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for the NHS leadership community

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news



Read inside for the latest updates on NHS Confed, QIPP and the Operating Framework

update



As leaders, this is not the time to turn into commentators. We need to be out there making things happen and supporting our staff.

As I said at the NHS Confederation Conference, improving quality for our patients is our purpose. So I was delighted by the launch of NICE's first three quality standards. I spoke at that launch about the importance of these standards as a way of aligning clinicians, staff, the regulators and our patients around quality.

These quality standards put in an authoritative way, based on evidence, what high quality care should look like for each of these conditions – stroke, dementia and venous thromboembolism (VTE) prevention.

Traditionally what we have seen is a sea of standards and guidance, so it is incredibly significant to have NICE provide this authoritative standpoint. I am also proud of the work the National Quality Board (NQB) has done around quality standards, seeking to align and move the system in the right direction on quality.

Not only are we setting out an authoritative standpoint; by being transparent we are empowering patients and staff to get involved in improving services.

The evidence shows us that quality is systemic. A whole range of people and organisations and services need to work together, and knit things together, to get the best outcomes for patients. An important way we can do that is to translate these standards into commissioning decisions – that is what will start to knit this all together.

Moving faster and further on quality was the theme of my speech to the NHS Confederation Conference 2010.

As I told that conference, as we go through a period of change, how can we make that bridge between the past and the future? That bridge is very clearly to the work we have done on quality and is reflected in High Quality Care for All. It sets out that quality should be the organising principle of the NHS going forward and that you get that through empowered clinicians and patients with clout. That is our purpose. The big lesson from the past is not to let ourselves get disconnected from our purpose.

As leaders, this is not the time to turn into commentators. We need to be out there making things happen and supporting our staff. We can't afford to be inward looking – good leadership has always been about looking across boundaries.

We have a fantastic record of managing change in the NHS. We should use that confidence as we move forward.

I look forward to seeing you later in July or early August to talk more about NHS reforms at my NHS Chief Executive's Conference meetings. I would really like to encourage as many of you as possible to attend. There are more details on page 7.

Best wishes
Sir David Nicholson, NHS Chief Executive

NHS Leadership Team



NHS Confed 23-25 June: key messages, speakers and sessions

**Andrew Lansley,
Secretary of State for Health**

'My first purpose for reforming the NHS is to put patients at the heart of the service. In my speech to the NHS Confederation I set out a further purpose: to empower the service, the professionals and the frontline. Doctors and nurses must be free to use their clinical judgement, because that is how we will improve outcomes for patients.

'In the revised Operating Framework that we issued two weeks ago, we began this work to set the NHS free – removing targets and empowering professionals to do their jobs. In this way, we will build on some of the good

work that has been done over recent years and bring about a new focus on patient outcomes and quality of care.

'I want to create a bridge between the past and the future and map out the journey we need to take. This means we need a clear strategy to devolve real freedom and responsibility to competent managers and clinicians. That is what I intend to provide, and I will engage all NHS staff – doctors, nurses, and managers – in doing so.'

Read more at:
www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_117005

Workshop session: Quality and Productivity

Jim Easton, National Director for Improvement and Efficiency

Improving quality and productivity, driving innovation and focussing on prevention will remain a central imperative for the service, Jim Easton told the NHS Confederation.

He emphasised that the new reforms that the Government is proposing must be seen as a core part of QIPP activity, and not as separate things.

Jim described the current progress with the quality, innovation, productivity and prevention (QIPP) programme. He reviewed the economic and quality analysis that had existed prior to the election and the budget, and confirmed that analysis remains relevant in the current situation.

Jim took delegates through the main elements of the QIPP programme:

- Engagement with the workforce
- The setting of the national regional and local planning system for QIPP delivery
- The national work streams providing support
- Changes to the national policy framework.

For more information on QIPP, see Jim's monthly update on page 4.



NHS Confed 23-25 June *continued*

Workshop session: Freedom, Fairness and Responsibility – the Workforce Challenge

**Dame Barbara Hakin,
Chief Executive, East Midlands Strategic
Health Authority**

Barbara stressed the need to ensure that leadership skills and appropriate management skills are being developed among GPs to enable them to take on new responsibilities in the system. Primary care professionals, especially GPs, already have a central role in coordinating care and are well-placed to coordinate commissioning. Barbara also said that clinicians will be key in the design of better services for patients, and that it is essential that clinicians work together in order to achieve that.

