

The Chief Nursing Officer's Conference 2006: Valuing Health, Valuing Care, Inspiring Confidence

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1. Conference Summary

Challenge was the key word at the 2006 Chief Nursing Officer's conference, where hundreds of senior nurses gathered to discuss improving the patient experience, which lies at the root of all the reforms.

Health Secretary Patricia Hewitt admitted that there had been too many targets in the past, but defended the ongoing changes, indicating that the NHS would be transformed 'beyond recognition' in five years.

From then, delegates were told, the NHS would enter a 'self-sustaining reform' and patient experience would overtake performance management as the key measurement for NHS organisations.

NHS funding had doubled since 1997, and would triple to over £92 billion by 2008 – but Lord Warner, Minister of State for Reform, said funding wasn't the only way to improve care.

Devolution was a key theme and delegates repeatedly heard of the increasing need for organisations to adapt services locally instead of seeking Department of Health guidance. Bill Moyes from Foundation regulator Monitor, suggested that Primary Care Trusts (PCTs) may replicate the success of Foundation Trusts (FTs).

Nurses are not only the single biggest profession in the NHS, but the group who deliver most care, and senior nurses were urged to use good leadership to help shape a successful new NHS.

Chief Nursing Officer Christine Beasley underlined the importance of maintaining the constants of nursing during the reforms. She highlighted the importance of cultivating a fit-for-purpose workforce, while NHS Chief Executive David Nicholson emphasized the need to encourage middle managers to become tomorrow's leaders and develop more clinical CEOs.

With attention focused on developing a more patient-centred health service, several patients presented their stories, highlighting exceptional everyday treatment as well as isolated but distressingly negative encounters.

Angela Glascott updated her journey through mental health services, shared at last year's conference, and urged delegates to concentrate on children's well-being, highlighting the effects her own mother's serious mental health problems had on her.

2. Reform Key to NHS Success

Change is critical to the long-term success of the NHS, Lord Warner, Minister of

State for Reform, told delegates.

Nurses are the largest workforce in the NHS and leadership is vital to developing a nursing profession that is flexible, competent and fit for purpose in the new world of healthcare.

Recent reconfiguration had produced a more realistic number of commissioners and a better alignment to authorities, he said. Despite financial pressures, 70 percent of organisations broke even last year, with 90 percent of the deficit concentrated in 13 percent of trusts.

Lord Warner congratulated organisations for seeking innovative solutions to minimise job losses. He launched a new HR framework, *Handling concerns about the performance of healthcare professionals: principles of good practice* to support displaced staff and tackle the wider issue of jobs for newly qualified staff as the care agenda shifts from the acute sector to the community.

The recent Health Check had deliberately raised the bar, he said, and had revealed little difference between the quality of care in the NHS compared to the independent sector.

‘There is no need to trade off quality of patient care with achieving financial balance,’ he said. ‘It’s not about working harder, but working differently and a little smarter.’

Matron Austin Thomas followed Lord Warner, offering a sobering account of nursing from his perspective as a patient, following a horrific motorbike crash in 2003. While he appreciated that incredible NHS technical treatment had helped him survive, he reflected on nursing flaws during his care that led to him undergoing long-term psychotherapy. Poor communications and indifference had left him humiliated, depressed and abandoned. He witnessed staff cutting corners, noting that a nurse saving two minutes had cost him three weeks of pain and life-threatening injuries.

3. Keynote Address: NHS Issues in a Macro Context

At this time of reform, it is easy to forget that the essence of nursing has changed very little.

Highlighting leadership, a key conference theme, the Chief Nursing Officer Christine Beasley said many nurses were already leading change locally, finding innovative solutions without waiting for top-down direction.

Professor Beasley detailed some ‘reforms in action’ she had seen first hand – pushing the boundaries of nursing at Rampton, innovative birthing units and integrated centres for children’s health, education and social care. But she warned that trusts needed to up their game when it came to infection control and promised new guidance on *Clostridium difficile*.

She said the NHS needed to get much better at measuring patient experience and launched a new document, *Handling Concerns About the Performance of Healthcare Professionals: Principles of Good Practice*, to promote best practice in developing

staff performance. Young cancer patients echoed these concerns as they told of how the service and some of its nurses could have made a positive difference to their patient care experience.

All diagnosed with cancer in their teens, they found themselves on wards with children, or elderly patients and nursed by staff unsure of how to manage their needs. They were prompted to form the Christie Crew and make a film, which is now used as a training tool as far away as Sweden.

Crisis management is about more than a bright orange folder, delegates heard. Chris Needham-Bennett from Needham's 1834, talked through his experiences of crisis management in other sectors, which could usefully be applied to the NHS.

While autocrats proved popular in crisis, he said, the charismatic, rule-breaking maverick was often able to reduce a full-scale crisis to a simple incident, avoiding pitfalls such as systemic tensions, strategic overlaps and lengthy meetings with too many attendees.

4. Engaging with Change

Community Foundation Trusts could be on the horizon, following the success of the acute Foundation Trusts.

Bill Moyes from FT regulator, Monitor, outlined the FT objectives and their success in the acute and mental health sectors, suggesting that FT status could soon be on the menu for PCTs.

