

Priorities 22/23

Office of the Chief Scientific Officer (OCSO)

NHS England (Health Warning – This is for England only)

Ruth Thomsen

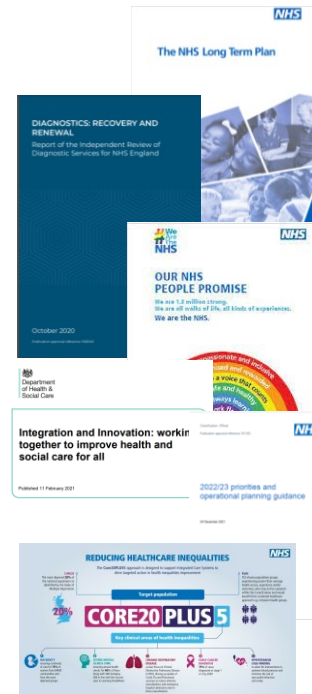
NHS England and NHS Improvement



Setting the scene (1)

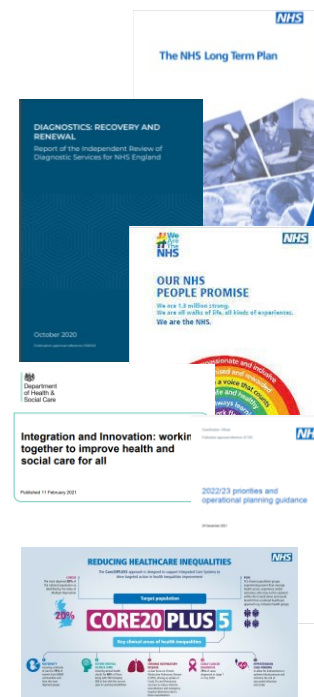
The Office of the Chief Scientific Officer (OCSO) vision for 2022/23 is set out against key commitments outlined in the following:

- ✓ **NHS Long term plan (2019) and its refresh (2022)** – In January 2019, the NHS published the Long Term Plan (LTP) that sets out how to make the NHS fit for the future, improve patient care and to get the most value for patients. The LTP included several key commitments (1) People will get more control over their own health and more personalised care (2) enhancing preventative approaches to combat major causes of ill health (3) improving recruitment, retention, training, development and staff experience (4) Making better use of data and digital technology and (5) Improving efficiency, getting it right first time for every patient and minimising adverse effects. Following the refresh of the LTP the work of the OCSO will align with the revised commitments.
- ✓ **Diagnostics: Recovery and Renewal:** In October 2020 Professor Sir Mike Richards was commissioned to undertake a review of NHS diagnostics capacity (NHS Long Term Plan). The independent report recommended significant reform and investment in critical diagnostic services, covering: new service delivery models; equipment and facilities; workforce; digitisation and connectivity; and key enablers to drive and deliver the required change.
- ✓ **Community Diagnostic Centres (CDCs)** were a key recommendation in the independent report on diagnostic services by Professor Sir Mike Richards. The recommendation was that NHS organisations across England move to providing diagnostic services in Community Diagnostic Centres (CDCs) and all health systems are expected to include a network of CDCs as part of their health services offer. providing a single point of access to a range of services in the community
- ✓ **NHS People Plan** – The plan sets out actions to support transformation across the whole NHS. The plan sets out practical actions to support systems and focuses on how we must continue look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care.
- ✓ **Elective recovery delivery plan** - sets out a progressive agenda for how the NHS will recover elective care over the next three years. This is in the context of restoring elective performance in the longer term. It explains how the NHS will take the opportunity to capitalise on current success and embed new ideas to ensure elective services are fit for the future.
- ✓ **Cancer restoration and recovery and the DHSC 10 year Cancer plan** - provides us with an opportunity to (1) take stock of the innovations and improvements which the pandemic has helped to accelerate, especially in life sciences, and how we incorporate them in our work moving forwards (2) identify what additional interventions and innovations we might want to adopt to support the delivery of our existing ambitions – we know we need to do more (3) and look beyond the end date for the Long Term Plan, and to consider what more we might do to shape and improve cancer services into the next decade, including through a pipeline of innovations through research and development








Setting the Scene (2)

- ✓ **Core20PLUS5** – Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. These areas include maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis and hypertension case finding.
- ✓ **Life science vision (2021)** explores opportunities to build on the scientific successes and ways of working from COVID-19 to tackle future disease challenges – silent pandemics – including cancer, obesity, dementia, ageing; securing jobs and investment and becoming the leading global hub for Life Sciences.
- ✓ **Improve care through use of data (2022)** Prof Ben Goldacre’s independent review looks to drive innovation and improve healthcare through safer use of health data. Some of the key recommendations include (1) increasing data transparency by adopting Trusted Research Environments (TREs) as secure virtual spaces for verified researchers to access health data which will reduce the risk of data breaches (2) improving opportunities for data analysts within the NHS by modernising their job and career development, including improving salaries, training, structure, community and best practice and (3) encouraging open working for all NHS data analysis, for instance through the use of a shared library of data analysis tools, reducing duplication and increasing consistency of results
- ✓ **Integration White Paper** - sets out measures for (1) developing shared outcomes for person-centred care, improved population health and reducing health inequalities (2) giving a strong role to place-based working and leadership to complement the strategic role of ICSs (3) a single place-based leader accountable across health and social care to deliver shared outcomes (4) using key enablers – workforce, digital and data sharing and financial alignment - to join up services and (5) robust regulatory mechanisms to support the delivery of integrated care at place level.
- ✓ **Shared planning guidance** – 22/23 sets out the ambitions required meet the challenges of restoring services and meeting new care demands and reducing the backlog as a direct consequence of the pandemic. It calls out the need to accelerate plans to grow a substantive workforce, learn through the pandemic to rapidly and consistently adopt new models of care that exploit future potential technology and work in partnership to get the best out of what we have
- ✓ **SofS priorities for health reform** - in March 2022, the SofS delivered a speech on healthcare reforms that set out 3 plans for delivery (1) prevention – building not just a ‘national hospital service’ but a true national health service (2) Personalisation - delivering more personalised care, empowering patients and fulfilling the promise of the technological leaps we’ve seen throughout the pandemic and (3) performance – ensuring the NHS can deliver the British people with the very best healthcare in the world.