The feedback on the session was positive, with a couple of attendees saying it had been valuable to air views on what is a hugely important topic for the NHS. Despite concern about how the new system of GP commissioning would work, there was absolute agreement that clinical involvement in commissioning is crucial. The expertise that has built in PCTs on the broader aspects of commissioning should not be underestimated or lost. And while the holistic and coordinating role of GPs was acknowledged, it was agreed by all that it must be supplemented with the joined-up expertise of other clinical professionals.

**Clare Chapman,
Director General of Workforce**

Clare said that work and a fulfilling life will increasingly become one and the same, meaning that organisations need to learn to design ‘good work’ and build meaningful engagement with staff into the workplace.

‘It is obvious that the way an organisation handles any staff or post reductions must be done mindfully of whether their approach will build trust,’ she said. ‘Boards who are perceived by their staff and patients to “slash and burn” will do long-term damage to their reputation.’

She added that the Government had made it clear it wanted to encourage more autonomy, accountability and freedom for staff and organisations to deliver its key priorities, adding that those who employed healthcare professionals would have responsibility for investing in workforce development and training and any risk involved.

Clare said that the NHS Constitution and the NHS values, mutuality between patient and staff experience, and ensuring the use of safeguards while changing the shape of the workforce, would provide stability during this period of transition.

Promoting clinical leadership: putting theory in practice

**Ross Baglin, Director for Talent and Leadership in the Workforce Directorate
Mark Goldman, National Leadership Council Programme Lead
Karen Middleton, Chief Health Professions Officer
Dame Christine Beasley, Chief Nursing Officer**

Mark’s session covered the challenge of engaging clinicians in decisions that might not, initially, appear to have any clinical relevance, and the importance of getting all relevant clinical professionals on board when necessary to ensure a 360 degree and high standard of care.

Suggestions were made to ensure there is clinical engagement throughout a care pathway rather than on one part of it only. One way of doing this is to ensure that clinical engagement is not limited to medical engagement, but also involves

the whole range of clinical professionals who could and should be involved. For example, the care pathway following trauma would require nursing and medical care at the acute end (recovery), followed by allied health care and possible integration with social care services during the rehabilitation phase.

The workshop concluded that the NHS needs to engage all clinicians with a clear narrative about how a better understanding, and control, of spending can drive up quality.

QIPP



Quality, innovation, productivity and prevention update



'Where is our work on QIPP post-election? In strong shape I think,' says Jim Easton, NHS National Director for Improvement and Efficiency.

The Coalition Government's commitment to protect NHS spending confirms that the financial projection we have been making of £15-£20 billion of savings holds true. The impact of settlements for other parts of Government will mean that the pressure on us for delivery will be high and public. The commitment to quality has also been ramped up, with a focus on clinical and wider patient outcomes – the 'Q' in QIPP has been strongly underlined. And now we will take this forward against a background of a reform programme designed to empower local clinicians and organisations to drive for quality.

So we must continue the work we are doing:

- Engaging and mobilising large numbers of staff to lead and support the change
- Having regional plans, PCT commissioning plans, and provider plans which address the quality and productivity imperative and are now being enacted, week on week across the country
- Providing support to that work, through the national QIPP workstreams producing tools and programmes which help local change leaders in successful implementation. (Details of the support available can be found at www.dh.gov.uk/qualityandproductivity)

- Changing the policy landscape to support the agenda, by continuing to reshape tariff to drive quality and productivity, seeking national pay arrangements which help, ensuring leadership development to ensure leaders have the skills required.

Now we need to link that work inextricably with the reform agenda. QIPP is not a separate process from the Coalition Government's reforms. It needs to be a single, connected process. We need to use the reform programme to enable the achievement of quality and productivity – most notably by engaging GPs as commissioners in changing the pattern of care, and freeing providers to innovate. And QIPP needs to help drive the reform agenda – for example by giving new commissioners the tools they need to achieve their aims.

So we have made a good start, and have a strong mandate to make the next, essential steps. No-one can have any illusions about the scale of the challenge ahead, and the many issues that need to be resolved locally, regionally and nationally to achieve our ends. I am looking forward to continuing to support your leadership in making this happen.

Revision to the NHS Operating Framework 2010/11

While many of the challenges set out in the original Operating Framework for 2010/11 still remain, the political landscape has changed and the new Government has communicated clear objectives and ambitions for the NHS to deliver, which we must now respond to, said NHS Chief Executive Sir David Nicholson, in a letter to the service about the revised Operating Framework in June.

