

news



Read inside about the development of clinical commissioning groups, achieving an all foundation trust landscape, the QIPP Safe Care workstream and the NHS Future Forum.

update

“Most importantly of all we must absolutely ensure the elderly and vulnerable receive dignified and compassionate care in every part of the NHS... We must listen to our patients, their families and their carers about their experiences of the NHS, so we know where we must do more and better.”

Publication this month of the NHS Operating Framework for 2012/13 sets out our priorities for the coming year. None of these should have been a surprise but it is important we maintain our focus on the four most important issues we face as we move forwards. If we consider each in turn, it helps us to think about how we need to respond as leaders.

We must maintain our performance on finance and service quality. Our financial stability has been hard earned and must be retained. Progress on waiting times, on reducing hospital-acquired infections and on reducing mixed sex accommodation has been remarkable – keeping on top of these, particularly on waiting times, is essential if we are to maintain public confidence, especially as we move in to the winter period.

We must also address the difficult changes to service provision required to meet the quality and productivity challenge. We are midway through year one of the Quality, Innovation,

Productivity and Prevention (QIPP) challenge and we have seen that it can be done. We must have the courage to take on the difficult service changes, working across our local communities, to make the case and assemble the evidence, with the drive to see it through for our patients.

We must of course also complete the transition to the new health and care system. The opportunities are real: harnessing the power of clinical commissioning, transforming the way services are provided and changing the local environment so that patients and communities are genuinely heard in the planning of services. It is a challenge, it asks the most of us as leaders but we have a major opportunity for real improvement.

Most importantly of all we must absolutely ensure the elderly and vulnerable receive dignified and compassionate care in every part of the NHS. This is a complex issue with multiple causes and clear links to culture and behaviour. We need to

look again at the human side of care, learn the lessons from Mid Staffs, and make changes to culture, behaviour and clinical practice to tackle these issues. We must listen to our patients, their families and their carers about their experiences of the NHS so we know where we must do more and better.

How we respond to each of these challenges as leaders is even more important at a time when we are already re-thinking the way that we work. We already know that a new type of leadership is needed which looks outwards across boundaries, and we need to develop as individuals. Each of us has a responsibility to improve and develop and that is why at the national level we are supporting you in that development, with investment in initiatives such as the Top Leaders Programme and the NHS Leadership Academy.

This investment shows the enduring value I place on leadership and management. There has been much debate, still, about the quantity of management and leadership, we need in the NHS, but I am absolutely clear that what we need now is support, encouragement and motivation. What matters most is the quality of management in the service because it is the management community that will drive and deliver the real change we need.

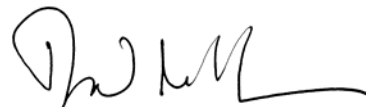
The Operating Framework for the coming year is the last framework of its kind and I would like finally to reflect on the very real achievements the current system has delivered. The Commonwealth Fund report published earlier this month compared the performance of 11 countries and when you look at that you can see we are doing something right:

- the UK had the best access to primary care, with the lowest rate of patients waiting more than six days and highest rates of same-day appointments

- the UK had the best access to out-of-hours care and one of the lowest waits to see a specialist
- the UK was the best at sharing information between providers and between primary and secondary care
- we had the lowest level of problems with co-ordination of care and post-discharge care, so integration is working for us already- though there is further to go
- we had the best record on patient safety and managing long-term conditions, and the second best on shared decision-making
- most important of all, in the UK only one percent of patients were worried about paying their medical bills. In most European countries, it was close to 10 percent and in the US up to 27 percent. **The NHS, free at the point of use and based on need, remains a unique asset to our country.**

While we must maintain our focus and recognise and step up to the four key challenges we face, we do have a foundation of achievement on which to build. But we cannot afford to be complacent: there are still inequalities between services and we have been sadly reminded only recently that care of the elderly and most vulnerable must be of the highest quality in every part of the NHS. I am confident that in the NHS we have one of the most competent and able management communities in the world and would like to thank you for your hard work to date and ongoing commitment as we move forward.

