themonth.

NHS

for the NHS leadership community

Issue 37: Gateway reference number 15211

news

Read inside for the latest updates on the Public Health White Paper and QIPP, amongst other features

update

In the past month, I believe I have met or spoken with almost every professional group of staff in the health system, whether it has been attending conferences or talking to staff on visits to local services. Talking to staff and patients is the constant reminder to me that all of us must remain focused on our purpose of improving quality and outcomes, and not let ourselves become distracted, especially as we come in to winter.

I am also clear that we must be mindful of the people consequences of change. Not only are we about to embark on significant and wide-ranging reform of the NHS, but we must make historic levels of efficiency savings and – importantly – keep tight financial and quality control of the here and now. I am especially aware that for people in PCTs and SHAs, it is a time of difficult decisions as you work through the challenge of management cost reductions.

‘The challenge for NHS leaders is to help all of our staff grasp the scale of change ahead and understand what this means for them personally.’

Changing services, redefining and designing the system means that few parts of the workforce will be untouched. The challenge for NHS leaders is to help all of our staff grasp the scale of change ahead and understand what this means for them personally.

This month the Department released indicative figures for the Mutually Agreed Resignation Scheme (MARS). Introduced in September, this was the first national framework of its type, agreed in partnership with the Trades Unions. We introduced this scheme because as leaders, we need to support and accommodate all of our staff in the transition to the new system. This pragmatic approach is not about simply moving on ‘doubters’, but about working to retain the skills and knowledge of those who want to be with us now and in the future system. (For more information on the scheme, including indicative figures, see page 9 of this bulletin.)

At the NHS Employers conference earlier this month I spoke about the importance of the way we manage the transition to the future system. We might have the best vision and strategy, but these will fail if the transition is not well managed. In my experience, if we lose managerial focus on services this will have a negative effect on delivery, which we cannot allow to happen. This means leadership is more important than ever and we need leaders who will look outwards and across organisations, rather than upwards.

I wrote to you earlier this month about managing winter and we are already seeing the cold weather set in. Managing winter successfully is a great example of the way the NHS and local authorities work across organisational boundaries to ensure a robust approach to winter, where jointly-developed plans are quickly implemented when needed and all are clear of their roles and responsibilities. The NHS performed well last year, particularly in the context of the swine flu pandemic, and I strongly urge you all to maintain your focus on delivery. I am sure we can again manage this period to maintain quality of services and positive patient experiences.

Best wishes,

Sir David Nicholson,
NHS Chief Executive

news

Healthy Lives, Healthy People

The Public Health White Paper, published today, sets out the Government's long-term vision for the future of public health in England. The plans outlined in *Healthy Lives, Healthy People* will transform public health and create, for the first time, a true 'wellness' service: 'Public Health England,' to meet the health challenges of today

The Government's aim is to create local freedom, accountability and protected funding to ensure public health is responsive to the different needs of each community. To this end *Healthy Lives, Healthy People* sets out how local public health leadership and responsibility will be returned to, and strengthened within, local government.

Public Health England will be part of the Department of Health, accountable to the Secretary of State for Health. Subject to the passage of the Health and Social Care Bill, it is expected to come into being in April 2012 and to incorporate the current functions of the Health Protection Agency and the National Treatment Agency for Substance Misuse. The aim is to create a strong, integrated system without artificial boundaries, or separate boards and accountabilities. Public Health England will lead health protection and set the overall outcomes framework for public health. It will work across government and with the NHS Commissioning Board and national partners to support local public health action, including through funding, the provision of evidence and data, and professional leadership.

The Government recognises that different solutions are needed for improving health and protecting us all from health hazards such as pandemic flu. Society, government and individuals share collective responsibility for public health and the new public health system will ensure all will play their part in improving and protecting the nation's health and wellbeing.