The revised version focuses on five key areas:

- Revisions to the Vital Signs and Existing Commitments
- New rules on reconfiguration
- Future direction and next steps on transforming community services
- Finance and efficiencies
- Accelerating development of the payment system

Useful links:

Read the full letter at: www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_116856

View the *Revision to the Operating Framework for the NHS in England 2010/11*: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

Please note this should be read in tandem with the NHS Operating Framework for 2010/11, published in December 2009 and available at the same weblink.

Mid-Staffordshire NHS Foundation Trust public inquiry

The Secretary of State, Andrew Lansley, has announced a full public inquiry into the operation of the commissioning, supervisory and regulatory bodies in relation to their monitoring role at Mid-Staffordshire NHS Foundation Trust. The focus will be on the lessons to be learned for the wider NHS system. The inquiry will be chaired by Robert Francis QC, and will be conducted under the Inquiries Act 2005. The Secretary of State has also announced new measures to strengthen protection for whistleblowers in the NHS.

Read the Secretary of State's oral statement, the terms of reference for the inquiry and the full press release at:

www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_116650

July conference update

Date	Name of conference	Where	Useful weblinks
Thursday 6 July 2010	National Clinical Congress	The Midland Hotel, Manchester	For more information and to register go to: www.glasgows.co.uk/clnnationalclinicalcongress/speakers.html
Thursday 8 – Sunday 11 July 2010	International Carers Conference: New Frontiers in Caring	Royal Armouries, Leeds	For more information and to register go to: www.dhcarenetworks.org.uk/News/NewsItem/?cid=7655 OR www.neilstewartassociates.com/sh259/

NHS Chief Executive meetings

For the past few years it has been traditional for Sir David to host an NHS CEs' conference in the summer. This year Sir David will be taking a different approach. He will visit each of the SHAs in the later half of July and early August to meet with NHS chief executives and discuss how NHS reforms are being taken forward. Sir David said he would like to encourage as many chief executives as possible to attend the meetings.

Below is a chart setting out the dates and times which have been agreed with each region:

SHA	Date	Time
South Central	Friday 23 July	10.00am-12.30pm
South East Coast	Thursday 29 July	1.00-3.30pm
North West	Friday 30 July	1.30-4.00pm
West Midlands	Monday 2 August	10.00am-12.30pm
East Midlands	Tuesday 3 August	10.00am-12.30pm
London	Thursday 5 August	10.00am-12.30pm
East Of England	Friday 6 August	11.00am – 1.30pm
North East	Tuesday 10 August	12.00-2.30pm
Yorks and Humber	Thursday 12 August	10.30am-1.00pm
South West	Monday 16 August	12.00-2.30pm



Look back

Secretary of State speech

In his first speech since taking up the post, the Secretary of State said that patients must be at the heart of everything we do, not just as beneficiaries of care, but as participants, in shared decision-making. As patients, there should be no decision about us, without us.

Read the full speech at:
www.dh.gov.uk/en/MediaCentre/Speeches/DH_116643

Congratulations

The Christie NHS Foundation Trust Chief Executive, Caroline Shaw, has won the first national First Women award 2010 in the public services category. She is the first ever winner from the NHS. The First Women Awards recognise female pioneers across British business, professional and public life.

NHS Chief Executive, Sir David Nicholson, has written to Caroline saying:

'In tandem with your Businesswoman of the Year Award at the Crain's Manchester Business Awards, this represents an outstanding achievement of which you should be justifiably proud. Many congratulations.'

New online service to improve the information given to patients

A new on-line Information Prescriptions Service is now available to help ensure that patients get the information they need, when they need it most.

The service has been developed with health and social care professionals in mind, offering a tool to quickly and easily provide information for the people they care for. It lets users tailor the amount of information they provide during a patient consultation, based on what the patient wants, from a comprehensive package of information to a number of bite-sized pieces.

The Information Prescriptions Service gives care professionals easy access not only to NHS information, but quality-assured information from many of Britain's leading charities. Key features of the new service are a prescribing history that shows what information has been given to each patient in previous appointments, and the ability for a doctor or nurse to add personal notes to the patient, highlighting key facts and summarising their conversation.

'This is an important facility,' says Paul Streets, Director of Public and Patient Experience and Engagement. 'Patients sometimes find it hard to remember what the doctor tells them, particularly if they have just received worrying news. This new service lets the health professional capture the conversation, so that the patient can refer back to it as many times as they need to.'

Useful links:

The new service is available at www.NHS.uk/ips, providing information on more than 100 long-term conditions. The Information Prescription can be printed, emailed to patients as a digital version and stored in the patient's records.

New e-learning and self-assessment tools are now available to help staff improve their information-giving skills. For further information and access to these tools, visit www.nhsemployers.org/longtermconditions