Best wishes,



Sir David Nicholson
NHS Chief Executive

update

Download The Operating Framework for the NHS in England 2012/13
www.dh.gov.uk/health/2011/11/operating-framework/

NHS Future Forum

NHS Future Forum sets out interim advice

The independent NHS Future Forum, a group of the country's top health experts, has published its interim advice on integrated care, patient information and the role of the NHS in improving the public's health in a modern NHS. It has been produced after listening to thousands of NHS staff, patients and the public as well as voluntary sector organisations.

The advice follows a request from the Prime Minister earlier this year for the NHS Future Forum to continue its successful dialogue and consider certain key themes with staff, patients and the public.

The interim advice and recommendations aim to inform the [2012/13 NHS Operating Framework](#) and the plans around a new public health system.

It stresses that information about health and social care services must be published in a transparent and usable form, and patients must have better access to health care records. It also calls for a national partnership across the NHS and public health.

The final reports, which will also include recommendations on education and training, will be published towards the end of the year.

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

Next stages of development

The Government's ambition for the NHS is dependent on the development of highly effective clinical commissioning groups (CCGs), who will be authorised to commission services on behalf of their local communities.

95 percent of GP practices are now members of pathfinder groups or emerging CCGs. Some of these groups have been running for a short time, whereas others are more established and keen to assume as many delegated responsibilities.

Delegation of responsibilities

Delegation of commissioning responsibilities is a key indicator in the [NHS Operating Framework for 2012/13](#). A single measure - percentage of primary care trust (PCT) commissioning spend delegated to GP practices - is used to monitor how emerging CCGs are progressing, supported by the PCT clusters.

Across the country, some emerging CCGs are already beginning to demonstrate how they are using their delegated budgets and responsibilities to improve healthcare for their local populations.

Over the coming months, it is envisaged the momentum will increase, with emerging CCGs able to commission more services under the powers that can be delegated to them by PCT clusters. This will be an important step on the journey to CCG authorisation.

Configuration risk assessment

Strategic health authority (SHA) clusters have been supporting emerging CCGs in undertaking a risk assessment of their configuration against four categories:

1. Member practice involvement
2. A clear geographic population,
3. Relationship to local authority boundaries
4. The impact of size (both big and small)

This assessment is nearing conclusion and will provide a strong basis on which CCGs, and other parts of the health and care system, can begin to prepare arrangements for the future.

Commissioning Outcomes Framework

Stakeholder groups are also working with the Department of Health (DH) and the NHS Commissioning Board Authority to develop the Commissioning Outcomes Framework. The National Institute for Health and Clinical Excellence (NICE) and the NHS Information Centre have already completed the initial mapping of the domains and indicators, which could be included in the framework. In the coming months the draft framework will be shared with the service to test its scope.

commissioning

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

Proposals for Commissioning Outcomes Framework submitted to key patient and professional stakeholders

The NHS Commissioning Board Special Health Authority (abbreviated to the Board Authority) is engaging with key stakeholders to develop emerging proposals for the Commissioning Outcomes Framework. This will drive local improvements in the quality of NHS services for patients. Clinical Commissioning Groups (CCGs), patient and professional organisations are looking at the Board Authority's proposals for how the Framework can be used to continually improve the quality of commissioned services and reduce health inequalities.

The Commissioning Outcomes Framework will be made up of outcomes and indicators that are meaningful at a local level and which promote continuous quality improvement. The Board Authority will hold CCGs to account for the quality of services they commission and the outcomes these services deliver, with a particular focus on driving quality improvement in clinical effectiveness, patient experience and patient safety.

The proposals explain how outcomes and indicators will be selected for the Commissioning Outcomes Framework. All indicators will measure progress in improving outcomes and in doing so drive quality improvement. Some of these indicators will be based on the National Institute for Health and Clinical Excellence (NICE) quality standards and a long list of draft indicators has been drawn up by NICE for comment. The Board Authority will publish a set of draft indicators in spring 2012.

The proposals may be read on [the Board Authority's website](#)

Any ideas for developing the Framework should be sent by email to cof@nhs.net

Achieving an all foundation trust landscape – the next steps

All NHS trusts have now signed tripartite formal agreements (TFAs), their public commitment to achieving foundation trust (FT) status on their own, as part of an existing FT or in another organisational form by an agreed date. The focus now is to deliver against these commitments.

