

news



Read inside about the NHS Commissioning Board Authority, maximising the potential of health and wellbeing boards, support for foundation trust governors and the latest from the NHS Future Forum.

update

“I have been clear from the beginning that we must create something that patients feel and believe is their organisation, a body that is working on their behalf.”

This month we have again made strong progress. The creation of strategic health authority (SHA) clusters ensures we maintain a grip on today, while the establishment of the NHS Commissioning Board as a special health authority from 31 October 2011 and the appointment of Professor Malcolm Grant as its chair, prepares us for tomorrow. The Board Authority will begin the work to design the clinical commissioning system of the future, the detail of which remains subject to the passage of the current Health and Social Care Bill.

However, also this month, the Care Quality Commission published its report into the standards of care of the elderly in hospital, which was a challenging read. I strongly suggest that each of you makes the time to study and reflect on this report. During this period of change - more than at any other time - we must not lose sight of our patients and we must not lose sight of the quality of care we provide.

Subject to the passage of the Health and Social Care Bill through Parliament, the

central role of the new Board will be to drive improvement in outcomes for patients, through working with local clinical commissioners. It will also promote the NHS Constitution and champion the interests of patients, using information and choice to empower and give local people a real voice in their services. However, the Board will not merely promote the NHS Constitution – its principles and values will underpin everything the Board does - those principles and values that bind patients, the public and staff together.

I have been clear from the beginning that we must create something that patients feel and believe is their organisation, a body that is working on their behalf. For this reason, the Board will have a robust patient insight and Engagement directorate. In line with ‘no decision about me without me’, we will engage with and represent the views of the public, patients and carers, supporting their full involvement and education. Patient insight will be directly linked to driving necessary improvements in patient experience.

It is relatively easy to talk about this and to think about how we will build the systems and processes, But beyond system and process, we need to create the right culture, so that each of us hears and responds to the patient voice – not only at the outset when we are designing services, but throughout the entire patient experience, so we know when we need to do things better or differently.

Putting patients at the heart of all we do and building in the patient voice means we must be obsessed with improving quality outcomes; obsessed with involving patients at every stage of organisation and service development and obsessed with the availability of clear and accessible information. Only then can we create a system that offers real choice and control to patients.

As the Board develops and takes on new responsibilities, we will be working with clinicians, managers, patients, their representatives, families and carers, across the service to design and shape not only the Board itself, but the broader commissioning system too.

We already have strong progress in the creation and development of clinical commissioning groups, testimony to the hard work going on across the country. We have now released a ready reckoner to enable clinical commissioners to map their running costs against different commissioning support options and with the support of PCT clusters, the clinical commissioning groups are focused on the six domains of the authorisation. My ambition is that all clinical commissioning groups will be ready for authorisation by April

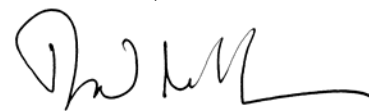
2013. I want them all to be the best they can, so their local communities get the greatest benefits offered by clinical leadership.

But of course, the challenge is greater than the creation of a modernised commissioning system - the challenge is to design and develop the system while delivering for our patients today, improving the quality of care and increasing our productivity. There has never been a more challenging time for the service but I am confident the leadership community will step up and meet this challenge, so we have an NHS that is sustainable for years to come.

I am sure by now you are aware this year's Chief Executive Conference is 24 November in London. This is a unique event, which brings the health leadership community together to share key operating expectations for the coming year. Critically this year, as we move through the transition, we need to bring to the room, not only existing system leaders but future system leaders too. I have therefore also invited clinical commissioning group leads and a number of local government colleagues. I sincerely hope you will all be able to attend.

As we head towards the complex and challenging period of business planning and managing winter, I would like once again to thank you for all of your hard work.

Best wishes,



Sir David Nicholson
NHS Chief Executive

update

Find out more and watch David Nicholson speaking about the NHS Commissioning Board Authority at www.commissioningboard.nhs.uk

Programme governance arrangements revised

With the start of the NHS Commissioning Board as a special health authority, the health and care reform transition programme is reaching the end of the policy and design stage and moving into development and delivery (subject to the passage of the Health and Social Care Bill through Parliament).

In light of this, programme governance arrangements have been revised. These now provide greater clarity of accountability, improved programme assurance and a clear path for the escalation of decisions and ideas through to the appropriate board(s) for discussion. A new meeting and reporting cycle ensures decisions continue to be made at the right time by the right people.

