

news



Read inside about the NHS Future Forum next steps, developing the new commissioning structure, Right to Provide and a call for input from the NHS Leadership Academy

update

“We all recognise the importance of working collaboratively across health and social care, across local communities and with our patients and the Future Forum gives us the opportunity to ground our plans in the realities of people's lives - as citizens, patients, carers and staff.”

This month the NHS has taken significant steps forward in transition to the new system, with the appointment of chairs and then chief executives to the newly created Strategic Health Authority (SHA) clusters.

As I wrote last month, clustering at both SHA and Primary Care Trust (PCT) level will enable us to maintain grip and momentum throughout the transition. It also gives us the best opportunity to ensure we have the capacity and capability during this period while we start to put the service on the geographical footprint for the future.

The four SHA clusters are NHS London, NHS North of England, NHS Midlands and East, and NHS South of England.

And the four chairs (appointed in principle, subject to the regulations being amended) and chief executives are:

- NHS London, Professor Mike Spyer and Dame Ruth Carnall
- NHS North of England, Kathryn Riddle and Ian Dalton CBE
- NHS Midlands and East, Sarah Boulton and Sir Neil McKay

- NHS South of England, Dr Geoff Harris and Sir Ian Carruthers

SHA cluster chief executives will assume their roles on Monday 3 October 2011. Until that time, all existing SHA chief executives and interim SHA chief executives will remain in place.

You will also be aware from the special edition of 'the week' on 12 August 2011 that a number of other critical, senior appointments were made to maintain momentum and leadership during the transition and in the creation of a number of new national bodies. Each of these key appointments, along with the SHA cluster appointments, will put us in the best position to manage the transition to April 2013, ensuring the best outcomes for our patients.

Also this month, the government confirmed that the independent NHS Future Forum would continue to listen to patients and health professionals on the future plans for the service. We all recognise the importance of working collaboratively across health and social care, across local communities and with our patients and the Future Forum gives us the opportunity to ground our plans in the realities of people's lives - as citizens, patients, carers and staff.

The Forum will consider four new workstreams, which will help us to: improve the way we use information; focus together on how we support, train and equip our workforce to deliver world-class care; ensure improving the health of the nation stays at the heart of the service; and ensure we are designing services integrated around patient needs. These are all critical areas and I hope as many of you as possible will continue to take the opportunity to contribute to the development of these plans for the future.

Finally, I would like to thank all staff for their commitment and hard work in those areas that were affected by outbreaks of civil disorder at the start of the month. Again, I was struck by the commitment of NHS and care staff.

Best wishes,



Sir David Nicholson
NHS Chief Executive

Next steps for the NHS Future Forum

The Prime Minister has launched the next phase of the independent NHS Future Forum in which a refreshed and expanded membership will look at four new areas of health policy.

The first listening exercise in April and May this year gave NHS staff, patients and the public the chance to understand and influence the policy-making process.

In its response to the Future Forum's report, the Government committed to continue to listen and engage on the detail of its proposals for modernising the NHS. The four new workstreams are:

- **Education and training:** How to make sure there are the right incentives and accountabilities for developing the NHS workforce to deliver world-class health care
- **Information:** How information can be made to improve health, care and wellbeing
- **Integrated care:** How to take advantage of the health and care modernisation programme to ensure services are better integrated around people's needs

- **The NHS's contribution to improving the public's health:** how to ensure that improving the public's health stays at the heart of the NHS

Professor Steve Field will continue to chair the Forum and leads have been appointed to each workstream. The listening part of the Forum's work will last between eight and ten weeks, depending on the workstream.

The Forum has developed a slide pack to help organisations run their own listening event and feedback the results.

To help the NHS Future Forum with its work, the Department of Health published the summary of responses on the education and training consultation launched last year.

Access the NHS Future Forum slide pack at <http://healthandcare.dh.gov.uk/say/>

Review the responses on the education and training consultation at <http://www.dh.gov.uk/health/2011/08/workforce-responses/>

Developing the new commissioning structure

Work is continuing to develop the new commissioning system – including emerging clinical commissioning groups, commissioning support arrangements and the NHS Commissioning Board.

NHS Commissioning Board

Plans to establish the NHS Commissioning Board (NHS CB) as a preparatory special health authority (SpHA) are well underway. The publication of 'Developing the NHS Commissioning Board' and the NHS Commissioning Board's 'People Transition Policy' in July 2011 gave details about the operating model and eight key portfolios, along with the HR and recruitment processes.

Subject to parliamentary timetables, the SpHA is expected to be established by 31 October 2011. In the meantime, there will be a consultation and significant preparatory work for the legislation and establishment.