Trusts are expected to adhere to the milestones set out in their agreements. Progress will be monitored by the directors of provider development (DPDs) in the new strategic health authority (SHA) clusters and the Department of Health (DH).

The TFAs provide clear local accountability and set out the journey each organisation must take going forward. There are some common issues but the challenges and solutions vary from trust to trust. Some face challenges that cannot be resolved locally.

In such situations, the DH, in partnership with SHA clusters, is developing a range of regional and national solutions. One example is providing support to tackle underlying financial issues such as Private Finance Initiative (PFI) and liquidity. National support will be available only to NHS trusts whose circumstances meet specific criteria set out by the Secretary of State:

- the problems they face must be exceptional and beyond those faced by other organisations;
- they must show that the problems are historic and that they have a clear plan to work within their means in future;
- they must show that they are delivering at least the level of annual productivity savings achieved by the best organisations; and
- they must be doing this while delivering clinical services that are viable and of high quality.

Each TFA has been countersigned by local commissioners as part of the commitment to delivering a new provider landscape serviced by sustainable, high quality healthcare providers. NHS trusts also need the active and ongoing support of primary care trust (PCT) clusters and clinical commissioning groups (CCGs) to achieve FT status. Their responsibilities are outlined in the Shared Operating Model.

Read the Shared Operating Model:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128735

Aspirant Foundation Trust Assurance Framework

One of the challenges facing NHS boards is the need for good governance and strong leadership to enable trusts to deliver sustainable, high quality care.

To date, around half of the aspirant foundation trusts (FTs) applying for authorisation have been deferred by Monitor because of issues with board capacity and capability.

To address this, the Department of Health (DH) has developed a board assurance framework, to be shared shortly. This tool has been developed in partnership with existing FTs and other stakeholders.

Through a combination of self-assessments and independent review, it will help give assurance that NHS trust boards are appropriately skilled and fully prepared for FT authorisation. Completing the modules – quality, finance and strategy – will be a key stage in the journey to become a successful FT. All NHS trusts must have completed these reviews as part of the work they do before they submit their application.

Building the NHS Trust Development Authority

The Department of Health (DH) is working with strategic health authority (SHA) clusters to develop plans and operating processes for the NHS Trust Development Authority.

This new organisation will be established in shadow form in October 2012 and will assume full responsibility for supporting and delivering the foundation trust (FT) pipeline and performance management of NHS trusts from April 2013.

The DH is due to publish shortly a document, *Building the NHS Trust Development Authority*, which outlines further details about the purpose and structure of the NHS Trust Development Authority (NTDA) and the transition process involved in transferring provider development responsibilities across to the new organisation.

Secretary of State responds to the Co-operation and Competition Panel's report on patient choice

In July 2011, the Co-operation and Competition Panel (CCP) published their report reviewing the implementation of patient choice of any willing provider in elective services, and its consistency with the Principles and Rules for Co-operation and Competition (PRCC).

The Secretary of State has welcomed the report and its recommendations. The Department of Health (DH) has now published its response and is working with the service to implement the CCP's recommendations. Primary care trusts (PCTs) are required to review their existing practices in light of the CCP report and the DH response and take steps to ensure they are compliant with the PRCC. Strategic health authority (SHA) clusters will continue to have oversight of compliance with the PRCC in 2012/2013.

PCTs have an important role in managing demand for services and operating within their financial allocations. Steps must be taken to ensure that commissioning behaviours, which can restrict patient choice, cease as soon as possible and, in any case, do not continue past March 2012. This includes using activity caps and enforcing minimum waiting times on referrals, which do not take account of the healthcare needs of individual patients.

In the future, the Health and Social Care Bill, subject to its passage through Parliament, will require clinical commissioning groups (CCGs) to protect and promote choice. The Government has been clear that the requirements on commissioners would broadly be a continuation of the existing system rules.

The full Departmental response is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131087

Public service pensions – the NHS Pension Scheme

The Secretary of State wrote to all NHS Chairs earlier this month about the Government's proposed changes to public service pension schemes. Included with the letter was a pension fact sheet explaining the proposed changes to the NHS Pension Scheme in greater detail.