To strengthen accountability further, each programme and crosscutting workstream within the transition programme has a named senior responsible officer (SRO). Richard Douglas, Director General,

Policy, Strategy & Finance, DH has been appointed as SRO for the overall transition programme. Richard will work closely with Una O'Brien, Permanent Secretary, Department of Health and Sir David Nicholson, NHS Chief Executive, to deliver the transition of the new health and care system.

For more information about the governance arrangements, contact Elizabeth Gunnion, Policy and Secretariat Manager, elizabeth.gunnion@dh.gsi.gov.uk

View the latest governance arrangement diagram at <https://www.wp.dh.gov.uk/health/files/2011/10/Transition-Programme-Structure.pdf>

Sharing learning among pathfinder groups

The pathfinder programme for emerging clinical commissioning groups is continuing and there are now 266 pathfinders across the country – groups who are working together with patients, other NHS colleagues and local authorities to help manage local budgets and design services.

Pathfinders were created to explore different ways of working and give clinical commissioners the freedom to test out local solutions and working relationships. Since the first pathfinders were announced in December 2010, we have seen that clinical commissioning leaders are enthusiastic about sharing their learning with colleagues across the country.

The Department of Health has been working with the emerging CCGs, PCT and SHA clusters to collate a number of case studies and best practice examples focused on topics such as governance, leadership, partnership working and service redesign.

Read the case studies at <http://healthandcare.dh.gov.uk/resources-pathfinders/case-studies/>

Early thinking on commissioning support

Over the past year, the Department of Health has been working closely with clinicians, NHS staff and other key groups to develop a vision for commissioning support, to make sure clinical commissioning groups and the NHS Commissioning Board can draw from a range of high quality and responsive

support to help them carry out their commissioning responsibilities. The Department is sharing early thinking with stakeholders. Comments on the draft guidance document will help refine and improve the approach. The intention is to publish a commissioning support document later in the year.

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

Find out more about commissioning at <http://healthandcare.dh.gov.uk/category/commissioning/>

Provider development update

The month sees an update on foundation trusts and governor support, along with a series of provider landscape readiness seminars organised by NHS Confederation

Foundation trust plans gather momentum

The Secretary of State's pledge that the majority of NHS trusts will become foundation trusts (FTs) by 2014 is gathering pace. This month a significant planning milestone was reached - all NHS trusts have now signed their tripartite formal agreement (TFA) with the Department and their strategic health authority. Each TFA outlines the proposed timeline and steps that each NHS trust will take to achieve FT status on their own, with an existing FT or in another organisational form. The agreements are a public record of an individual trust's commitment, demonstrating openness and transparency – which is part of a modernised NHS.

Currently there are 114 NHS trusts and a further 139 NHS organisations that have successfully achieved foundation trust status.

Supporting foundation trust governors

The governors of FTs, will play an increasingly important role in holding the chair, chief executive and trust board to account for their actions and decisions (subject to the passage of the Health and Social Care Bill 2011). They will hold non-executive directors individually and collectively to account for the performance of the board of directors, as well as representing the views of their local

community. It is critically important to make sure governors are equipped with the skills and knowledge needed to properly carry out their role.

Currently there is a wide variance in the level of knowledge and skills of governors and any training is generally delivered by individual FTs. The Department has commissioned proposals for a national learning and development programme, open to all governors, to build on the excellent work which is already being done by some trusts.

Helping trusts to meet the challenges of the new provider landscape

The team are also working in partnership with NHS Confederation to run a series of provider landscape readiness seminars. Each session will be an opportunity for chairs and chief executives of NHS trusts and foundation trusts to discuss the issues surrounding the creation of the future provider landscape. The sessions will be led by an external facilitator, with Matthew Kershaw, Director of Provider Delivery, DH or Bob Ricketts, Director of Provider Policy, DH on hand to answer any specific policy queries.

The sessions will give senior leaders the opportunity to engage in the debate and provide feedback on the reforms, as well as giving the Department the chance to clarify next steps.

Each individual trust is responsible for local publication of their TFA. Once published, links are available via the DH website at <http://healthandcare.dh.gov.uk/foundation-trusts-tripartite-formal-agreements/>

Workforce Directorate update

The Department of Health is pleased to announce that Christine Outram has been appointed Senior Responsible Officer for Health Education England (HEE), a new body that will provide strong national leadership and focus for planning and developing the healthcare workforce.