Our strategy

Our vision	Ensuring science and technology remain at the core of healthcare and driving a whole healthcare system approach to the provision of high quality, evidence based, innovative scientific services integrated across all delivery sectors; provided by a digitally and intelligence led healthcare science profession
Objectives to deliver our vision	<div>  <p>Delivering transformation in scientifically led services to provide patients with better access to high quality care</p> </div> <div>  <p>Providing scientific advice and system leadership so that science and STEM underpins services and initiatives across the health and care system</p> </div> <div>  <p>Championing and leading the research and innovation agenda across the NHS to drive outcomes by developing more effective and efficient diagnostics and treatments</p> </div> <div>  <p>Optimising existing pathways and embedding innovations for cross cutting diagnostics and therapeutics to drive up quality of care, improve access and support better patient outcomes</p> </div> <div>  <p>Building HCS professional leadership, capacity and capability that can lead the transformation of clinical and scientific services, now and in the future</p> </div>
Outcomes	<div> <p>1 Enhancing scientific services and diagnostics, using an evidence-based approach and digital enablers that improve outcomes for patients through earlier access to diagnoses and better targeted treatments and interventions</p> </div> <div> <p>2 Providing expert scientific, technological and engineering (STEM) advice to ensure a scientifically informed system and influence in a broad range of science based initiatives</p> </div> <div> <p>3 Building a responsive and collaborative workforce with the skills and talents to meet the needs of the service and the changing environment</p> </div>

Office of the CSO 22/23

Priorities in 22/23

What we will achieve in 22/23

How we will achieve this in 22/23

1

Delivering **transformation in scientifically led services** to provide patients with better access to high quality care

1.1 Delivering transformation in scientifically led services

NEW

We will **transform scientifically led services** and diagnostics to meet the demands of our population and provide integrated healthcare delivery

We will undertake a **scoping exercise and options appraisal** to understand where we can contribute to improved patient outcomes across the following areas: adult mental health, cancer, cardiovascular disease, stroke care, respiratory, diabetes, maternity and children. We will consider opportunities for (i) Improving quality through embedding UKAS accreditation schemes in service specifications and contracting arrangements and (ii) exploration of diagnostic innovations and pathway improvements (iii) working with Care Quality Commission (CQC) iv) addressing inequalities

1.2 Data, Technology and AI

NEW

We will **create digitally enabled and evidence based services** that support better clinical decision making and provide more opportunities for personalised care.

We will design and implement a HCS programme to build on the Covid-19 legacy and **accelerate solutions and opportunities across data, technology, and artificial intelligence** to facilitate digitally enabled scientific services. We will appoint a digital lead to scope this programme of work. Assuring Green Agenda

1.3 Quality and Safety

NEW

We will **improve the quality of diagnostic and scientific services** through embedding UK Accreditation Schemes (UKAS) ISO standards in service specifications and new contracting arrangements for scientific services and in a new way of working with CQC

We will establish or work with established **quality network to ensure there are robust processes** in place to identify best practice, monitor for quality assurance and patient safety issues. We will well work with national organisations to ensure alignment and opportunities to drive quality and safety outcomes

1.4 Professional Standards

NEW

We will **build and develop good scientific practice** to ensure we deliver high quality professional practice standards

We will work with partners to **continuously improve and iterate professional practice standards**, drawing on best practice and lessons learned from other clinical professions

1. Setting the scene

2. Vision and Priorities

3. Programme Delivery 22/23

4. Strategic Enablers

5. CSO Structure

Priorities in 22/23

What we will achieve in 22/23

How we will achieve this in 22/23

2 Providing scientific advice and system leadership so that science and STEM underpins clinical and other services and initiatives across the health and care system

2.1 System Leadership

We will **strengthen healthcare science system leadership across all levels of the NHS**, to ensure that science has a voice at regional, ICS and local level (Trust, Primary and Community Care) and that science truly underpins our clinical services and with other parts of the UK and internationally as appropriate

- We will implement a national forum that includes Regional, ICS and Trust level scientific representation to ensure we engage with healthcare scientists at varying levels of the system to share knowledge, expertise, advice, and support opportunities for learning and continuous improvements of services.
- We will develop and disseminate 'how to guides' on **HCS Leadership within provider organisation, and HCS Leadership at regional and national level.**

2.2 Science and scientific contribution

NEW

We will ensure a **joined up approach to working across the science** community, both nationally and internationally (where appropriate), and with professional bodies to contribute to the broader science agenda. Working internationally

We will identify opportunities to bring together and/or work collaboratively across government, industry, academia and scientific bodies to **ensure we are working at the cutting edge of science and innovation**. We will identify opportunities in order to (1) Contribute to the broader science agenda across the health and care system and government (Green Agenda) (2) Lead science based initiatives in STEM; and (3) Provide scientific leadership and expertise to other organisations in the health and care system

3 Championing and leading the research and innovation agenda across the NHS to drive outcomes by developing more effective and efficient diagnostics and treatments

3.1 Science in the NHS

NEW

We will Initiate the development of an **ambitious science strategy** that supports the NHS in delivering transformational change and innovation, to achieve the Long Term Plan refresh priorities

We will develop a high-level plan that sets out the (1) purpose of a **science strategy and underpinning engagement**, (2) scientific services **research and innovation framework** that identifies priority areas for transformative change (3) **roles and partnership working** (e.g. UKRI, AAC, AHSN).

3.2 Advanced clinical and academic careers

Advancing clinical and academic careers for our HCS professions through expanding the role of research and embedding it in everyday practice to continuously improve patient care and outcomes.

We will **support the delivery of a national research and innovation framework to advance our clinical and academic research programmes**. We will continue to work with the National Innovation, Research and Life Sciences Group to **contribute to the national roadmap** and implementation plan for inclusion of HCS; working to create more opportunities for HCS in research. We will **work with all levels of the system** to highlight the importance of research and innovation for HCS. We will work with the national school for healthcare science to explore the **development of a series of research and innovation fellowship** – clinical entrepreneurs