He said the NHS needed to improve its productivity and FTs were already doing this, crucially, without taking work from other NHS organisations.

The recent Healthcare Commission Health Check showed that FTs out-performed other hospitals, in both clinical quality and resource efficiency.

Regulation is also proving effective, he said, having turned around three troubled FTs within 12 months.

'The Board is the frontline regulator, but if problems are not resolved, we can and will intervene,' Bill said.

He outlined the importance of ensuring all staff understood what a Foundation Trust was and recognised their role in achieving better productivity and better quality services.

'Working with the trusts experiencing problems, it's clinicians, nurses and doctors who are leading the recovery effort,' he said.

5. Masterclass: Every Child Matters

Children are the future, but it could be the undoing of the NHS unless their health

needs are addressed now.

The NHS can't afford to let children drop off the agenda when financial pressures loom, delegates heard in the Every Child Matters masterclass.

Integrated services and joint commissioning in health, social care and education are proving vital to moving the agenda forward, streamlining services and releasing money for reinvestment.

Donna Kinnair, from Southwark PCT, outlined some recent work - breaking down barriers between health, social care and education to improve services.

Working in a PCT with the highest teenage pregnancy rates and high rates of obesity, sexually transmitted infections and infant mortality has highlighted the need to include children's issues on the wider health agenda, she said.

Janet McDonald, from St Helens and Halton PCT, echoed the importance of service integration in tackling the proliferation of disparate health, social care and education agendas.

'You need to develop management structures that are fit for purpose in this new world and a joint commissioning strategy that delivers results,' said Janet.

6. Masterclass: System Reform

Devolution of power to organisations is vital to the successful creation of a new, improved NHS and will pave the way for self-sustaining reform.

Ian Dodge, Director of the Department of Health Policy Support Unit, told delegates it was time to stop looking to the DH for guidance and adopt a bottom-up management approach.

It is crucial for senior nurses to understand the reforms fully, shape the future world of health and social care and align fragmented programmes.

Reform is about using mechanisms to drive outcomes like quality and equality, but the mechanisms are not ends in themselves, he told a packed audience in his masterclass.

He encouraged delegates to find their own solutions. 'It's about encouraging people not to look up to the centre but down to the patients,' he said and went on to address delegates' concerns about the speed and quantity of the reforms, and the evidence base of some programmes.

7. Panel Discussion: Who Cares?

The NHS should be set free, not only from central control, but also from the potentially harmful undulations of the political world.

This was just one of the considerations discussed by a panel of invited guests

gathered to answer the question, Who Cares?

Lord Victor Adebawale, Chief Executive of Turning Point, suggested those at the sharp end of the inverse care law cared the most, referring to the principle that those with greatest need, have least access to services.

'This country spends £90bn on health services. I think we have enough money. The questions are what we spend it on and are we brave enough to reconfigure services to address the inverse care law?' he told delegates.

Liz Fradd, independent health service advisor, pointed to children's services as an example of health professionals moving away from the rigidity of traditional sectors to work more seamlessly alongside other services, like social care and education.

Mike Farrar, Chief Executive of NHS North West, said the NHS needed to get better at measuring quality as well as cost.

In a separate presentation, men's health researcher John Ryan asked delegates to consider a largely forgotten group of patients, men, serving up a sample of his comedy show, which tours Leicester venues to deliver simple, effective health messages to men.

8. Patient Story: Journeys through Care

Exploring the history of HIV and AIDS NHS services provides a useful context for current reforms.

Laura Towell and Ian Spelling described their experiences of living with HIV for a combined period of 31 years.

While the NHS wrestles with encouraging the public to take personal responsibility for their health, Laura and Ian underlined how they had taken control of disease management from the beginning, even moving hundreds of miles to access better services.

Both faced death sentences when little was known of the virus. They suffered stigma in those early days when health professionals were wrapped in layers of rubber protection, but have since watched the development of specialist patient-centred services.

Their experience ranged through hospital consultant-led care and hospital clinics to specialist nurse consultants and the HIV community nurses who exist today.

Making informed choices with professionals and enjoying a relationship of mutual respect and trust and continuity have remained key to their care, and enabled Laura to live without treatment for more than a decade.

'The consultant didn't just treat the blood test results but me as a person,' she said.

9. Shaping the Future

NHS leaders need to untangle themselves from the technical aspects of the reforms if they are to shape the future of health services.

NHS Chief Executive David Nicholson said there was a real risk of hitting targets but missing the point of achieving the outcomes of the reforms. For example, the 18-week target would require transformation of the service; not just performance management, he said. And it was down to organisations at a local level to meet that challenge.

The target, he said, was not simply about speed of service, but its quality. Achieving it would ensure better value for taxpayers.

Evidence suggested a lack of understanding surrounding the changes and their purpose among senior managers. It was vital to engage people to ensure reforms were fit for purpose.

He asked delegates to invest in future leadership, develop middle managers and encourage more diversity in leaders.

'Increasingly, we will be seeing the patient experience as the critical metric in taking services forward,' he said. 'Most care delivered to patients is delivered by nurses. What you do as leaders of the profession will have a dramatic effect on that.'

Ends