Christine will build a transition team to take forward the design and development of HEE. HEE will be established as a special health authority in the summer of 2011, so it is ready to take on a shadow role by 1 October 2012, six months before the SHAs cease to exist. Christine will be supported in her task by a steering group led by Kate Lampard, formerly Chair of NHS South East Coast.

The Department of Health is continuing to work on the design of the new education and training system, working with the NHS Future Forum to inform their second phase of engagement. Further proposals will be published later in the autumn.

As signalled in the Government's response to the Future Forum in June 2011, a duty will be introduced to the Health and Social Care Bill for the Secretary of State to maintain a system for education and training, as part of a comprehensive health service. This will be introduced in the House of Lords this autumn.

If you have any questions about the education and training reform programme, please email us at educationandtrainingconsultation@dh.gsi.gov.uk

Health Informatics Directorate update

Following on from our announcement last month, changes are being made to governance arrangements for programmes formerly part of the National Programme for IT (NPfIT) and the other projects, programmes and services delivered by DH to support the wider changes in the NHS.

The Informatics Directorate is working with departmental and NHS policy leads to align policy ownership and sponsorship for each programme with updated business justification and governance.

The National Programme Board met for the last time in September. Urgent discussions are now in train to establish new governance arrangements for the ongoing local programmes for IT. This will ensure the requirements of the local NHS are driving the delivery of systems and services, including the ongoing negotiations with CSC in the North, Midlands and East.

In parallel, a review of the activities currently delivered by NHS Connecting for Health is underway. This will ensure resources are focused on priority activities, which deliver clear benefits to the NHS.

Find out more about NHS Connecting for Health
www.connectingforhealth.nhs.uk/

Update from the NHS Future Forum

NHS Future Forum ramps up engagement to find good practice

The second phase of the NHS Future Forum continues to listen and engage with a wide range of patients, public, NHS staff and partners. This phase is looking at four distinct areas of policy: information, integration, education and training and the NHS role in the public's health. The recommendations from each workstream will help inform policy development in the Department of Health.

The independent Forum consists of 55 members chosen for their experience and background. Forum members are attending listening events and engagement opportunities around the country, to understand how specific issues affect patients and staff. They will then base their recommendations on what they hear.

In particular, Forum members are keen to study successful models of delivering care,

particularly where that care is integrated across the health and social care systems.

Forum chair Professor Steve Field says: "This phase has been really rewarding. We are able to focus in detail on what is proven to work and from that, unpick what leads to the best outcomes for patients. I'm interested in the art of the possible now and I want the Forum's work to help NHS staff to adopt best practice in their day-to-day activities."

The Forum has engaged with more than 3400 people during the second phase and Forum members have attended more than 140 meetings around the country. These have included nine events specifically designed by Regional Voices to hear from patients, carers and voluntary sector leaders in all regions.

To download a listening event toolkit or to leave feedback online, please go to <http://healthandcare.dh.gov.uk/category/future-forum/>

Early implementers share thoughts on maximising the potential of health and wellbeing boards

Leaders from early implementer health and wellbeing boards shared their stories at the recent National Children and Adults Services Conference.

Councillor Sue Anderson from Birmingham City Council emphasised the important leadership role for councillors to engage in a dialogue with their communities and neighbourhoods to identify the health challenges and priorities and identify the solutions that work in their areas.

Dr Tim Dalton, Chair of Wigan Borough's Clinical Commissioning Group spoke of the need to: "create time and space for councillors, GPs, and leaders from local government and the NHS to establish relationships and understand their different cultures". His message was that working together to create a new, inclusive culture to transform health and care services, will have a lasting impact on health outcomes.

Paul Najsarek, Director of Adult Social Services from the London Borough of Harrow, emphasised the need to move away from traditional bureaucratic ways of working. In Harrow, they have agreed to spend a maximum of five percent of their time discussing governance, voting, rules and red tape with 95 per cent of effort focussed on agreeing action and outcomes.

Alongside the case studies, the Department of Health (DH) and Local Government Group launched a new publication - New partnerships, new opportunities: a resource - to assist the setting up and running of health and wellbeing boards. This provides some early lessons from nine case study areas and supports the work of the National Learning Network for Health and Wellbeing Boards to encourage sharing of experiences and learning among early implementers.