1. Setting the scene

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Office of the CSO 22/23

	Priorities in 22/23	What we will achieve in 22/23	How we will achieve this in 22/23
4	Optimise existing pathways and embed innovations for cross cutting diagnostics and therapeutics to drive up quality of care, improve access and support better patient outcomes		
	4.1 AMR Diagnostics	We will address the significant issues of AMR through patient-centred, cost-effective diagnostics that ensure the right test is available at the right place at the right time	We will lead and manage the cross-system AMR diagnostics programme that focusses on (1) delivering evidence-based pathway improvements (informing commissioning guidance) and (2) horizon scanning for new diagnostics and technological innovations for the highest priority clinical pathways across AMR (UTI, SSI, Blood Culture, RTI)
	NEW 4.2 Equipment Regulation	We will work collaboratively with MHRA to ensure all medical technologies and in vitro diagnostic devices (IVDD) are compliant with new UKCA marking regulation	We will develop a framework to support safe implementation of the new UKCA directive , including guidelines for continuous monitoring and market surveillance. This work will be led by the newly established National Specialist Advisor (NSA) Clinical Engineer
	4.3 Home Oxygen Service	We will provide clinical leadership and oversight to the Home Oxygen Service ; supporting all 7 regions across England	We will continue to provide clinical leadership, strategic oversight and governance to delivery of Home Oxygen services .
	NEW 4.4 Hearing Loss	We will explore opportunities to support those living with hearing loss and associated conditions through a newly established sensory health (hearing) programme	We will develop and deliver the National Hearing Loss Strategy/Action Plan – led by a newly appointed NSA for hearing loss and associated conditions – to deliver on the recovery and restoration of services associated with hearing disorders and conditions
5	Building HCS professional leadership, capacity and capability that can lead the transformation of clinical and scientific services, now and in the future		
	5.1 Professional Regulation	We will enable a more consistent approach across HCS for all professional regulation and professional registration to uphold professional standards and provide both public and staff confidence in the HCS profession	We will work collaboratively with bodies, such as the AHCS to develop a baseline for accredited registration , develop a case for change, options appraisal and a framework to outline the importance of professional registration and how to apply. In addition we will continue work to influence the government on regulation around the HCS profession.

Office of the CSO 22/23

Priorities in 22/23	What we will achieve in 22/23	How we will achieve this in 22/23
5.2 Workforce Supply and Demand	We will support the development of current and future workforce supply across healthcare science , including small and vulnerable HCS professions in alignment with the people plan and national retention programme. We will ensure our HCS workforce optimisation programme is supplemented by data and a clear pathway in order to identify and prioritise future workforce development needs across England.	<ul style="list-style-type: none"> We will review and refresh the partnership board for workforce, ensuring we have right representation across the UK, and internationally as appropriate We will review qualitative and quantitative leavers and data to understand trends across the NHS (particularly in under 30 and over 50s) and scope opportunities for retaining staff through research and leadership offers, while developing a plan of key interventions to support both regional and local supply. This will be supplemented through the creation of a HCS data workbook (informed by ESR coding cleanse) to highlight areas of concern for future supply.
5.3 Evolving Healthcare Science roles	We will create capacity to evolve roles across Healthcare Science to meet the needs of the system.	<ul style="list-style-type: none"> We will continue to work with the Human Medicines Commission to amend regulations allowing Biomedical and Clinical Scientists to prescribe under Patient Group Directives and we will explore opportunities to evolve HCS roles
5.4 Developing HCS professional management and leadership	We will strengthen professional leadership and management across Healthcare Science , at every level, in order to ensure better outcomes for patients and drive up performance. We will align with the expertise of the 'review of health and social care leadership' in England led by General Sir Gordon Messenger and Dame Linda Pollard	<ul style="list-style-type: none"> We will develop a HCS focussed professional management and leadership programme (aligning to the NHS E/I Medical Directorate Clinical and Professional leadership standards) that implements the recommendations of the Messenger Review and creates development opportunities for our profession. We will continually engage with key players across this field including Royal Colleges Academia, HEE (National School HCS), AHCS, NHSE Leadership Academy to drive excellence and uptake in this programme.
5.5 Equality, Diversity and Inclusion	We will embed Equality, Diversity and Inclusion at the heart of scientific delivery in order to build and drive diversity across leadership, and tackle inequity through partnership working.	<ul style="list-style-type: none"> We will lead the development of an HCS EDI toolkit, in alignment with the launch of NHS EDI strategy, to empower local systems to enhance inclusivity and actively reduce inequalities including health and inequalities in service. We will review current health and wellbeing offers, including the people promise impact on staff, with the incentive to produce an interactive support platform. We will work on the inequalities in healthcare.

Enablers 22/23

Communications and Engagement

- We will **develop and implement a national communications plan for 22/23** to ensure we effectively delivery key messages to our intended audience.
- We will **develop and execute a comprehensive engagement plan** across NHS, government, academia, industry, professional and other bodies to ensure delivery at pace
- We will support our priority programmes through the creation of **national resources for regional/ local systems** (where appropriate and possible) and through building **communities of practice to share learning**

HR (inc. Recruitment and Training)

- We will **ensure recruitment is undertaken in line with good practice guidance** and that all recruitment is delivered through fair and open competitive practices
- We will **ensure that colleagues across the office of the CSO have opportunities for development** though both formal (eg courses, mentoring) and informal (eg shadowing) channels
- We will **ensure that Health and Wellbeing of all staff is prioritised** through iterative feedback and actions (team meetings, staff surveys etc)
- We will support the office of the CSO through **ensuring we have the right capacity and capability** to deliver our priority programmes and to support the overall role of the CSO

Finance and budgets

- We will ensure that our **CSO budget is aligned to all agreed business objectives to ensure value for money**
- We will **monitor spend against forecast on a weekly/monthly basis**, and we will ensure we are compliant with all organisational financial processes and reporting
- We will **build capability across our office of the CSO team** to ensure all team members are trained up on financial and commercial systems e.g. Oracle and Atamis

CSO Office Programme Management, policy and admin support

- We will ensure we have a receptive **PMO function to inform responses** to both organisational requests (e.g. MD commissions) and reactive requests (e.g. PMQs, FOIs, Ministerial submissions, knowledge management, briefings etc)
- We will ensure that the office of the **CSO is supported with robust PMO and business support** to help organise the daily operations of the CSO team
- We will ensure that the office of the CSO **supports the broader cross system role of the CSO and science in health**