Other priority work for the coming months includes:

- detailed design of functions, including staffing requirements and costs for the NHS CB
- practical establishment issues, including estates, IT and board governance
- appointment to the posts of chair, non-executive directors, executive director and other priority functions.

The NHS CB transition team is also working with SHA and PCT clusters to move towards single operating models for NHS CB functions.

Commissioning support

The commissioning support business review is moving into phase two. Feedback has shown it has been a valuable exercise in allowing SHA and PCT clusters to identify key strengths and weaknesses and ensure appropriate plans are in place.

This next phase will support emerging Commissioning Support Organisations (CSOs) to develop these plans further, so they are ready to agree their 2012/13 prospectus with emerging CCGs later this year. To support this, the

Department will be publishing two resources later this year:

- an interactive tool developed with the NHS to help CCGs understand the relationship between their size and the financial resources, the opportunities and impact of sharing functions with other commissioning groups and the potential costs for different internal staffing structures; and
- a document outlining the vision and expectations for commissioning support to become a vibrant, innovative and responsive market. This will include detail on the package of support DH will provide to support the development of emerging CSOs.

Clinical Commissioning Groups (CCGs)

There are now 257 pathfinders across England, covering 97 per cent of the population. There is a huge amount of work taking place in these emerging groups as they plan for the new commissioning system.

More and more GPs and health care professionals are taking on increasing responsibilities for commissioning under existing arrangements. There are many examples of successful partnership working with the local NHS, local authorities, patients and carer groups. You can read these case studies on the Pathfinder Learning Network - including examples of nurse leadership and public and patient engagement, as well as the ways some groups are exploring new governance arrangements.

Many emerging CCGs are working to increase their capability and capacity to ready themselves for authorisation and 1 April 2013, when they take on full commissioning responsibilities. A new self-assessment tool, developed by the NHS for emerging CCGs, to help them to understand their immediate development needs is now available. Other tools are also accessible.

Find out more about clinical commissioning groups at <http://healthandcare.dh.gov.uk/category/pathfinder-learning-network/>

Progressing the provider development landscape

Work to help NHS trusts achieve foundation trust (FT) status is continuing to gather pace. 138 organisations have now gained FT status and more are on schedule to seek authorisation by Monitor this autumn. This continued progress is crucial in helping to create a new provider landscape and more importantly offering patients real choice.

The journey to achieve FT status and the benefits this brings to patients and communities along the way cannot be underestimated. In doing so, NHS trusts examine their leadership, financial sustainability, quality of service and plans for continuous improvement. It is a mechanism designed to bring all provider services in all parts of the country up to a standard of excellence. A key step on the journey to achieving FT status is for all NHS trusts to sign a tripartite formal agreement (TFA) with the Department of Health and their strategic health authority. TFAs are owned by each individual trust and are published on their website once signed by all parties. A public record, a TFA outlines the key progress milestones and the actions each organisation has agreed to take to become an FT. Part of the approach to managing transition in a consistent way, is to manage trusts' progress against their TFA milestones. SHA clusters will monitor this, helping ensure timely delivery of the FT pipeline.

Good progress is being made, with new TFAs being signed and published every week – the current total is 33.

The establishment of a new special health authority, the NHS Trust Development Authority (NTDA) will play a key role in delivery of the FT pipeline. Accountability for delivering the FT pipeline will remain with SHA clusters until April 2013. After this time, the NTDA will provide central leadership and accountability for NHS trusts. To ensure a smooth transition between the SHA clusters and the NTDA, this new arm's length body will operate in shadow form from October 2011. Sir Peter Carr was appointed as chair of the NTDA steering group on 29 July 2011, at the same time as the chairs of the four new SHA clusters. This new national group will lead on the establishment of the NTDA and the development of a single operating model for the FT pipeline. Sir Peter brings a wealth of NHS experience, having been involved with the leadership of NHS organisations since 1990. Most recently, he was chair of NHS North East.

Links to all the published TFAs are available on the Department of Health website <http://healthandcare.dh.gov.uk/the-making-of-foundation-trusts/>

Right to Provide

The Right to Provide (R2P) programme was launched in March 2011. The policy aims to enable health and social care staff to spin-out of the NHS and create their own staff-led enterprises. It can also help NHS organisations to meet their QIPP objectives through improving quality, increasing efficiencies and reducing overall service costs.

Staff who would like to establish a staff-led enterprise can submit expressions of interest (EOI) to their organisation's board until 31 December 2011.

Applications can cover a single service, a number of services, or be built around a specific care pathway.

Every NHS or care organisation's board must consider all EOIs received from their staff.

Additional resource materials are also available on the website including a quick overview of R2P and FAQs. Organisations are encouraged to explain the R2P programme to their staff, using these materials, via internal communication channels.