The Department of Health (DH) is developing an online pension calculator and other support materials so members of the NHS Pension Scheme will be able to explore how the proposed changes will affect them personally.

For more information and copies of the fact sheet visit the DH pensions webpages www.dh.gov.uk/pensions

Health Informatics Directorate update

Collaborative work has been undertaken to further develop the future strategy for informatics across health, social care and public health with a series of engagement events attended by nearly 500 individuals representing over 100 organisations.

The events covered a range of subject areas such as Information Standards, Information Governance, National Infrastructure and Applications and Supplier and Market Management, which will clearly help to shape the future strategy for informatics.

The governance arrangements for Informatics Transition have been formalised with the establishment of the NHS Informatics Futures Board, with representation from the NHS, NHS

Commissioning Board Authority, National Treatment Agency, NHS Trust Development Agency and across public health and social care.

Work continues to make changes to the governance arrangements for programmes formerly part of the National Programme for IT (NPfIT) and the other projects, programmes and services delivered by the Department of Health to support the NHS to ensure correct sponsorship and ownership of programmes.

For more information on NHS Connecting for Health: www.connectingforhealth.nhs.uk

Launch of Accelerated Learning Sets for health and wellbeing boards

Representatives from more than 90 out of 152 emerging health and wellbeing boards in England met on 15 November 2011 for the official launch of an Accelerated Learning Set programme for health and wellbeing boards.

The eleven learning sets focus on the themes that early implementers have voted of most interest and importance to health and wellbeing board members. They include:

- improving the health of the population
- improving services through more effective joint working
- making the best of collective resources.

Each learning set will include members from local government and NHS organisations with a nominated lead, policy lead and appointed facilitator.

The peer-to-peer learning approach encourages community leaders to share solutions that are already working, shape new solutions and influence national policy makers in the areas that matter to emerging boards and their constituent members.

Each learning set will produce and share their learning with colleagues nationally in spring 2012.

Director of the Health and Wellbeing Board Implementation programme John Wilderspin said:

“This is an exciting new phase of our Health and Wellbeing Board Implementation programme. The learning sets will play a crucial role in bringing together leaders from across the NHS, local government and new clinical commissioning groups. Through collaborating, learning and sharing together,

these learning sets have the potential to create a powerful movement of integrated services that deliver better outcomes for local people.”

John Wilderspin’s monthly Q&A session dates

National Director of Health and Wellbeing Board Implementation, John Wilderspin will kick off a series of [online Q&A sessions](#) for members of the Community of Practice for the National Learning Network.

Healthy Communities: Building on the past, shaping the future together

Two events discussing what the changes in the Health and Social Care Bill mean for those implementing them at a local level have already taken place in Bristol and London, with the next free event planned for Thursday 8 December 2011 in Leeds.

The [Healthy Communities](#) programme is inviting colleagues from the NHS, local government and the third sector to join colleagues from around the country to present best practice and share their experience of grappling with the issues we all need to tackle, such as:

- establishing health and wellbeing boards
- health scrutiny
- leadership
- transition planning.

Read about the learning set launch and other health and wellbeing board-related news: <http://healthandcare.dh.gov.uk/category/public-health/hwb/>

To get involved in the latest discussions, news and events, join the official National Learning Network for Health and Wellbeing Boards. The network is open to leaders from local government, the NHS, public health and other partners. Follow this link to sign up: www.communities.idea.gov.uk/welcome.do

Working in partnership to transform the public health system

NHS, public health and local government systems must work in partnership to achieve the ambitions of better public health, better care and better value for all.

The public health White Paper sets out a bold vision for a reformed public health system in England - with localism at its heart.

Giving this role to local government opens new opportunities for community engagement and holistic solutions to health and wellbeing, embracing the full range of local services with strong links to health care (such as housing, leisure, education, planning and social care). It will allow the development of new approaches to public health action and preventive services. Health and Wellbeing Boards are a key focus for this work.

As we make this system change, the transition processes that affect staff should be transparent, fair and clear.

The Department of Health (DH), in partnership with NHS Employers and the Local Government Association, has recently published the *Public Health HR Concordat*. This Concordat demonstrates the determination of health and local

government partners to maintain and develop a strong public health profession for the future.

