were presented to the winners of the various categories celebrating excellence in training and education in the NHS, by leaders from our partner organisations.

Information from all the workshops, the nominated projects and the posters are available on the website to ensure the good practice from across Wessex can be shared.

**Shape of Caring, Consultation Event 5th October**

A series of six consultation events were held across the country and 120 delegates attended the South event in Taunton.

**Bridging Programmes**

One of the recommendations of the Cavendish report was to implement a national bridging programme that would allow support workers easier access to pre-registration programmes. HEW led on the delivery of this recommendation as part of the national Talent for Care group. As a result of this major initiative Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Dorset Healthcare University Hospital NHS Foundation Trust are working with Bournemouth and Poole College and Bournemouth University to deliver a pilot for 12 students. The training department of Poole Hospital are also working with Bournemouth University to deliver this. Each education provider already has a progression agreement in place for these students which will guarantee them an interview.

Portsmouth Hospitals Trust is also working very closely with the University of Southampton on a pre-degree pilot exercise that will see the Trust and the University jointly interview 12 healthcare support workers for entry to the Trust with the view of progressing onto a pre-degree Nursing programme in October 2016, as long as they receive a merit or distinction in their course of study. The University and the Trust will jointly teach these prospective students thereby ensuring quality is maintained.

Hampshire Hospitals NHS Foundation Trust is taking a regional lead in the NHS Armed Forces Attachment programme which looks at how we can attract those leaving the military into the NHS. This programme covers all grades within the Trust.

**Primary and Community Care Training Hubs**

The development of local training hubs has been discussed in various meetings across Wessex in the last two months.

It has now been confirmed that training hubs will follow the following national
principles:

- Support for workforce planning and development to respond to local needs and enable the redesign of services within primary care and the community to better support general practice;
- Improve education capability and capacity in primary and community settings through the development of multi-professional educators and the creation of additional learner placements; and
- Improve education quality and governance and act as a local coordinator of education and training for primary and community care to support general practice.

The development of training hubs will now be taken forward by the HEW with the Primary Care Taskforce.

**Southampton, Hampshire, Isle of Wight and Portsmouth Local Workforce Development Group (SHIP LWDG)**

The SHIP LWDG met on 6th October. The new chair of the group is, Alan Sheward Director of Nursing Isle of Wight NHS Trust, and the deputy chair is Roland Bryant, Learning and Development Business Partner at Portsmouth City Council.

It was a very positive morning with over 45 delegates from across the NHS, local authorities and voluntary sector.

**Dorset and South Wiltshire (DSW) Local Workforce Development Group**

The DSW LWDG met on 24th September, the chair for the group is Karen Allman, Director of Human Resources at Royal Bournemouth and Christchurch NHS FT. Ruth Monger gave an update on HEWs work and national policy developments since the last meeting.

**Improving Global Health 9th September**

An Improving Global Health presentation evening was held on 9th September. Returning Fellows presented their experiences.

**Joint GP Training Day by Mid Wessex GP Education and South Central Ambulance Trust**

On 30th September a new training initiative where Wessex GPs and SCAS staff train together was launched. It is hoped that this will become a regular event, the first one focussed on a number of workshops designed to challenge as to when and whether it is safe to leave patients at home.

**GP Careers Open Evening**

We had 20 attendees from Wessex Foundation year two and some more senior doctors in other specialities at our open evening on 28th September about training with the Wessex school of General Practice and career opportunities in primary care.

**Quality Improvement**

HEW have recruited the next four teams for our Quality Improvement Team.
Fellowships, they will begin on 23 November.

Five Wessex Quality Improvement Fellows have had their work accepted for Storyboard Poster presentations at the Institute of Health Improvement International Conference in December.

Guidance document for doctors with dyslexia

The Wessex Professional Support Unit has produced a guidance document for doctors with dyslexia and those who support them. The document is based on original research conducted by the team in 2015. The document is available on our website Health Education Wessex Professional Support Unit Research Project into doctors with dyslexia (pdf).

The Board received the LETB Director’s report.