The Government is consulting on some of the proposals in this White Paper until 8 March 2011. You are encouraged to respond to the consultation by emailing:

publichealthengland@dh.gsi.gov.uk

Read *Healthy Lives, Healthy People* and its associated documents at:

www.dh.gov.uk/en/Aboutus/Features/DH_122253

QIPP

Quality, innovation, productivity and prevention update

Jim Easton, NHS National Director for Improvement and Efficiency, talks about two publications that have been published in November to support local QIPP delivery. Both are essential reading for leaders throughout the system

The review of back office efficiency, written by Tony Spotswood, Chief Executive of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and published in conjunction with the Foundation Trust Network, sets out ways in which efficiencies can be made in back office functions and identifies some key next steps. Its estimate of the potential for efficiencies here was actually slightly higher than our initial estimates, and it sets out where and how these savings can be delivered.

The second product we've launched this month is the NHS Atlas of Variation, developed by the Right Care workstream. This is a tool to aid better commissioning. It takes existing data and presents it in a comparative way that highlights areas where there appears to be unwarranted variation in the level of NHS service on offer. Some variation is to be expected as populations differ in terms of age, disease prevalence and health inequalities. However, the Atlas standardises the data to account for local exceptions and we are then left with real evidence of variation in the availability and quality of services between areas.

The Atlas has already gone beyond the commissioners it was primarily developed for and patient groups, third sector organisations and frontline NHS staff have all commented on its findings. For example, variation in the management of type-2 diabetes is demonstrated but cannot easily be explained away. The same is true for the difference in the numbers of stroke patients treated in a specialist stroke unit, or the length of time cancer patients spend in hospital.

The reasons for the variation in services may be financial, historical or organisational but the outcome of low quality services is the same: less effective patient care that has the potential to result in costly interventions down the line. So, high quality care can be cheaper, more effective care. A foot check for a diabetic patient that avoids future amputations is a stark example of QIPP efficiencies. Hugely better for the patient and hugely more efficient for the service.

For more information on the review of back office efficiency, *QIPP National Workstream: Back Office Efficiency and Management Optimisation*, go to:

www.nhsconfed.org/Networks/FoundationTrust/Workstreams/Pages/QIPPBackoffice.aspx

To view the NHS Atlas of Variation, go to: www.rightcare.nhs.uk

QIPP

How to deliver high quality, patient-centred, cost-effective care

A document published by the Kings Fund earlier this year highlights the benefits of an integrated and collaborative system – that involves the voluntary sector as well as the NHS – in delivering QIPP

This document is the collective effort of 10 of the leading health and social care organisations in the voluntary sector: Age UK, Asthma UK, Breakthrough Breast Cancer, British Heart Foundation, British Lung Foundation, Diabetes UK, Macmillan Cancer Support, The Neurological Alliance, Rethink and The Stroke Association. Each organisation submitted evidence to The King's Fund, which independently analysed and assessed each submission and worked with the organisations to establish a common position. Five key themes were identified for the health and social care system to embrace to be sustainable and to ensure quality. The themes are:

- coordinated care
- patients engaged in decisions about their care
- supported self-management
- prevention, early diagnosis and intervention
- emotional, psychological and practical support

The significant financial benefit of a more coordinated and integrated system is set out as being dependent on two things. Firstly, having a view of the entire cost of a pathway or patient journey is fundamental to decision-making in the future. Money should achieve quality and the best feasible outcomes. Secondly, the identified themes are linked. Quality will not be improved nor savings made by implementing changes piecemeal – pathways and patient journeys must be commissioned as an integrated whole, and will help to avoid compromising improved quality and duplicating costs.

The next few years will be challenging, but there is a collective responsibility to support changes that address immediate issues, make the future affordable and put the patient truly at the heart of the healthcare system. The document indicates that these 10 organisations recognise this and wish to work with the NHS and the Department of Health as partners.

These organisations are already working closely with the Department on the National QIPP workstreams, particularly Right Care and Long Term Conditions.

Representatives of the 10 organisations met Jim Easton and the SHA QIPP Leads last week to discuss the document and consider opportunities for joint work in relation to regional QIPP plans.