The Concordat provides a best practice framework for organisational changes affecting staff as part of the transition between the NHS and local government. It sets out a range of principles, which have been jointly agreed by DH, NHS Employers and the Local Government Association.

Further technical information will be published in January 2012 and a Frequently Asked Questions document will be available shortly.

Public Health England executive agency status

A further development is that the proposal by the NHS Future Forum that Public Health England (PHE) should be an executive agency of the department when it commences in April 2013, which was agreed in the Government's response to their report, has now cleared the internal government approval stages.

Read the *Public Health HR Concordat*:
www.dh.gov.uk/health/2011/11/hr-agreement/

Patient and Public Engagement team update

Unleashing the power of patients is increasingly important. Involving patients in decisions about their care and treatment can improve patient experience and outcomes. Patient Decision Aids have a key role to play. Alongside self-care and the use of information prescriptions, for example, these are just some of the ways to set free patient potential and deliver more efficient and cost effective health care.

Patient Decision Aids launched – empowering patients to make informed healthcare decisions

Health Secretary Andrew Lansley recently launched a set of innovative online tools to make ‘no decision about me without me’ a reality. As a key product of the Quality Innovation Productivity and Prevention (QIPP) Right Care Programme, the online Patient Decision Aids (PDAs) support patients facing difficult treatment or screening decisions.

Developed by NHS Direct and accessible on their website www.nhsdirect.nhs.uk/en/DecisionAids, the eight PDAs will help patients make the right decision both for them and for society. Health care providers and commissioners should explore the opportunity to use PDAs to support shared decision-making. More online and printed PDAs are being developed.

For more information about the Right Care workstream go to: www.rightcare.nhs.uk/index.php/shared-decision-making/

Self Care Week 14-20 November 2011

Celebrating its third year, the national awareness week helps people, especially those with a long-term condition, to take care of themselves by finding out about how they can look after their own health better. The campaign was primarily targeted at the public, people with long-term conditions and their carers but also included key messages and resources for health and social care staff.

Many health and social care organisations supported the event by promoting local services that support self-care, or used the Week to link with seasonal health messaging.

In the NHS North of England cluster, the

North West linked it with their *Choose Well* campaign and the West Midlands took their Healthcare Bus to a number of town centres offering advice and information on health and wellbeing, flu, keeping warm and the West Midlands personalised care package.

Information prescriptions are one important way of helping individuals to self care and take control of their health by providing personalised information about conditions, treatments and local services.

This year, the Department of Health asked the Self Care Forum to co-ordinate arrangements for the week to ensure a much wider involvement from stakeholders.

Find out more about the Self Care Forum www.selfcareforum.org

For more information on Information Prescriptions www.nhs.uk/aboutnhschoices/professionals/healthandcareprofessionals/other%20resources/pages/information-prescription-service.aspx

The Patient-level Information and Costing System (PLICS)

Calculating the real cost of the patient journey and linking it with outcomes.

PLICS is a relatively recent innovation in the NHS. It is a method to record all significant activities (clinical interactions, processes, and procedures) related to an individual patient from the time of admission until the time of discharge. It calculates the resources consumed by using actual costs incurred by the organisation in providing the service or activity related directly to that patient's care.

PLICS represent a change in the costing methodology in the NHS from a predominantly 'top down' allocation approach, based on averages and apportionments, to a more direct and sophisticated approach based on the actual interactions and events related to individual patients and the associated costs.

The number of organisations using the PLICS system is on the increase, with 80 already using it and more than 40 planning to in future. This is because it offers some exceptional benefits:

A tool for clinical and finance engagement

PLICS records all the significant clinical processes and procedures connected with an individual patient's care from the time of admission until time of discharge. By doing so, it calculates the direct and indirect costs of those processes and procedures accordingly. Successful implementation requires full clinical engagement in order to count and code all care activities offered to patients.

It provides clinicians with meaningful data that will allow them to understand and take control of how resources are invested in patient care. This should strengthen the involvement of clinicians at all levels to build a stronger, patient-centred NHS.