Strategic/Developmental: Supporting the Five Year Forward Plan

271006 Wessex Primary Care Taskforce Update

SW presented to Board for approval an update on the work and progress of the Wessex Primary Care Taskforce. SW stated that there is currently a crisis within primary care. The taskforce is reviewing how Wessex can do things better and at the right time to address this crisis. JS queried if there is a timeline for the work (as not stated within the report presented), SW felt that by the next Board meeting that there would be further update available as a number of projects have been started but at present the aim is to implement the work of the group by end of 2016/17.

KA discussed with the Board the need for training of physiotherapists, prescribing pharmacist and funding to do some of the work required. This has been discussed at the LWDG’s and that all GP practices need to support this. SW informed KB that there are some instances of this happening across Wessex at the moment. FK stated that there were already a number of advanced practice frameworks and pathways in place within HEE. SP felt that work was required with the Clinical Commissioning Groups (CCG’s) to develop the care pathways as these cannot be delivered if the right workforce is not available; it is also difficult to train people for future roles unless these are clearly identified in the new service models. SW agreed that the commissioning pathway does need to be reviewed. PH felt that this was an opportunity to link primary care training hubs into the primary care taskforce. AK queried how the work of the Primary Care Taskforce links into Better Care work happening across Wessex and that there is a need to link these up. SP agreed with PH and AK that links do need to happen and that there is a conference on 2nd December looking at Better Care across Hampshire and Isle of Wight and that the Primary Care Taskforce would benefit from attending this. LS stated that the work the Primary Care Taskforce is involved in needs to link up as well with emergency care. RM reminded the Board that there is national funding available but we would need to respond quickly to this. KB felt that links via the LWDG would be good for helping to achieve some of the outputs of the taskforce. JS asked the group if they approved of the work to date. SW will
provide a further update to Board in February. The Board approved the work of the Primary Care Taskforce to date.

271007  **Wessex Mental Health Workforce Taskforce**

JH presented to Board for approval an update on the work so far and proposals for future work to deliver the Wessex Mental Health Workforce Taskforce project plan. The project plan outlines the short/medium and long term aims of the taskforce. JH highlighted to Board some of the work to date regarding a number of keys areas:

- Why trainees come to Wessex and why they stay – which will help to inform primary care
- Upscaling of staff within acute settings
- Out of hours – staff are being asked to cover a number of sites
- No mental health nurse network in Wessex
- Parity of esteem and what this means
- Mental health physician model in primary care does this need to be developed
- Commissioning – looking at different ways of delivering ‘approved’ clinician role

JA asked the board for feedback on the paper and content. RV commented that historically the ‘approved’ clinician role has always been a doctor. However there is an opportunity to review this and have ‘other professions’ undertaking this. These changes would fit with service provision and commissioning requirements. RV felt that to invest in the short term would save money in the longer term. CH commented that the outcomes stated within the report needed to be achieved. JH felt that not having a network of mental health nurses was difficult as no way of working together with all of them. KB felt that not having a network in place made mental health nurses vulnerable. LS stated that there is a clinical network in place. RW asked the Board to take into account that there are various funding streams available from NHS England and that it was essential to link the plans outlined in the paper with these funding streams. RM stated that there is a Mental Health Program Board where funding is discussed and HEW currently sits on this. One area of work that is being reviewed by the Program Board is Improving Access to Psychological Therapies (IAPT) work for children. FK felt that consultant nurses could be funded from medical budgets. KB queried if the money within these budgets is ‘ring-fenced’. RV felt it was not about the money but more about cultural changes within the system that needed to take place.

SS informed the Board that there are new ways of working that need to be looked into for mental health, especially around the virtual model. We need to see where we are with this and look at supporting this developing area. RM stated that this was discussed at the last Mental Health meeting. KB stated that they do some virtual work with patients on the Isle of Wight. SS felt that this may be a good way to move forward especially in light of shortage of staff.
JS asked the Board if they supported the recommendations within the paper and Framing document and approved the scoping of the new models of care in the proposals outline.

The Board approved the recommendations within the paper Wessex Mental Health Workforce Taskforce.

271008

**2016-17 Wessex Education Commissioning & Training Plan (ECAT)**

PN presented to Board for approval the 2016-17 Wessex Education Commissioning & Training Plan. The paper provides an overview of the medical and non-medical commissioning decisions proposed for 2016/17. PH updated Board on the HEW/HEE modelling process and the background to how the figures are obtained. One of the key issues discussed was adult nursing provision.