Assurance and Governance

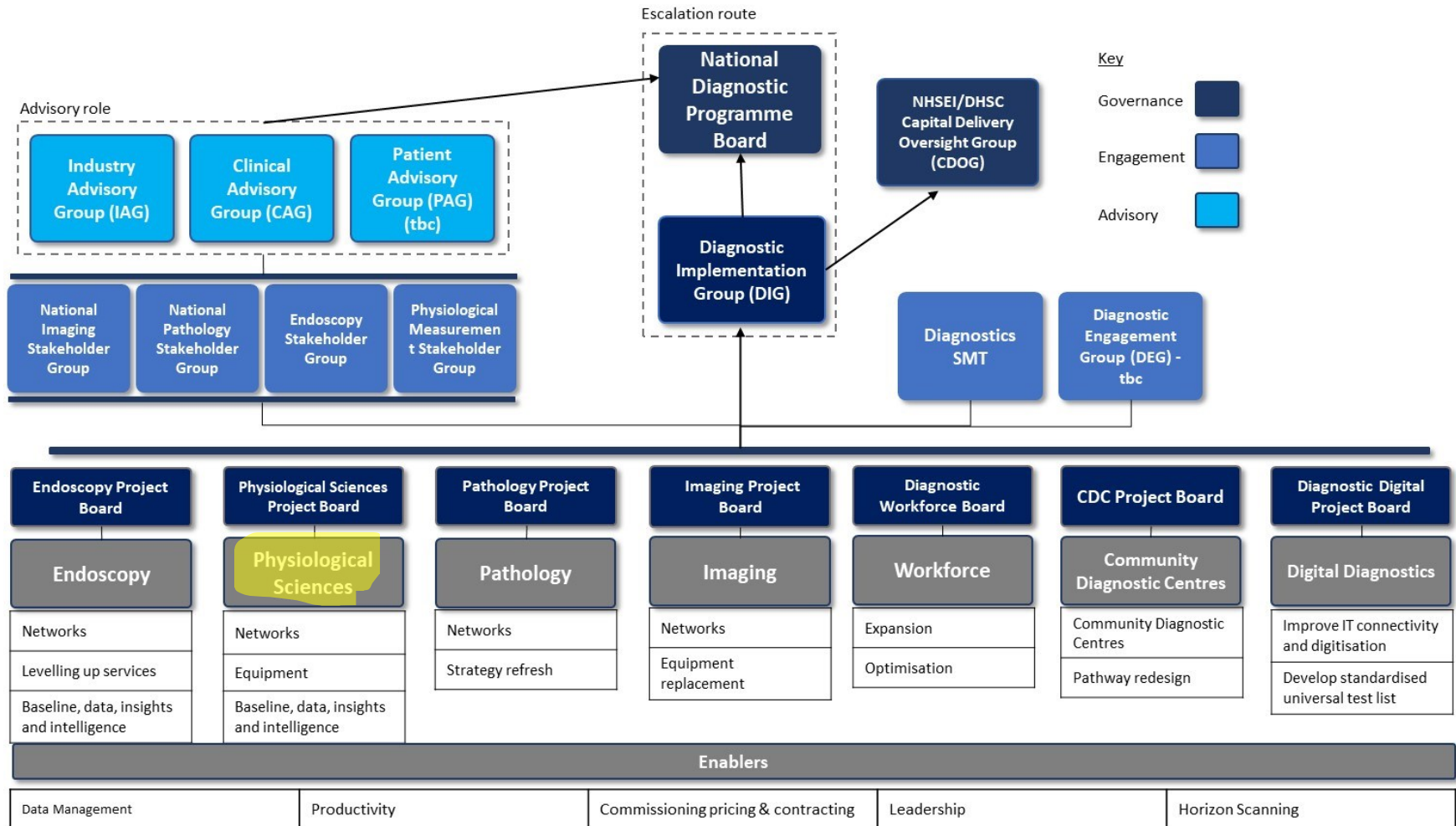
- We will **undertake a governance review of all priority programmes** to ensure all meetings serviced by the office of the CSO have appropriate (i) representation (ii) accountability and responsibility lines (iii) frequency and (iv) agenda items, to ensure we work in a smarter and in a more joined – up approach
- We will work with the **MD assurance function to ensure we are aligned to organisational governance processes** (eg business cases) and provide oversight of our national priority programmes



Transformation Directorate

- Diagnostics Workstream

Diagnostic programme governance



Programme priorities

Community Diagnostic Centres



- 2024-25 target to establish 3 centres per million population (165 in England)
- 65 being delivered in 2021/22 plus 15 temporary early adopter CDCs
- 21-22 CDCs will create capacity for an additional 1.5m tests (FYE)
- SR21 CDC investments to deliver an additional 8.5m tests (FYE) through a further c.100 CDCs + upgrading 21-22 CDCs to deliver full core test range
- 72 CDCs now operational, with over 550,000 extra tests delivered to date
- Re-design diagnostic pathways to improve throughput, quality & accessibility

Diagnostic Workforce



- SR20 created 750 training places + regional endoscopy & imaging academies
- SR21 adds c.3,600 FTE to the c.90,000 strong diagnostic workforce (e.g. radiographers, radiologists, healthcare scientists, endoscopy staff)
- Plan to close further gap of c.11,000 to deliver full impact of SR21 investments
- Workforce optimisation and transformation through a range of skill mix, training and technology solutions

Diagnostic Networks



- 29 pathology & 22 imaging networks established; post-Covid pathology strategy
- Productivity savings of c.£355m associated with these changes
- Endoscopy & physiological measurement networks to be developed by 2024
- 50% pathology networks will reach 'exemplar' status for digital pathology
- 85% pathology networks will reach 'leading' status for LIMS/data interoperability
- 100% imaging networks will have procured image sharing solutions

Digital Capabilities



- 10% productivity gain in diagnostic image reporting through image sharing
- 15-20% productivity gain in histopathology by digitisation of cell pathology
- Universal availability of remote reporting capability to transform staff working conditions and improve retention
- Avoidance of unnecessary scans through clinical decision support
- Universal availability of clinical results through system interoperability

Equipment (non-CDC)