A series of national learning events are also planned for the next few months. The events will be an opportunity for NHS managers and front-line staff to find out more about becoming a staff-led enterprise. More details will be published shortly.

Details of the application process, role and responsibilities are explained within the DH R2P guidance documents

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125578

Download the additional resources for staff and their boards <http://healthandcare.dh.gov.uk/rtp/>

The NHS Leadership Academy – a call for input

Work is well underway to prepare for the launch of the new NHS Leadership Academy.

Formally announced on 5 July 2011, the Academy is expected to run in shadow form from November 2011.

The planned changes for the NHS mean many organisations and structures that host or deliver national leadership activities will no longer be able to continue this work. The NHS Leadership Academy will provide a “home” for these activities and make sure progress is not lost.

The purpose of the Academy is to provide expertise to advance the development of outstanding leadership in healthcare. Its objectives will include:

- Delivering national leadership programmes to develop leaders, including clinical leaders, to improve outcomes, the patient experience and staff satisfaction, and deliver value for money
- Providing an evidence base for leadership development, development to support leadership values and access to expertise
- Helping create a talent pipeline for senior leadership positions
- Setting high standards for leadership development at a national level and challenging inappropriate leadership behaviours
- Commissioning leadership development that delivers for organisations as well as individuals
- Acting as the primary guardian of the leadership values required to uphold the NHS Constitution

Richard Jeavons, Senior Responsible Officer for the NHS Leadership Academy is keen to give everyone the opportunity to shape current thinking on the development of the Academy. A Reference Network has already addressed some key questions. To give your input to these four key areas and help influence the Leadership Academy, email your thoughts to NHSLeadership@dh.gsi.gov.uk by 5 September 2011.

Questions and an outline of initial responses from the Network:

1. What are the key leadership development priorities for the NHS over the next three years?

The network strongly emphasised the need for the Academy’s work to be centred on the needs of the patient, to reflect NHS values and the NHS constitution. Work on talent management needs to be protected to avoid a loss of talent from the system and a reduction in the diversity of our leadership. Cross-sector working should be more inclusive in its language, avoiding a focus on provider-side healthcare.

2. What is the most appropriate contribution that can be provided through a national organisation?

The consensus is that a national body should provide leadership ‘capital’ for the NHS, through talent management systems, knowledge sharing, organisational development, practice knowledge and the need to sponsor some programmes nationally, most notably graduate schemes and Top Leaders.

3. What have we learnt from previous national leadership interventions that we need to take forward into our new environment?

We need to get the governance and delivery chains right, to be clear about focus, to ensure the contribution is unique and does not duplicate efforts and ensure proper evaluation. The Academy needs to be responsive to client needs and allow for local engagement and flexibility.

4. How might the Academy best keep the various communities it serves engaged in leadership development work?

There is a desire to make the Academy the first point of call for leadership issues around the NHS. Good relationships across the NHS and other public sector organisations are vital and need a push/pull approach, with dialogue and engagement, which is open, transparent and proactive.

Health Informatics Directorate update

The NHS Future Forum confirmed that high quality informatics support is vital to the success of the new health and care system.

The Forum is now leading further work to inform a new information strategy and the future delivery arrangements for informatics. This will ensure the best possible services and support for patients, clients and staff.

Jim Easton, National Director for Improvement and Efficiency, supported by the Department's Health Informatics Directorate, is leading the work to develop an information strategy for publication this winter.

Meanwhile, Katie Davies, Managing Director, NHS Informatics and her team is working with NHS colleagues to determine future service IT priorities.

This follows the publication on 18 August 2011 of a summary of responses to the Information Revolution consultation. More detail will follow later in the year.

Find out more about the Information Revolution responses at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129405

Building a broad and balanced library of NICE Quality Standards

An engagement exercise to allow everyone with an interest in Quality Standards to become involved in the development of the library has been launched by the National Quality Board.

Quality Standards, developed and prepared by NICE, have a key role to play in the new commissioning architecture. The provisions in the Health and Social Care Bill will make Quality Standards an integral part of the proposed new duties of quality that will apply to the Secretary of State, NHS Commissioning Board and clinical commissioning groups.

The National Quality Board currently provides advice on the selection of topics for Quality Standard development. Its ambition is for a broad and balanced library of Quality

Standard topics with underpinning NICE guidelines, supporting delivery of the outcomes across all five domains of the NHS Outcomes Framework.

The engagement exercise will give everyone with an interest in Quality Standards to become involved in helping to ensure the library is fit for purpose. Participants are asked to comment on five areas, including any gaps in the library, suggested cross-cutting topics that could benefit from a Quality Standard and Quality Standards at the interface with social care.