The plan that will go forward to HEE national includes re will be an increase of 50 nurse training places. PN asked the Board to note that this was the fourth year of increases for adult nursing. The impact of the increases has not yet been felt within the system but by 2016/17 the first cohorts will be qualified and at this point Trusts will start to see a yearly increase of qualified nurses. KB queried why there is not an increase in community nursing as it is known that there is a need for this and why this is not detailed within the ECAT plan? PN stated that due to community services being involved in tendering/contract services there is some uncertainty from them regarding the demand. PN stated that community trusts were asked to input into the plan and the planned increase takes into account nurses that may go into community settings. KB stated how we ensure we model this so that community and acute Trusts work together. RM confirmed that commissioning figures go towards general nursing. GB noted that providers and Trusts are wanting more, and with requirements from Monitor, CQC and reduction in agency usage this is all having an impact. MW noted that within the paper (3.2) it indicates that there will be a shortfall and queried with PN about this. PN stated that not all vacancies are filled by graduates and some are filled by Return to Practice however there is a piece of working taking place nationally to look at staff retention and recruitment. SP queried with PN if the figure stated in 3.2 is stating a requirement for 1254 new nurses or to just increase the overall number of nurses by 1254. PN confirmed the latter. KA queried with PN how many nurse training places have been filled in the past few years compared to the number commissioned. KB expressed concern that there are a number of factors that are impacting on nurses wishing to leave the NHS. PN stated that not all training places are filled by the Universities, however HEE are working with higher education institutes (HEI's) to address how commissions are filled. GD stated that at present HEI's are unable to take any further increases in training places.

Further discussion took place about work that is being done by HEE/HEW to promote the NHS to school aged children. HEE are currently involved in a piece of work promoting this. JS stated that this is a good piece of work and it would be worthwhile to provide further information on this at a future Board.
RW & RM are working together with Directors of nursing to review how best to deal with some of the concerns raised. JS felt that further information about this piece of work needed to come to a future Board meeting.

**Action:** RW/RM to provide update to February Board meeting.

PN updated the Board further on other areas highlighted within the ECAT plan. The recommendations to be submitted to HEE include the following: Midwifery is to have a slight increase of 4 to 103 per annum. Operating Department Practitioners to have an increase of 5 to 57. Pharmacy will have 6 places funded as part of pilot training posts which will entail trainees having a mixture of community and acute hospital experience.

RW noted that there was nothing within the plan regarding paramedics and queried this with PN. PN stated that due to organisational boundaries paramedic placements for Isle of Wight only fall within HEW commissioning plans; other places are commissioned on our behalf by Health Education South West and Health Education Thames Valley.

PN asked the Board to approve recommendations noted within the report.

The Board approved the recommendations made within the Education Commissioning & Training Plan for 2016/17.

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<th>271009</th>
<th><strong>Public Health: Education, Training &amp; Workforce Development in Wessex</strong></th>
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<td>JP</td>
<td>presented to Board a paper outlining the work that the School of Public Health in Wessex is involved in and in particular its work with the Public Health Workforce and the wider workforce. JP informed Board that there is a public health network across Wessex. One area that Public Health is involved in is 'Making every contact count' and this is being rolled out across Wessex. AM noted that Wessex are leading the way with Public Health and that there are opportunities for things to be done differently, however a transformational change is needed. JH queried with JP if public health consultants get paid the same as their medically qualified public health counterparts? JP confirmed that they do however local authorities are changing slightly with this regards and are different to NHS England pay structures. JH noted that there is a disparity of grading for public health consultants. The Board asked if the presentation slide could be distributed to all.</td>
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<tr>
<td>Action</td>
<td>CP to distribute Public Health slides to all Board members.</td>
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<td>The Board received the paper Public Health: Education, Training &amp; Workforce Development in Wessex.</td>
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<th>271010</th>
<th><strong>Speciality and Associate Specialist Doctors (SAS) in Wessex</strong></th>
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<td>KM</td>
<td>presented to Board a paper highlighting the significant contribution which SAS doctors make to clinical care across the Wessex health economy and also the wide variety of leadership and quality improvement roles. KM asked the Board to note that these doctors have a lot of experience and at present are not...</td>
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always included fully within the departments and divisional plans. Some development days have been organised and KM highlighted the importance of supporting and communicating with SAS Doctors. DF felt that there are opportunities to develop SAS doctors, although it can be challenging for Trusts to co-ordinate as a number are part-time.