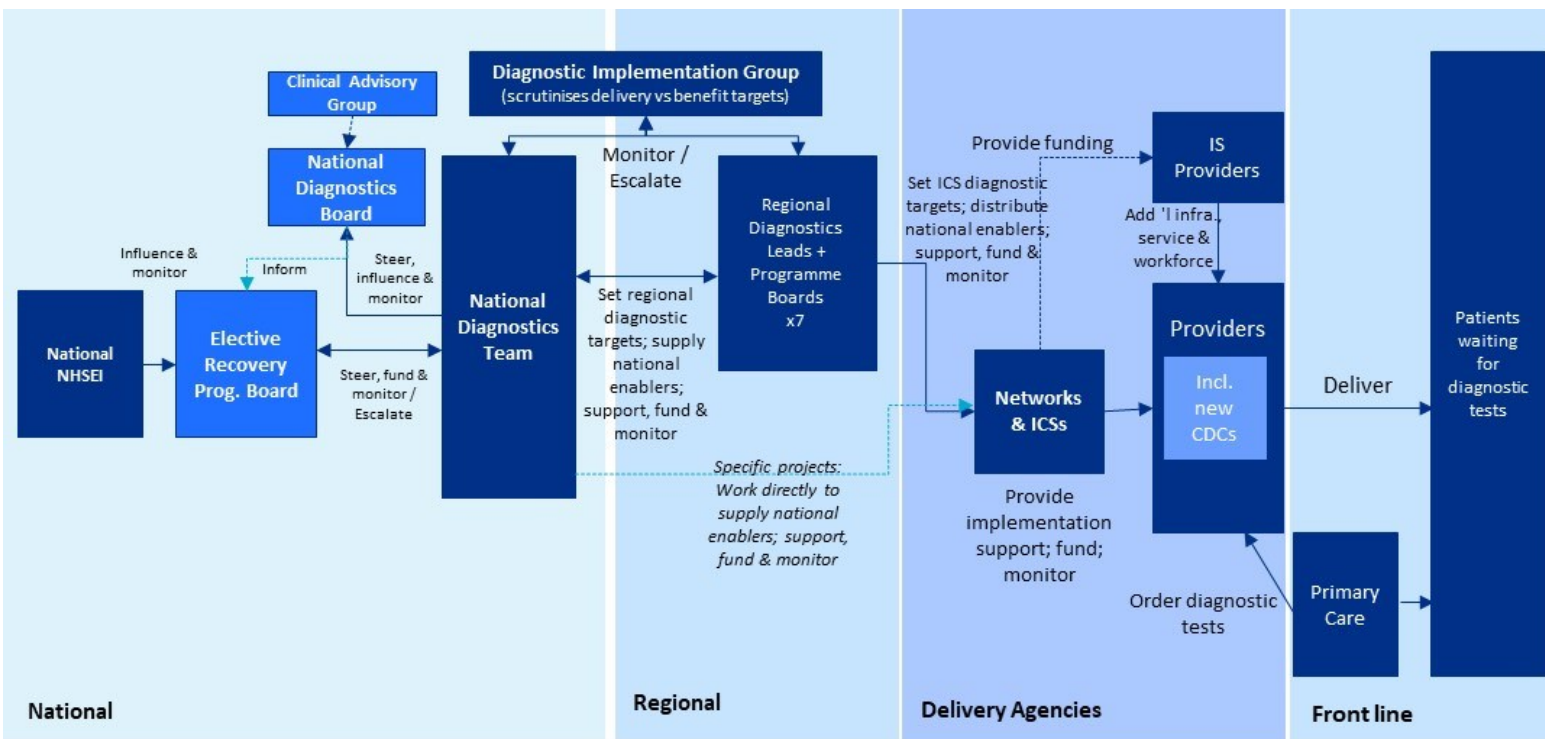


- All acute trusts to have 2 CTs as minimum
- Levelling up endoscopy capacity to optimal clinical standard
- All endoscopy facilities to gain JAG accreditation
- More CTs for Total Lung Health Checks
- Mammography equipment for breast screening
- Productivity improvements

Programme delivery chain and operating model



The programme embodies the NHSEI operating model and has developed a 'one team' approach so that all levels support each other to deliver common goals.



The main difference to most other programmes is that we also have diagnostic networks which straddle ICS boundaries and coordinate services across larger areas.

Accountability/leadership sits at the lowest appropriate level within the chain unless there is a strong case otherwise (a mix of 'locally led' and 'locally driven, centrally supported' models).

To enable this, diagnostics-focused groups empowered to implement the required changes are being formed at trust, system and network level with clear lines of reporting to the regional diagnostics boards which will be accountable for delivering each regional diagnostics plan.

System-led implementation

Reflecting local population need, clinical leadership and local health and care system priorities. Co-production of local approaches.

Network-level implementation

Systems and trusts working together across STP/ICS boundaries to deliver network level transformation

Regionally-led support

Supplying embedded resources to help systems drive change. Agreeing local priorities, overseeing further support needs and performance against objectives. Lead on deployment of new equipment. Co-production of national programme direction and interventions. Regional workforce and pathway leadership.

Nationally-led implementation, support and enablers

Work across a range of areas including:

- Setting national direction incl. via clinical leadership
- Coordination of implementation across regions
- Central procurement of new equipment
- Spending Review bid preparation
- Clinically-led re-design of diagnostic pathways
- Digital tools and technology
- Oversight of network roll out
- Oversight of CDH roll out
- Coordinate deployment nationally
- Enablers e.g. Finance
- COVID response leadership
- Diagnostics policy leadership
- Joint work with national clinical programmes
- Joint workforce work with HEE

Close coordination with a wide range of partners, including

- Cancer
- Respiratory
- Cardiovascular/stroke
- Diabetes
- Genomics
- Medical
- Nursing
- AHP
- Finance
- Performance
- Elective Care
- Urgent & Emergency Care
- Primary Care
- Community/ Ageing Well
- Outpatients Transformation
- Spec Comm
- NHSX
- NHSD
- HEE
- DHSC
- GIRFT
- Royal Colleges
- Other professional bodies
- Suppliers

Delivery approach for each priority

Community Diagnostic Centres



- Capital: £1.127bn + £350m new build reserve 22-25; £411m revenue in 22-23
- Allocation factors: deprivation, diagnostic capacity, outcomes, rurality etc
- 75% vs 25%* weighting of population factors vs existing diagnostic capacity
- National guidance/ design criteria/ operational standards for Systems to follow
- National CDC procurement framework live – NHS and IS providers & suppliers
- System CDC teams formed to agree CDC design & oversee delivery
- System consults widely on CDC location incl. Cancer Alliances & MPs
- Region scrutinises CDC plans/business case ahead of national approval
- Delivery & operation scrutinised vs spend and activity plans

Diagnostic Workforce



- Full partnership with HEE to deliver: modelling of workforce requirements per discipline; prioritised list of £84m investments to grow workforce/ address gaps
- Workforce growth & optimisation interventions clinically-designed
- Costed plan submitted to CFO on closing remaining critical workforce gaps
- Regional workforce groups support System action plans; national board oversee
- All Systems need robust workforce plan to achieve CDC plan approval

Diagnostic Networks



- Support & funding for pathology networks to attain highest level of maturity
- Pathology strategy refresh will set out further consolidation with Covid capacity
- Imaging networks being established – support to deliver six key milestones
- Maturity matrix used quarterly to assess pathology & imaging network maturity
- Endoscopy & physiological data collections before network scoping starts