Sign-up for the network's community of practice here
www.communities.idea.gov.uk/welcome.do

Download New partnerships, new opportunities here
www.idea.gov.uk/idk/core/page.do?pagelId=31196365

Caring for our future engagement exercise

David Behan, Director General for Social Care, Local Government and Partnerships, DH, talks about the Caring for our future engagement exercise that launched on 15 September 2011 and runs until 2 December 2011

Why are we engaging?

Following this year's reports from the Commission on Funding for Care and Support and the Law Commission, social care reform has received fresh insight and impetus. The engagement is an opportunity to bring together the recommendations from these reports along with the Government's Vision for Adult Social Care and to discuss what the priorities for reform should be. However, there are no easy answers - and with finite resources - difficult decisions will need to be made.

The engagement will be a key part of the process in developing the Care and Support White Paper and progress report on funding, planned for April 2012. It provides the Department with an opportunity to hear directly from you. We want to work closely with the health and social care sector, as well as with service users and carers to understand the breadth of opinion and relative priorities for reform.

What are you hoping to achieve from the engagement?

Previous consultations have tended to focus on understanding what people want from services and their vision for social care. We want to move this forward and discuss with stakeholders their priorities for action, so we can produce a realistic plan for change. Making changes to the system will not be simple and we will not be able to change everything at once but engaging with the care and support community will help us identify what we should do and when.

What do you see as the priorities?

It is important for us to understand what people's priorities for change are. We have identified six key areas where we believe there is the biggest potential to make improvements to the care and support system.

As well as the funding recommendations from the Commission on Funding for Care and Support, we will look at the fundamental questions for reform in social care: improving quality and the workforce, developing and assuring the care market, the role of financial services, greater prevention and early intervention, integration with the NHS and personalisation.

How can NHS and social care leaders best work together as part of the engagement?

Integration within and across the health and social care sectors continues to be a priority area. As you will know, the Future Forum and Government response reaffirmed the importance of shared leadership of local health and care systems between councils, the NHS and local communities, through health and wellbeing boards. Your shared leadership and your contribution to it will be critical to ensuring the reforms achieve their potential to improve health and care services and improve outcomes for local communities.

I'd like to encourage you, as leaders, to take part in, and even run, your own discussions - let us know how we can move

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Caring for our future engagement exercise (cont'd)

How can NHS and social care leaders best work together as part of the engagement? (Cont'd)

towards a better more joined-up system. We are also working closely with the NHS Future Forum to help inform the White Paper.

What role can the NHS and social care sector as a whole play?

To get an accurate and balanced picture of the priorities for reform, it is vital for us to hear views from all those in the sector, especially NHS and social care professionals.

The engagement provides a real opportunity for you to help us decide our next steps and approach to reform. Together we can start the process of transforming our care and support system for the better.

Access materials, including a resource pack to help inform discussions with colleagues, plus further information on the different ways of feeding back at <http://caringforourfuture.dh.gov.uk/>

Sound NHS complaints system

The reformed NHS complaints system is sound and now needs time to prove its worth, according to the second annual report on NHS performance by the Health Service Ombudsman, which was published earlier this month.

The report, Listening and Learning 2010-11, provides an overview of the 15,066 complaints about the NHS in England received last year by the Ombudsman, Ann Abraham. It also reveals that her office secured nearly £500,000 for patients to help remedy injustice caused by poor care and poor complaint handling.

In the report, Ann Abraham confirms that the reformed NHS complaint handling system is providing a robust framework for resolving patients' complaints more quickly, simply and effectively than before. But she warns that progress towards improvement in complaint handling across the NHS in England is "patchy and slow" and the complaints system needs to be more effective, if it is to become a source of learning for the NHS.

Two particular themes stand out. The first is the ongoing issue of communication with patients. Case studies highlight examples where issues of confidentiality, insensitive or inappropriate language, use of jargon and a failure to take account of patients' own expertise in their condition have featured in complaints to the Ombudsman.