The Board received the paper SAS Doctors in Wessex.

### Board Assurance: Driving Improvement

#### 271011 HEW Finance Report

MC presented to Board the financial position for Wessex up to 30th September 2015. Currently HEW has a forecast breakeven position at end of Quarter 2. MC asked the Board to note 3.2 within the report regarding the risks that could result in changes to the forecast outturn financial position and that will need to be managed in this financial year. MC updated Board regarding 3.2.3 – a one-off payment of £786k to University Hospitals Southampton NHS Foundation Trust following agreement between Health Education England and the Department of Health (DH) to re-phase Education Tariff transitional relief. RM noted that the one-off payment was an unexpected in-year cost pressure, and hence has been put on HEW’s Risk Register, however it is anticipated that funding will be identified for example there is an underspend in IAPT as the number of people requiring salary support is less than planned providing a surplus within this area of £200k. Attrition from courses in the last quarter of the previous financial year was also higher than the financial estimate, which resulted in un-allocated funds that will support in year cost pressures.

MC asked the Board to also note 3.2.5 regarding the additional 5% of Workforce Development allocation that has now been released back to HEW, which had previously been held in reserve for pending potential in year costs pressures.

RM asked the Board to note the cost pressures of £285k for HEW arising in the following areas: Return to Practice Nursing, Quality Improvement Fellows and General Practice Fellows and End of Life Care training and education. In the next few months HEW will review what commissions have been filled and this will give a clearer picture of the end of year position.

**Action:** RM will bring further details to the next Board in February.

LE asked if the current underspend resulting from under filling of training places in General Practice will stay within primary care. RM noted that there was no immediate underspend because GP training takes place initially within hospital settings. SP informed Board that in the next couple of years it is hoped that any underspend will be able to be reinvested in other areas.

The Board received the Wessex Local Education Training board Finance Report to 30th September 2015.

#### 271012 HEW Integrated Performance Report

JB presented to Board Quarter 2 Performance Report for HEW. The Board
were asked to note 4.0 Overview of HEW Deliverables. JB also asked Board to note Chart 1 which details the confidence ratings for the current quarter around all local activities. It was noted that 90% of deliverables are green, with only 8% of deliverables amber or red. 2% of deliverables have already been achieved. JB asked the Board to note the Summary of changes in Quarter 2. This details the ‘hot spots’ for certain deliverables. In this quarter Table 3 has been included to show how the ‘hot spots’ nationally compare. Emergency medicine is a ‘hot spot’ at 14% fill rate for HEW which reflects the national issues with fill rates which are 18% fill rate.

The Board received the Integrated Performance Report.

**271013 HEW Quality Board Statement**

SP presented an update to Board on the two Quality Board meetings that have taken place in the last quarter. SP asked the Board to note the contents of the paper and wished to highlight areas of concern:

3.5 **The Royal Bournemouth and Christchurch NHS Foundation Trust** – a concern has been identified via the General Medical Council (GMC) National Trainee Survey for General Surgery ST3+ trainees. The Dean has asked the School of Surgery to visit the Trust.

4.1 **Isle of Wight** – The Quality Board have noted since last reviewing the Trust in March 2015 where it was felt that `significant concerns’ were notes in all areas of quality data that several more significant concerns have been raised. These included poor results from the GMC Survey which in turn has caused the Trust Development Authority concerns, and also concerns following a visit by Health Education Kent Surrey & Sussex about pharmacy training. As a result the Postgraduate Dean will be contacting the Trust requesting a meeting to discuss these issues. A telephone conversation has taken place along with a visit by Health Education Wessex Assistant Director of Education Quality and Learning.