Digital Capabilities



- Pathology/imaging networks lead local input into 4-year digital road maps
- Year 2 (22-23) road maps now being refreshed ahead of delivery
- £379m 22-25 allocated to highest impact bids from networks' road map plans for LIMS, digital pathology, imaging infrastructure & digital tools
- Deep partnership with NHSX/D & OLS to deliver data architecture & storage
- Cross-Transformation Directorate work to integrate AI into diagnostic services

Equipment (non-CDC)



- 22-25 capital for endoscopy (£312m), acute imaging (£69m) & screening for lung (£41m) & breast (£22m) is targeted to level up services
- Partnership working with NHS Supply Chain Category Tower 7
- National supply framework to secure volume discount
- Regional & national track of installation
- All services to meet productivity standards

Challenges



Patient
Voice/Outcomes/ROI



Transformation/Implement
ation/Matrix Working



Culture/Diversity/Human
Factors



Data/Digital/Insight/analyti
cs



Clinical/Professional
Leadership/Advocacy



Climate -
retention/recruitment/rew
ards



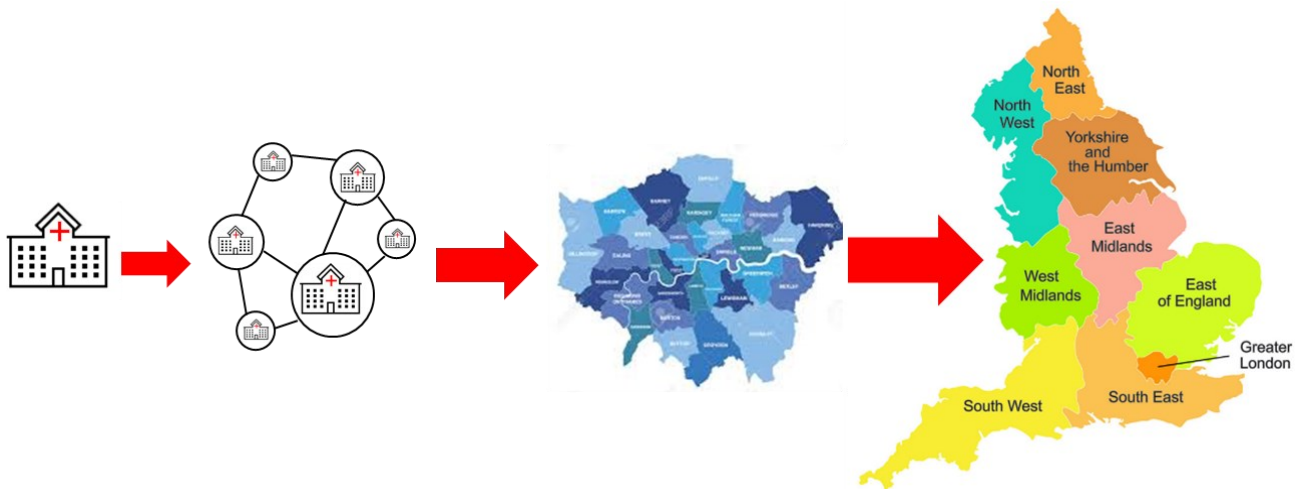
Priority setting – competing
agendas



Collaboration

Example - Pathology PE Programme

From Provider to Network to Region to England



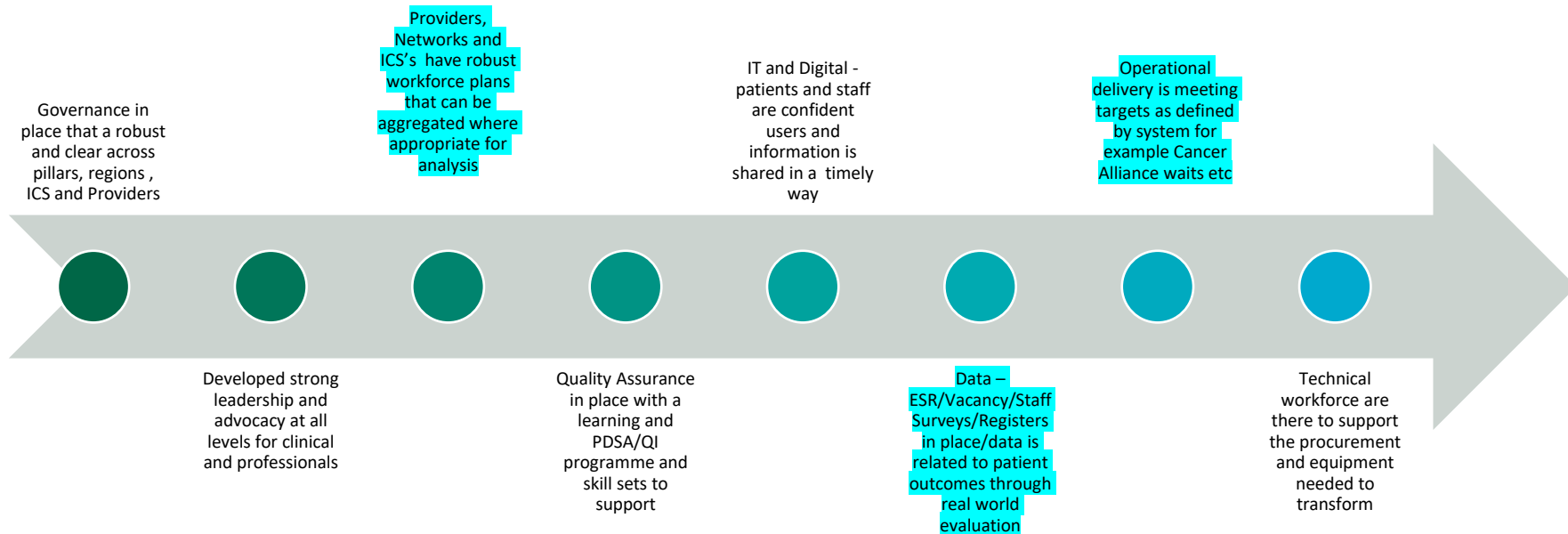
20 Practice Educators and 4 Apprentice Leads covering 22 networks are connecting and sharing learning resources between Laboratory services, regions, and national bodies to address shared workforce challenges in pathology

A Network of professionals beyond digital and geographical boundaries

- Accelerated connectivity with PEs.
- Networking removes silos and enables a share voice, ideas, skills and resources.
- Influencing regular Board updates, meetings with IBMS, Diagnostic Workforce Leads, NSHCS, ICS commissioners.
- PEs support new ways of working
- Different joining dates due to creation of new roles
- Peer support across the country



Measures of Success - Learning from Pathology



Sum up

- National Specialist Advisor for Sensory Health (Hearing/Tinnitus/Balance)
- National Hearing Checks Program
- Rapid Review Workshops
- Physiological Sciences (Audiology Workbook)
- Health Innovation Pilots with Wax removal
- CDC and Audiology networks
- HEE investment
- HCS leads are Regional level
- DHSC and NHSE Research Agenda Setting

Where are our future leaders coming from?