Clinical ownership and quality improvement:

Variations in clinical practice and related cost must be identified in a manner that makes sense to clinicians. PLICS allows meaningful comparisons between the elements of treatment provided to similar patients with related cost, such as variations in theatre time, prosthetic use and intensive care unit time.

Policy development:

PLICS can provide crucial data to inform funding policy for payment by evaluating the cost of care by different providers for the same care pathway, such as a hip replacement. At the same time, it can help to support providers to create better, more efficient outcomes – a critical goal of Payment by Results (PbR).

Policy development:

PLICS can provide crucial data to inform funding policy for payment by evaluating the cost of care by different providers for the same care pathway, such as a hip replacement. At the same time it can help to support providers to create better, more efficient outcomes – a critical goal of Payment by Results (PbR).

Implementing PLICS in your organisations:

PLICS is recommended by:

- **The Payment By Results team at the Department of Health (DH):** with an aim to collect better reference cost data
- **The health regulator, Monitor:** to support Service Line Management (SLM) in foundation trusts and also to set tariff/price by using robust information in the future
- **The Health & Financial Management Association (HFMA):** to improve clinical costing standards and financial management

quality & safety

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

One plan to reduce four harms

The Quality Innovation Productivity and Prevention (QIPP) Safe Care workstream has developed 'harm free' care which it hopes will get NHS staff thinking differently about patient safety.

This ambitious programme aims to deliver care that is defined by the absence of pressure ulcers, falls, venous thromboembolism and catheter line infections by December 2012. This initiative aims to improve patient safety, and in doing so, make significant efficiency savings.

The QIPP Safe Care workstream has been led by Dr Maxine Power since January 2010. Dr Power and her team have developed a range of products to help NHS staff improve patient safety.

Explaining the reason the workstream has been so successful Dr Power says: "Patients are at the heart of everything we do. They inspire us to change. We are committed to improving their experience of healthcare and protecting them from harm."

Safe Care aims to effectively deliver 'harm free' care to all patients and does this with one plan which can be implemented at a local level and integrated easily with existing workflow and routines. There has been a lot of improvement in patient safety in recent years so this is not about starting again, it's about building on what teams already have in place.

So where does harm free care start?

The first driver towards harm free care is developing a leadership and safety culture. In all clinical teams leadership is everyone's responsibility. Safety leadership doesn't just rest on the shoulder of one person, everyone in the team should drive the plan forward. Safe Care encourages the engagement of clinical and non-clinical teams in the workplace. This will involve working across

specialisms and not allowing organisational or geographical boundaries to get in the way of improvements to patient safety.

The second driver towards harm free care is getting clinical care to be 95 percent reliable. Safe Care recognises that it is the improvements that teams make in a small number of key processes, delivered in a highly reliable way, which will deliver the outcome of 'harm free' care.

Finally, the third driver is to revisit the supporting architecture. All successful organisations find they need to re-visit their support systems such as training, education and policies when they first start on the journey towards delivering 'harm free' care.

Measurement of harm can be done in many ways such as monitoring adverse events, case note review and point of care audits. Each of these approaches has its merits and pitfalls. The big challenge for safety leaders is to understand these different sources of information and what they say about their systems. In response to requests from front line staff Safe Care developed its own measurement tool: the Safety Thermometer. Developed for the NHS by the NHS as a point of care survey instrument, the Safety Thermometer allows teams to measure harm and the proportion of patients that are 'harm free' during their working day, for example at shift handover or during ward rounds.

The NHS Safety Thermometer provides a 'temperature check' on harm and can be used alongside other measures of harm to measure local and system progress.

For more information please visit www.harmfreecare.org

The public sector Equality Duty: are you ready?

Back in May *the month* reported the introduction of the public sector Equality Duty (PSED) and the emphasis this places on all public bodies to play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. Six months on, is your organisation is ready to meet the upcoming deadlines to comply with the Duty.

Complying with the PSED is not optional. All NHS organisations should now be geared up for the first of the specific duties, where they publish information to demonstrate their compliance with the PSED by 31 January 2012 at the latest. The Equality and Human Rights Commission, whose role includes making sure that public authorities carry out their legal duties to tackle discrimination and promote equality, is planning to look at the websites of NHS organisations to gauge the extent of compliance and could take legal action if the law is breached.