4.2 **Hampshire Hospitals NHS Foundation Trust** - there have been persistent concerns expressed by trainees over the last couple of years about workload intensity, clinical supervision and the quality of training in the medicine posts in Basingstoke, and this was confirmed by the latest GMC Survey. The Trust is under Enhanced Monitoring and has had one visit by the Postgraduate Dean and will be revisited.

The Board received the Quality Board report.

**271014 Governance Update**

SB provided the board with an update regarding governing practices within Health Education England (HEE).

**Governance Oversight Group** - Sir Keith Pearson has recently set up a national Governance Oversight Group. The membership includes a chair from each of the four geographies, with Jane Barrie representing the South. The group first met on the 13th September 2015. It is a time-limited advisory group to the
Chairman with the purpose of supporting the rapid progress required to drive HEE’s achievement of higher governance standards across the HEE Board, its Committees and local and national operations.

**LETB Effectiveness Audit** - Following the National Audit Office (external audit) review of HEE governance, HEE’s Internal auditors (PWC) have completed a LETB Governance Review. The outcome of which was a ‘limited’ rating with a number of high level recommendations for improvement focusing on information flows and inconsistencies in LETB governance arrangements.

**LETB Terms of Reference** - One of the recommendations from the LETB Effectiveness Audit was the requirement for standard terms of reference template with clear indication of what is mandatory for all LETBs and what can be customised for local differences.

**LETB Assurance Framework** - A paper describing HEE’s approach to LETB assurance for 2015/16 was presented to the Board on the 20th October 2015.

**LETB Annual Effectiveness Reviews** - All LETBs, supported by HEE local offices and the nationwide Corporate Governance team, will be expected to conduct an effectiveness review annually. These will be received and reviewed by the HEE Board as a key component of the Assurance Framework.

**Secretariat Toolkit** - Following the HEE Board Effectiveness Review conducted earlier in the year, Sir Keith and the Board requested that a uniform set of templates be developed for all LETBs to use in order to establish a stronger identify of one HEE across the entire organisation.

**HEE Branding** - A paper was taken to the HEE Board meeting on the 20th October outlining the proposal for the use of a single brand for HEE and the phasing out of local logos and branding. From the 16th November 2015 only the HEE logo should be used on any newly created documents with a view that by 31st March 2016 all local branding will be phased out.

**Midlands and East Risk Pilot** - East of England is part of a risk management pilot, which is taking place across the Midlands and East Geography. The pilot is intended to trial a proposed new national approach to risk management across Health Education England.

**Next Steps**
- A national approach to governance reporting will be introduced to include regular updates from the Governance Oversight Group
- Key actions in the national governance team work plan to be re-prioritised following the recommendations from the management response to the LETB effectiveness audit
- Templates forming part of the Board Secretariat toolkit are being implemented from October 2015
- Draft LETB Terms of Reference are being developed and will be presented for approval at the December HEE Board meeting.
- A standard Effectiveness Review template is being developed and will be
presented to the December Governance Oversight Group meeting.

- Implementation of the trial to test the new national approach to risk management across HEE.

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<th>271015</th>
<th>HEW Risk Report</th>
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<td>CP presented to the Board an overview in the last quarter of risks that are associated with HEW. Within the last quarter there have been 6 additional risks added to HEW’s risk register. There are presently three risks that are rated red. CP asked the board to note the new red risk (Risk 035) – Primary Care Management of Performers List and Processing of Invoices. CP asked SP to provide the board with an overview of the risk. SP updated board that there are local concerns regarding payment of invoices and recently some GP surgeries had not been paid. There are also concerns regarding staffing of the TV Primary Care Agency and the longer term capabilities with the planned move to Preston and a number of staff leaving. RW will highlight the concerns raised to Liz Mearns Medical Director at NHS England (Wessex).</td>
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<td>The Board received the Risk Report.</td>
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<th>271016</th>
<th>Any Other Business</th>
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<td>RM informed the Board that each meeting will continue to focus on a theme aligned to the delivery plan and HEE Mandate. The next theme for Board in February will be the development of the workforce across Wessex in Maternity, Birth, Children and Young people’s services.</td>
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Date of Next Meeting: Thursday 2\textsuperscript{nd} February 2016  
Time: 2.00pm-5.00pm  
Venue: Southern House, Otterbourne