Listening and Learning also focuses on the increasing number of complaints about patients being removed from GP lists. Last year, these complaints accounted for 21 percent of all complaints about GPs that were investigated by the Ombudsman. These investigations have shown that, in some cases, GPs are failing to follow both contractual requirements and BMA guidance about removals. Instead, patients - and sometimes entire families - have been

removed from practice lists following a single incident, often in the heat of the moment and without the required notice. Describing the report as "an early warning" that some GPs are failing to handle even the most basic complaints appropriately, Ann Abraham says that poor complaint handling at local level can end up making significant and needless demands on national resources.

The report reinforces the need for senior leaders to make sure the learning from complaints is feeding into service improvements both locally and nationally. Encouragingly, it highlights particular examples where trusts have engaged with the Ombudsman's staff and reduced the number of complaints. The most complained about trust in 2009-10, Barts and the London NHS Trust, reduced the number of complaints received by the Ombudsman by 23 percent year on year.

Chief Executive, Peter Morris said: "We have found the earlier dialogue with the Ombudsman's staff a huge advantage because it gives us a far better opportunity for local and more rapid resolution. There is a commitment to openness and collaboration with the Ombudsman and now we are seeing more rapid learning and improvement, the latter tracked through our performance management and governance arrangements. The work we have been doing has benefitted the way we manage all complaints and it's encouraging that over the past year we have seen a substantial reduction in the number of complainants seeking resolution through the Ombudsman."

Both the report and the Ombudsman's website contain a wealth of body-level data about NHS complaints, including comparisons with last year's figures. The report is online at www.ombudsman.org.uk

A voice for patients and the public

Patient and public voice in the development and work of the NHS Commissioning Board, its relationship with HealthWatch and its role as a commissioner of primary care services were some of the hot topics discussed when a broad range of patient and public representatives spent an afternoon together.

Over 120 representatives from patient groups, LINKs, emerging clinical commissioning groups, patient participation groups and carers came together in October 2011 to work with the patient and public engagement and commissioning developments teams to think through how the NHS Commissioning Board will enact the principles of patient and public engagement that sit at the heart of the reforms.

Opening the event, Sir David Nicholson outlined how building public voice into the work of the Board, and using engagement to improve services and outcomes for patients, are two of his major challenges in establishing the NHS Commissioning Board. He reiterated his commitment to listening to many people and patient groups over the coming year, so that as many people as possible have the opportunity to feedback their views on what the Board should be doing to make patient voice a reality.

The audience took that challenge to heart and throughout the afternoon held very rich discussions, which brought in the views of some very effective 'quiet' voices that often don't get heard. This local perspective kept DH colleagues grounded in the reality of engaging patients and the public in health services. The groups set their own challenges too, identifying a number of 'thorny issues', which the Board will need to tackle in the coming months to become genuinely patient-centred.

Zoe Matthews, Strategic Health Improvement Manager, Friends, Families and Travellers said: "It was great to have the opportunity to input into this workshop. Many of us working with the chronically excluded want to see the engagement agenda embedded at the very top of the health service within the NHS Commissioning Board, so I was glad to have the chance to put our case directly to Sir David."

Friends, Families and Travellers are a national organisation working with all Travellers regardless of their ethnicity. For more information, visit www.gypsy-traveller.org

Enabling tools: making comprehensive data accessible across professional groups

Within the QIPP framework, there is a need for a constant focus on opportunities to improve performance, efficiency and to drive up service standards.

The North East Public Health Observatory, with funding support from the Department of Health, has developed a free tool to support the strategic planning process. SHAPE (Strategic Health Assets Planning & Evaluation) is a web-enabled, evidence-based application available to all NHS organisations.

SHAPE links national clinical, public health, primary care and demographic data sets with information on NHS healthcare estates or facilities. Examples of activities where it can particularly encourage cross professional engagement include:

- mapping local population by medical condition, age, socio-economic and public health factors
- shifting care from hospital to primary and community settings while making the optimum use of NHS facilities
- identifying strategic locations for specialist services.

Dr Mahmood Adil, National QIPP advisor, has been working with the SHAPE team to refine the product so that it meets QIPP measurement and information needs. He says: "This tool has the potential to support a number of policy areas including population profiling for emerging clinical commissioning groups (CCGs), evidence to inform the joint strategic needs assessment and measuring quality outcomes alongside efficient use of resources."

"It could also be useful to the proposed NHS Commissioning Board as they authorise and then annually assess the

CCGs. Data provided by SHAPE could assist in the ongoing accountability for improving performance."