NHS England and NHS Improvement



Leadership for a collaborative and inclusive future

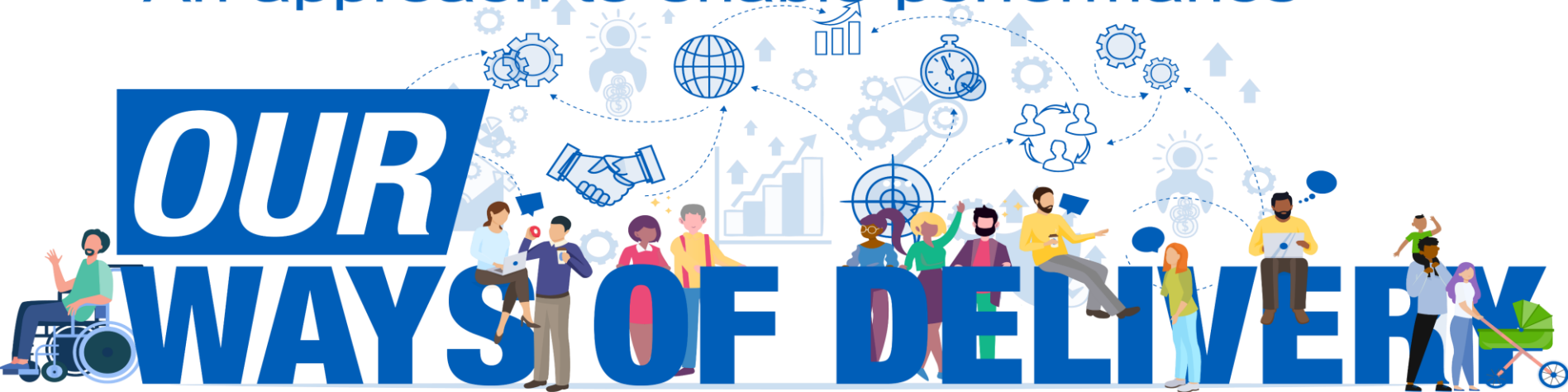
- In October 2021 the government announced a review into leadership across health and social care, led by former Vice Chief of the Defence Staff General Sir Gordon Messenger and supported by Dame Linda Pollard, Chair of Leeds Teaching Hospital Trust.
- The review focused on the best ways to strengthen leadership and management across health and with its key interfaces with adult social care in England. Following extensive stakeholder engagement, the review has now completed with the following 7 recommendations:
 - **Targeted interventions on collaborative leadership and organisational values**
 - **Positive equality, diversity and inclusion (EDI) action**
 - **Consistent management standards delivered through accredited training**
 - **A simplified, standard appraisal system for the NHS**
 - **A new career and talent management function for managers**
 - **Effective recruitment and development of non-executive directors (NEDs)**
 - **Encouraging top talent into challenged parts of the system**



All 7 recommendations have been accepted by the government and publication of the report (08/06/2022) will be followed by a plan committing to implementing the recommendations.

"Me at my best"

An approach to enable performance



Looking after our people

Belonging in the NHS

People Plan

New ways of working & delivering care

Growing for the future



Me at my best is

A supportive approach that outlines best practice in enabling performance.

Builds on the dynamic conversations framework already in use, introducing an approach to cover the performance enablement and prioritisation pillars.

Intended to support leaders and managers who are looking for guidance on how to better support their teams.

Based on behavioural science which is proven to enhance the employee experience through better performance enablement.

Flexible and inclusive, meaning that leaders can use aspects of the approach that work best for them



Me at my best is not

Intended to replace a formal performance improvement plan where it is deemed that close monitoring and follow up is required for a consistently underperforming employee.

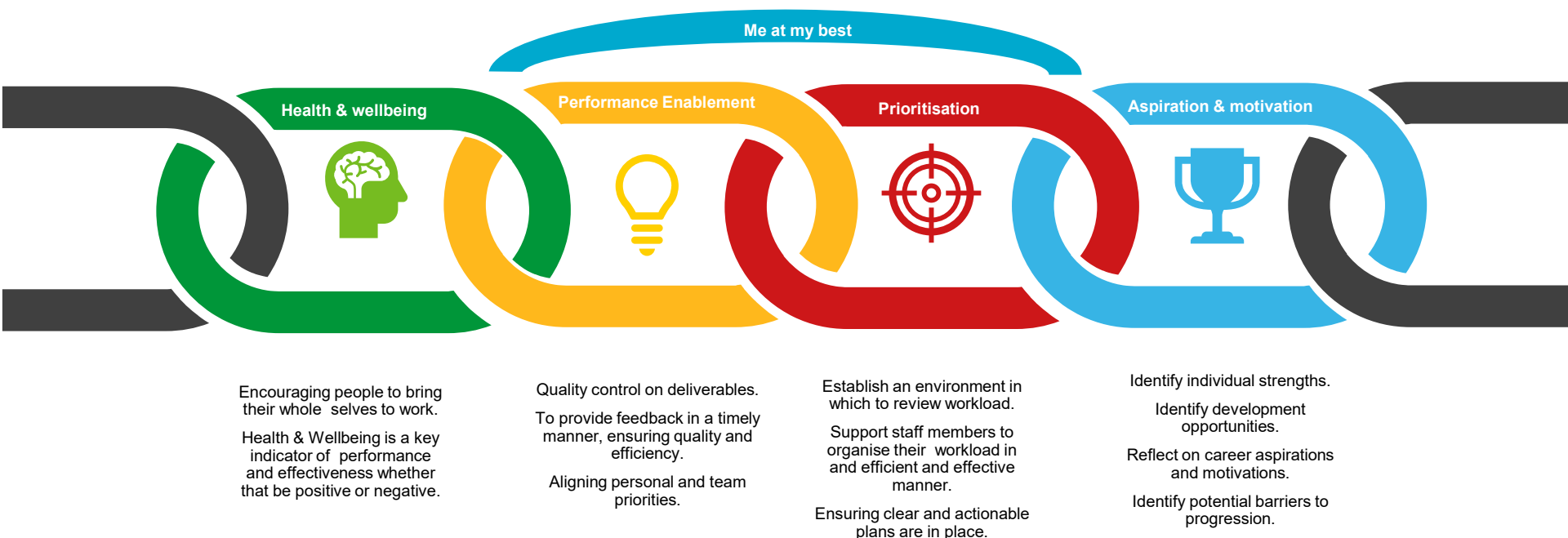
Prescriptive. Leaders can pick and mix whatever works for them, *provided* performance enablement is the focus and objectives are set and reviewed.