There was complete support for the messages and approach within the document. It was felt that the narrative on the purpose behind QIPP and the opportunities for this to achieve real benefits for patients and service users was especially helpful, coming from 10 independent and well-respected organisations. More specifically the SHA leads and the 10 organisations will now liaise to consider specific initiatives where there is scope for joint work consistent with regional implementation plans.

Pending that you may also wish to consider the document and the approach it endorses in your own QIPP plans and programmes.

Useful weblinks

If you would like further information, or would like to be included in work in your region, please contact your SHA QIPP lead, who may nominate someone within the SHA to be the contact point. Please also copy emails to Damien.Ashford@dh.gsi.gov.uk in the QIPP team at the Department of Health.

View the full document, *How to deliver high quality, patient-centred, cost-effective care*, at:

www.kingsfund.org.uk/publications/articles/how_to_deliver.html

update

Reducing violence and abuse

Government departments, in partnership with charities and voluntary groups, are seeking ways to tackle violence and abuse against women and children

A step change needs to take place across public service agencies and Government departments responsible for public service delivery, in order to make a real difference to these individuals. This will ultimately make for real change at the point of delivery in A&E units and doctors surgeries

With 25 November being designated as the *International Day for the Elimination of Violence against women*, a variety of activities within Government departments and through local NHS media campaigns were arranged. These activities include:

1. The Home Secretary's launch of a cross-Government strategic narrative setting the Government's vision and long-term plans for tackling violence against women and girls.

2. Public Health Minister Ann Milton's launch of *Improving services for women and child victims of violence*, which sets out the Taskforce 2010 findings. Key to their findings was the acknowledgement that the local level, A&E units, doctors surgeries and sexual health clinics were the key areas where change was necessary. The actions proposed that would tackle violence and abuse include:

   - awareness training for NHS workforce and the general public
   - workforce development, training and education
   - commissioning appropriate easily accessible services to reflect local need
   - robust evidence gathering and appropriate information sharing.

3. For local NHS deliverers and voluntary/charity sector colleagues, an awareness-raising campaign, *Violence Against Women and Children*, will run until 10 December.

For more information:

Visit www.dh.gov.uk/vawc for:

- a selection of campaign material developed in partnership with the voluntary sector partners. This campaign material can be used to target both NHS professionals and the general public.

- more activities about the violence and abuse programme from both the Department of Health and other similar government programme activities, including a 'call to action' on domestic violence sponsored by the Home Office, to be launched at the end of November to run over the Christmas period.

- the latest statistics on violence and abuse against women and children.

View the Home Secretary's cross government strategic narrative at:

www.homeoffice.gov.uk/crime/violence-against-women-girls/

in focus

The nursing community

The CNO Summit, held in London on 17-18 November, was an opportunity for directors of nursing to focus on the responsibilities of leaders in assuring their Boards of quality, focusing on compassionate care, and the new and emerging qualities of leadership that are required for the upcoming changes within the NHS

The Summit focused on the themes of corporate responsibility, compassionate care and leadership.

Corporate Responsibility

Picking up the theme from Sir David Nicholson about the importance of focusing on quality during the transition, senior nurses have looked at the key learnings from failing organisations, or where individual practitioners have been convicted of serious harm. Common themes that have emerged include the importance of challenge to the Board, the need to test paper-based systems and processes, reducing the dissonance between policy and practice (in which violations can flourish) and ensuring there is triangulation of information to the Board. The Francis report (the independent enquiry into Mid Staffordshire NHS Foundation Trust earlier this year) also provided a sharp focus for members of the Board in ensuring quality remains a focal point. A tangible outcome of the discussion was that directors of nursing will hear and learn from organisations that have been subject to regulator investigations, and that expert knowledge will be shared and exchanged.