The exercise closes on 14 October 2011.

Details of how to respond are on NICE's website: www.nice.org.uk/getinvolved

Developing staff engagement to improve health service quality: presenting the evidence

Newly published research by Aston Business School shows that developing a climate and culture that nurtures strong staff engagement brings a range of positive outcomes to an organisation.

Trusts with higher levels of staff engagement deliver services of higher quality and perform better financially, as rated by the Care Quality Commission. They have higher patient satisfaction scores and lower staff absenteeism. They also have consistently lower patient mortality rates than other trusts.

Many NHS organisations have already developed strategies and programmes that seek to increase their levels of staff engagement. However, the findings of a series of independent research reports published by the Department of Health compel everyone to move forward quickly in this area.

The new evidence shows all organisations need to develop programmes that help increase their levels of staff engagement, in order to improve the quality of the services they provide.

A team of researchers at Aston Business School took the wealth of data contained in the NHS staff survey results and analysed how, over time, the quality of the experience of NHS staff at work links with performance measures that help determine the quality of care that NHS trusts deliver.

Professor Michael West, Dean of Aston Business School says that overall, the results show that “Good management of NHS staff leads to higher quality of care, more satisfied patients and lower patient mortality. Good staff management offers significant financial savings for the NHS, as its leaders respond to the challenge of

sustainability in the face of increasing costs and demands.”

The report suggests that this principle of good management needs to follow the staff engagement star model, which shows that staff engagement is increased by achieving in five principle areas; delivering a healthy, safe work environment, ensuring every role counts, promoting great management and leadership, supporting personal development and enabling involvement in decision making.

The five areas driving staff engagement run through the NHS Constitution commitments to staff, and working to these principles will help drive NHS organisations forward now and in the future.

To help increase staff engagement, NHS Employers and the Department of Health have produced a package of information and tools, including an online staff engagement resource. This has been designed to help both whole organisations and smaller teams identify what they need to do on staff engagement in their area and how they can do it.

The NHS is also involved closely in the Employee Engagement taskforce, a group of key public and private sector organisations looking to ensure that a range of practical opportunities, strategies and best practice are available for organisations wanting to learn about, develop and improve their staff engagement.

Read about the Aston Business School research findings at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129643

Learn more about the Employee Engagement taskforce work at:
www.bis.gov.uk/news/topstories/2011/Mar/employee-engagement-task-force
www.bis.gov.uk/files/file52215.pdf

Use the staff engagement online resources at:
www.nhsemployers.org/EmploymentPolicyAndPractice/staffengagement/Pages/Staff-Engagement-And-Involvement.aspx

Mahmood Adil is looking for examples of good practice for clinical & finance engagement

The NHS is looking to deliver annual efficiency savings of up to £20bn by 2014/15. As a National Adviser on QIPP, Mahmood Adil is looking to build a collaborative relationship between clinicians and finance managers to improve quality and efficiency.

<http://healthandcare.dh.gov.uk/mahmood-adil-is-looking-for-examples-of-good-practice-for-clinical-finance-engagement-in-the-nhs/>

Diagnostic tool for emerging clinical commissioning groups

A new developmental, self-assessment tool to enable emerging clinical commissioning groups (CCGs) to understand and reflect upon their values, culture, behaviours and wider organisational health is now available.

<http://healthandcare.dh.gov.uk/diagnostic-tool-for-emerging-clinical-commissioning-groups/>

Live webchat with Dame Barbara Hakin

Dame Barbara Hakin, Managing Director of Commissioning Development at the Department of Health, will answer your commissioning questions in a live webchat on Monday 5 September at 4.30pm.

<http://healthandcare.dh.gov.uk/webchat-dame-barbara-hakin/>

Local HealthWatch pathfinders announced

Seventy-five local HealthWatch pathfinders were announced on 3 August 2011. The pathfinders will pioneer plans ahead of the full establishment of local HealthWatch across the country in October 2012.

<http://healthandcare.dh.gov.uk/local-healthwatch-pathfinders-announced/>

Conference update

Date	Name of conference	Where	Website
13 Sept 2011	Procurement in the NHS 2011: every penny counts	Manchester Conference Centre	www.publicserviceevents.co.uk/overview/185/procurement-in-the-nhs
14 Sept 2011	GovKnow's 'Health & Social Care Conference'	Central London	www.govknow.com/event-detail.html?id=13
22 Sept 2011	Lean Government 2011: Raising Public Sector Productivity	The Barbican, London	www.publicserviceevents.co.uk/overview/188/lean-government-2011
29-30 Sept 2011	Global Health 2011 – Policy for sustainable and effective healthcare	BMA House, London	http://globalhealth.bmj.com/

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