A new separate framework. Rather, it provides an approach to focus on the prioritisation and performance enablement pillars within the Dynamic Conversations framework.

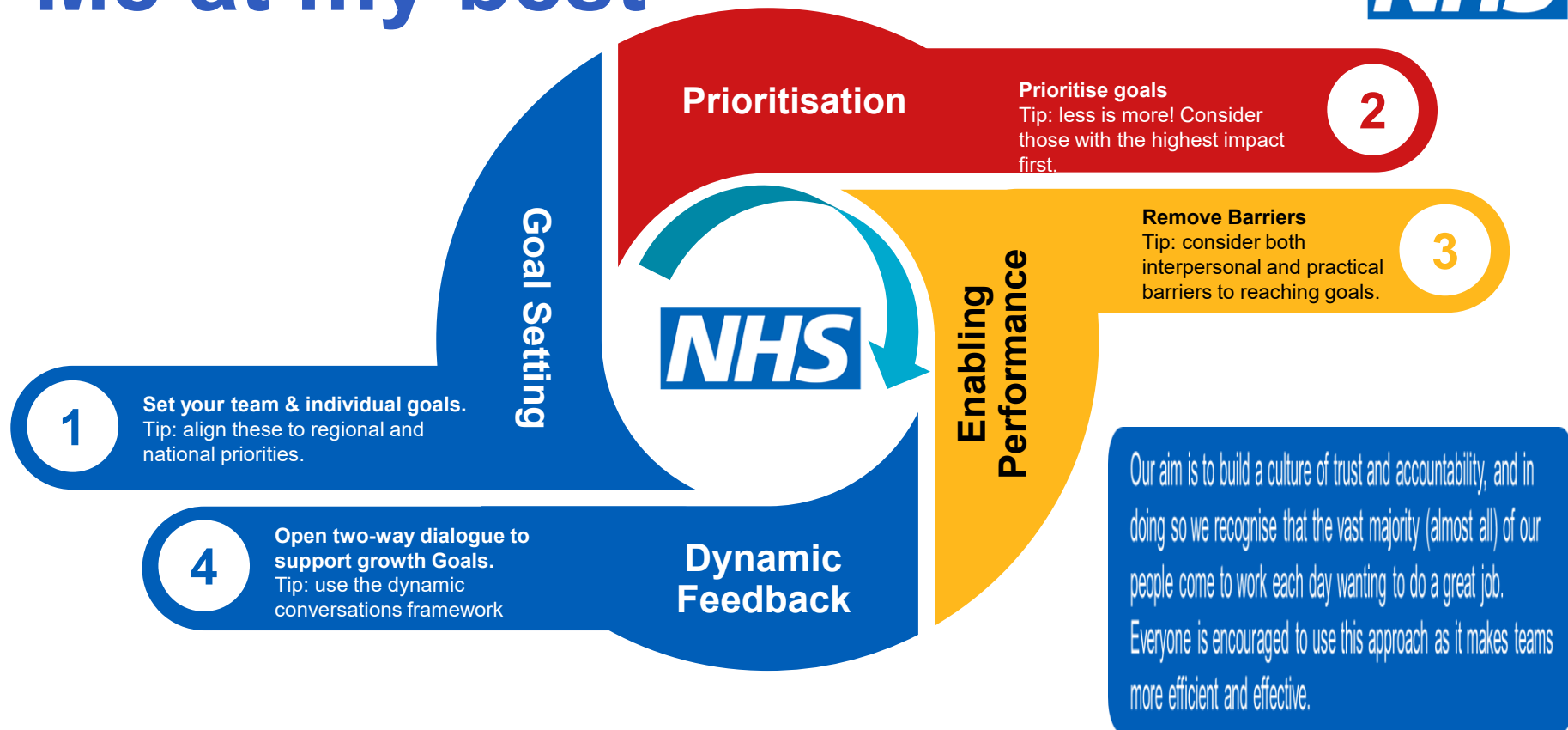
The performance approach within Dynamic Conversations

We know that good line managers support their colleagues and **enable performance through regular, supportive one-to-one conversations**. [Dynamic Conversation](#) provides a simple framework for these conversations to happen.

The 'Me at my best' approach **replaces appraisals and PDRs** within the dynamic conversations framework as it combines the pillars of Performance Enablement and Prioritisation.



“Me at my best”



- **Targeted interventions on collaborative leadership and organisational values**
A new, national entry-level induction for all who join health and social care.
A new, national mid-career programme for managers across health and social care.
- **Positive equality, diversity and inclusion (EDI) action**
Embed inclusive leadership practice as the responsibility of all leaders.
Commit to promoting equal opportunity and fairness standards.
More stringently enforce existing measures to improve equal opportunities and fairness.
Enhance the Care Quality Commission's role in ensuring improvement in EDI outcomes.
- **Consistent management standards delivered through accredited training**
A single set of unified, core leadership and management standards for managers.
Training and development bundles to meet these standards.
- **A simplified, standard appraisal system for the NHS**
A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.
- **A new career and talent management function for managers**
Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers.
- **More effective recruitment and development of non-executive directors**
Establishment of an expanded, specialist non-executive talent and appointments team.
- **Encouraging top talent into challenged parts of the system.**
- **Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles.**

Audiology Leadership

- What have we got now?
- What are the gaps?
- Who are our stakeholders? (old and new)

Leadership Conversations

- How will leaders be supported to develop an enabling leadership style?
- How will leaders develop a growth and outward focused mindset?
- How well do leaders understand the challenges of working with complexity and how to respond?
- How will you create a context that is receptive to innovation development, adoption and spread?
- What is the strategic plan for spread and adoption?
- What expertise, in innovation development, spread and adoption and quality improvement, is available?

Do we need to think about roles?

- Current workforce planning fit for purpose?
- Do we need to think about Network using the maturity matrix