Compassionate Care

Re-focusing the patient at the heart of the NHS and ‘nothing about me without me’ has provided an opportunity for Board-level members to focus on what compassionate care looks like and how organisations are investing in data and intelligence about the patient experience. For example the work being taken forward at the South London and Maudsley NHS Foundation Trust in exploring Planetree Patient-Centred hospitals. As well as providing personalised and humanistic care, there are tangible cost benefits in reducing the cost of stays, decreasing adverse events and increasing employee retention.

White Paper and commissioning

CNO has now established a group in support of the work of Barbara Hakin, the National Director for Commissioning Development, to enable nurses and allied health professionals to inform the discussion about what the Department should be doing nationally to support them in making a contribution locally.The group will also ensure that nurses and allied health professionals have a voice in determining the development of commissioning.

Information to the Public

An example of making information to the public to support quality improvements is the work undertaken to develop The Principles of Nursing Practice. The Principles clearly describe what quality nursing care looks like and apply to all settings in which nursing care is provided. Anne Milton, MP and Parliamentary Under Secretary of State launched the Principles at the CNO summit. The Principles were commissioned by the Department and developed by the Royal College of Nursing in collaboration with the Nursing and Midwifery Council and patient organisations. As patients often judge their overall experience by the quality of nursing care they receive, it is important that patients and staff alike know what they can expect. The Principles reinforce the central role that nurses have and they are a reminder of how to achieve the best outcomes for patients.

in focus

Quality

The Energise for Excellence in Care (E4E) website has been launched and has been developed to signpost people to the E4E over-arching quality framework. The framework identifies a number of individual domains: Get Staffing Right, Deliver Care, Measure Impact, Patient Experience and Staff Experience. These domains have a number of improvement tools and initiatives, which, although not new, aim to support the delivery of safe and effective care and improve both the patient and staff experience. As well as being a resource for nurses and midwives, it is also available to Commissioners to drive improvements in safe and effective care. It is also a resource available to board-level members to help inform their decision-making about patient and nursing care.

Useful weblinks:

Read more about the Principles of Nursing Practice at: www.rcn.org.uk/nursingprinciples

Visit the E4E website at: www.dh.gov.uk/energiseforexcellence

update

25,000 NHS staff set to join the social enterprise sector

The Department has announced a third, and final, wave of NHS community services organisations to join the 'Right to Request' social enterprise scheme

There are now 62 schemes progressing plans to become social enterprises. They represent a major milestone in delivering the commitment in *Equity and Excellence: Liberating the NHS* to create a vibrant social enterprise sector, and a substantial move towards the transformation of community services.

The first large-scale programme of its kind in Europe, the 'Right to Request' provides the opportunity for staff to exercise clinical leadership and entrepreneurial skills, and gives them increased ownership and influence over the organisation's development.

Three proposals have already gone live: City Health Care Partnership and Your Healthcare, the provider arms for Hull and Kingston PCTs, respectively, and Inclusion Healthcare, a GP led one-stop-shop for homeless people in Leicester.

The range of services, turnover and staff is vast, from whole provider arms to single service lines delivering a variety of community care services. Turnover ranges from approximately £160,000 to £104 million, with staff numbering from four to 3,500. These projects, spanning nine SHA regions, are expected to transfer an estimated £900 million and approximately 25,000 staff to the social enterprise sector.

Significant progress will be made on these proposals in the coming months. By April 2011, the first wave must be operating as social enterprises, and the second and third waves must demonstrate significant progress, set up legal entity, transfer their senior management team and be ready to hold a contract. By September 2011, all organisations should have staff transferred and their services fully operational.

This 'Right to Request' scheme has now closed in line with the requirement that PCTs must separate commissioning and provision of community services by April 2011. It has, however, left a policy legacy that is wider than the NHS. The Cabinet Office has recently announced that public sector workers are to be given a 'right to provide' by forming employee-led mutuals.

This would apply to most services, excluding those where it would not be possible to mutualise because of security or operational reasons. Every Government department will be required to put in place a 'right to provide', although the arrangements would differ by department and services. The Department of Health is currently scoping how this policy will operate in health and social care.