The District Valuation Service (DVS) working with North West Ambulance Service, has already used SHAPE to map ambulance service locations against the location of other health facilities and fire stations within Greater Manchester.

Additionally, SHAPE is able to give comprehensive information in a number of other associated areas including:

- site locations and geocoding for all centres of service delivery in England, including ambulance stations
- travel time and distance analysis for existing or proposed locations
- locations of A&E departments, minor injury facilities and walk-in centres
- locations of partner public sector assets eg fire stations, primary care premises, care homes
- data presentation and mapping features to help support and public consultation on proposed changes

By using this data, DVS has been able to look at re-designing services in partnership with other organisations. More collaborative working with other local health and emergency services, is leading to significant opportunities for improving performance and efficiency in operational response, while rationalising estates and facilities.

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Enabling tools: making comprehensive data accessible across professional groups (Cont'd)

SHAPE can be accessed free of charge by NHS organisations through formal registration and completion of a license agreement. For further information, visit www.shape.dh.gov.uk or email shape@npho.org.uk

Dr Mahmood Adil, National QIPP Adviser, is working with NHS colleagues to develop ways of building clinical and financial engagement to improve healthcare outcomes and efficiencies in the NHS.

Follow Dr Mahmood Adil's blog at <http://healthandcare.dh.gov.uk/category/mahmood-adil/>

NHS Commissioning Board Authority goes live

The NHS Commissioning Board Authority, a special health authority and the shadow form of the NHS Commissioning Board (the Board), is now in operation.

<http://healthandcare.dh.gov.uk/commissioning-board-authority/>

Summary details of HealthWatch pathfinders

Further details about the HealthWatch pathfinders, including specialism, contact details and regional location, have been published.

<http://healthandcare.dh.gov.uk/details-pathfinders/>

Non-executives appointed to new SHA clusters

The Appointments Commission has announced the appointment of non-executive directors to the SHA clusters, following the introduction of cluster arrangements on 3 October 2011.

<http://healthandcare.dh.gov.uk/non-executives-appointed-to-new-sha-clusters/>

Health Minister responds to Lords Committee on Health and Social Care Bill

Health Minister Lord Howe has responded to the House of Lords Constitution Committee following the Committee's report on the Health and Social Care Bill.

<http://healthandcare.dh.gov.uk/howe-respond/>

Directors appointed to SHA clusters

Following the appointments of chairs and chief executives, directors for the four SHA clusters across England have been announced. Other senior appointments, including non-executive directors, will be made in due course.

<http://healthandcare.dh.gov.uk/cluster-directors/>

Health and Social Care Bill explained

A series of factsheets on the Health and Social Care Bill explain particular topics contained in the Bill, including its key themes. They include case studies of the policy in action and answer frequently asked questions about the topic.

<http://healthandcare.dh.gov.uk/factsheets/>

Foundation trust authorisations gather pace

Southampton University Hospitals NHS Trust is the latest trust to be authorised by Monitor to become an NHS foundation trust (FT). This brings the total number of FTs to 139.

<http://healthandcare.dh.gov.uk/southampton>

Conference 2011 update

Date	Name of conference	Where	Website
1 Nov	A breath of fresh air - oxygen in the home	Manchester	www.pccevents.co.uk
10 Nov	NHS Reform managing the transition	The Barbican, London	www.publicserviceevents.co.uk/overview/196/nhs-reform
17 Nov	Working in partnership for better health and business outcomes	Birmingham	www.pccevents.co.uk/wiplondon A 30% discount is offered to readers of 'the month' (quote: WEGPED)
21 Nov	All Change. Gearing up for the health and social care reforms.	Hotel Russell, London	www.navca.org.uk/all-change-gearing-up-for-the-health-and-social-care-reforms
1 Dec	Digital by Default: A Revolution in Public Service Delivery	The Barbican, London	www.publicserviceevents.co.uk/201/digital-by-default
18 Jan 2012	Improving Ward Round Process and Practice	Hallam Conference Centre London	www.healthcareconferencesuk.co.uk/ward-round-processes
25 Jan 2012	Effective Clinical Director	Cavendish Conference Centre London	www.healthcareconferencesuk.co.uk/effective-clinical-director
31 Jan 2012	Confidentiality and Information Governance	Mayfair Conference Centre London	www.healthcareconferencesuk.co.uk/confidentiality_information_governance

events

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