This is followed by the requirement to prepare and publish equality objectives. You should be thinking about these now as part of mainstream business planning and complete them well before the official deadline of 6 April 2012.

Equality is not an add-on or a tick box exercise. It should be part of everyone's business and there is information, help and support available to you and your organisation. Formally launched by Sir David Nicholson earlier this month, the Equality Delivery System (EDS) is a toolkit

instigated and developed by the NHS Equality and Diversity Council over the last 18 months. Designed by the NHS to support NHS commissioners, providers and emerging organisations to deliver better outcomes for patients and communities and better working environments for staff, the EDS will help make sure that everyone counts while also responding to the Equality Act.

Strategic health authority (SHA) and primary care trust (PCT) clusters, pathfinders and emerging clinical commissioning groups (CCGs) are reminded that once established in law, CCGs will also need to respond to the requirements of the PSED. To prepare themselves, they should adopt the EDS at an early stage.

Those organisations that already have the EDS in place are embedding it into their day-to-day business, putting individual needs first, making better-informed decisions and targeting limited resources more efficiently for maximum impact. The EDS is about the people – patients, staff and communities - not the process. It's about services and working environments that are personal, fair and diverse.

our people

To download your copy of the EDS and to contact the EDS Implementation team hosted at NHS East Midlands who are leading the implementation go to:

www.eastmidlands.nhs.uk/eds

View the latest guidance and information about the Equality Act at:

www.equalityhumanrights.com

To sign up to be a personal, fair and diverse champion go to:

www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/CreatingPFDNHS/Pages/Signuptoday.aspx

Healthcare social enterprises gain national recognition

NAVIGO Health and Social Care Community Interest Company, a new social enterprise providing mental health services to communities across North East Lincolnshire has won two Philip Baxendale Awards for Excellence in Employee Ownership.

<http://healthandcare.dh.gov.uk/social-enterprise-wins-award/>

Webchat on use of information in health and care

You can now read the replay of our webchat with Professor David Haslam and Jeremy Taylor, the NHS Future Forum leads on the use of information to improve health and care.

<http://healthandcare.dh.gov.uk/information-webchat/>

NHS Future Forum sends interim recommendations to Secretary of State

The Chair of the NHS Future Forum, Professor Steve Field, has written to the Secretary of State with the Forum's interim recommendations.

<http://healthandcare.dh.gov.uk/ff-letter/>

Enthusiasm and challenges

Dr Kathy McLean's latest update on the review of clinical networks and senates.

<http://healthandcare.dh.gov.uk/mclean-enthusiasm/>

Education and training webchat

Julie Moore, NHS Future Forum lead on education and training, took part in a live webchat on Tuesday 8 November. The Future Forum is looking at several issues around education and training.

<http://healthandcare.dh.gov.uk/webchat-education/>

The whole of the north east of England achieves foundation trust status

The North East Ambulance Service is the latest NHS Trust to achieve foundation trust (FT) status. This brings the total number of NHS FTs in England to 140. It is also a significant achievement for the north east of England, as it means that now all 11 acute, mental health and ambulance trusts in this area are foundation trusts. It is the first area in England to achieve this.

<http://healthandcare.dh.gov.uk/neregion-achieves-ftstatus/>

Conference 2011/12 update

Date	Name of conference	Where	Website
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
25 Jan 2012	Later Life: Quality Care Matters	The Barbican London	www.publicserviceevents.co.uk/g8hn/default.asp?ID=204&ev=later-life
31 Jan 2012	Confidentiality and Information Governance	Mayfair Conference Centre London	www.healthcareconferencesuk.co.uk/confidentiality_information_governance
2-3 Feb 2012	Risk and Patient Safety 2012	Cavendish Conference Centre London	www.healthcareconferencesuk.co.uk/risk-and-patient-safety
28 February 2012	Electronic Prescribing in Hospitals	Mayfair Conference Centre London	www.healthcareconferencesuk.co.uk/electronic-prescribing-in-hospitals
29 February 2012	Advances in Medical Science	Central Hall Westminster London	www.publicserviceevents.co.uk/206/advances-in-medical-science

events

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