

Summary of board papers – statutory bodies

Care Quality Commission board meeting – 18 April 2018

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

Chief Executive's report – April 2018

- Care Quality Commission's (CQC's) [response to the Health Education England \(HEE\) draft workforce strategy consultation](#) highlights that:
 - the findings from CQC's Local System Reviews have identified capacity and capability of the workforce as one of the most significant challenges faced by systems in the delivery of joined-up care for older people, and a shortage of social care staff in domiciliary care, nursing homes and care homes is a major contributing factor.
 - the workforce strategy needs to consider the right model of care for the future and then consider how to secure the staff needed accordingly.
 - training a wider range of staff, particularly in social care, to support the multidisciplinary teams that the system will need and around new care models, is important.
 - system-wide solutions such as supporting flexible working across the health and social care interface should be considered, including initiatives such as 'passports' that allow staff to move across health and social care.
 - while some local systems are working proactively to develop career pathways within the care sector, competition from other sectors means the care sector is facing difficulty in attracting and retaining staff.
 - works needs to be considered to move to the 'health and social care system' (and not just the NHS) being the employer of choice.
- CQC published its [2018/19 fees scheme](#) in March 2018 following [consultation](#). The new scheme changes the fees structure for NHS trusts with larger providers generally paying more and smaller providers less.
- CQC has written to all 10 existing Integrated Care Systems (ICSs) to discuss its relationship and engagement arrangements.
 - CQC will ensure regular dialogue between the ICS and a named relationship owner from CQC in each area, whose role is to provide the ICS with a single CQC contact to engage with on what they are trying to achieve, any obstacles and challenges they may encounter that CQC can address, and provide the ICS with CQC's view of the quality of care in the area.
 - CQC has asked for one or two CQC representatives to meet with the ICS lead and their team within the next three months to help them understand the vision, ambition and challenges for the ICS area.
 - CQC will develop its regulatory approach to ICSs through two test sites commencing in 2018/19.
- CQC and NHS Improvement's (NHSI's) joint thematic review of 'Never Events' is due to be published in October 2018 with an interim progress update to the Secretary of State this summer. It will look at how NHS safety guidance is performing and how effective the implementation of guidance is within NHS trusts.
- Following the [announcement](#) that NHS England and NHSI will work together more closely, they have committed to working with CQC and other partners over the coming months to design these joint ways of working.
- CQC has recently published a [briefing paper](#) on Approved Mental Health Professionals, a selection of [case studies](#) from seven mental health trusts, and a [report](#) on the *State of care in independent acute hospitals*.