More information about the DH social enterprise programme can be found at: www.dh.gov.uk/socialenterprise

update

The Mutually Agreed Resignation Scheme (MARS)

MARS was launched on 2 September. Participating NHS organisations ran the scheme from mid September to the end of October or early November.

MARS has been introduced to increase flexibility in NHS organisations to address periods of rapid change and service re-design by creating vacancies that may be filled by staff who might otherwise be at risk of redundancy. The scheme has been developed and agreed in partnership with NHS Employers and NHS Trade Unions. Both would prefer to avoid compulsory redundancies if possible.

The scheme was aimed primarily at PCTs and SHAs. However, it was also available to staff in PCT provider arms and NHS trusts with the agreement of their SHA. It will help PCTs and SHAs to achieve their targets of reducing their management costs by 2013/14 by £850 million.

Indicative figures show that around 2,200 staff will leave under the scheme terms; of this, 99 per cent are non-clinical staff, which includes just over 20 Very Senior Managers. The total estimated cost of the scheme is £40 million but will generate estimated annual savings of £75 million.

The Department will evaluate take up of the scheme. Individual employers can apply to HM Treasury, with the agreement of their SHA, to run local schemes outside a national scheme being in place. The Staff Council (NHS Employers and NHS Trade Unions) has recently agreed principles to underpin such schemes and make them easier to put into practice.

Details of the outcome of the national scheme (including take up numbers) will be available shortly.

Further information on the national scheme and the MARS Principles can be found on the NHS Employers' website:

www.nhsemployers.org/PAYANDCONTRACTS/MUTUALLY-AGREED-RESIGNATION-SCHEME/Pages/MutuallyAgreedResignationScheme.aspx

December conference update

Date	Name of conference	Where	Useful weblinks
8-10 December	Healthcare Financial Management Association (HFMA) Annual Conference 2010	London Hilton Metropole	For more information and to book tickets go to: www.hfma.org.uk/events-and-conferences/national/annual+conference+2010.htm
15 December	NHS Chief Executives Conference	Birmingham Metropole	Please confirm your attendance by emailing: NHSChiefExecutivesConference2010@dh.gsi.gov.uk

update

Out and about

National Children and Adult Services Conference (3-5 November)

This national conference saw a strong input from the Department, with Secretary of State, Minister of State and Sir David all addressing the 1,000 delegates. Local authority colleagues were keen to hear more about the detail of the Comprehensive Spending Review and how local health and care organisations would work across boundaries to ensure best outcomes from the increased investment. Sir David reflected on the journey of the NHS in recent years, underscoring that quality is systemic and explaining to delegates the pace of change in the service. The role of organisational cultures featured largely in Sir David's speech, both when highlighting how we can improve childrens' services and also in discussion afterwards about the need for closer working across traditional boundaries.

CNO Summit (17-19 November)

The annual Chief Nursing Officer summit marked the announcement of Dame Christine Beasley's retirement and was the opportunity for Sir David to reflect on the major achievements of Dame Christine and the senior nurse network, including the drive to dramatically reduce hospital-acquired infections. The summit was an opportunity to reflect as a professional community on the need to maintain focus on quality during a time of change, with the nurse community well aware of the parallels between patient handovers and the move of services between organisations. Delegates also reflected on the importance of ensuring nurses are fully involved in local discussions as the future system is developed.

For more information on Dame Christine's retirement, go to: www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_121743

Visit to Radcliffe Primary Care Centre, Bolton (5 November)

Being out of the office at a conference in Manchester gave Sir David the opportunity to visit Radcliffe Primary Care Centre. The Centre includes an extensive range of GP and other provider-delivered services and has clinical accommodation over three floors, including 45 consulting and examination rooms and 20 treatment and diagnostic rooms. The Centre offers local people a major opportunity to benefit from integrated services close to home, and time spent talking with patients and members of staff confirmed that all those involved with, or using, the centre are enthusiastic about the way it offers services on a single site.