

**Terms of Reference**  
for the Health & Care System  
**Review of Improvement and Leadership Development  
Capability**

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## 1 Purpose

This document sets out an outline scope and Terms of Reference for a Review of the NHS Leadership Academy (the Academy) and NHS Improving Quality (NHS IQ).

## 2 Background and Context

The Leadership Academy was established on 1 April 2012 to provide leadership development for the NHS.

The NHSIQ was established in April 2013, formed at the time of the implementation of the NHS reforms, from a combination of other organisations with improvement and change roles in the NHS.

Both organisations are hosted and funded through NHS England, though they provide support to the wider NHS. The Academy's funding has been effectively hypothecated for system-wide activity in relation to leadership, and was originally set up with funding from NHS National Leadership Council, NHS Institute and SHA MPET funds used on leadership development.

Both organisations have a key role to play in helping the NHS to improve.

The context for this review is that it is now one year since the reforms. The system is settling into its new role, and it is time to review how well these hosted organisations are working and delivering what was required of them. NHS England has also been reviewing and clarifying its role, as leader of the commissioning system, and considering how we ensure these two organisations are working effectively and delivering expected outcomes for the wider healthcare system.

In addition, NHS England published a Five Year Forward View, which set out proposals for how the NHS needs to transform if it is to continue to develop and be financially sustainable. In that context, it is critical that we ensure these two bodies are each aligned with and focused on the best way to support the necessary leadership and transformation interventions, and that we collectively get good value from money from their resources

We have also initiated a review of AHSNs, clinical senates, and networks. The review will consider how this "improvement infrastructure" operates, supports and interacts with the NHS system, and how effectively they drive and support a common and effective improvement agenda across the NHS and Health and care system. The two reviews will be fully aligned to meet the aims of the Five Year Forward View.

## 3 Scope and Purpose of the Review

While the Academy and NHS IQ are different organisations, there are some major and common questions the review should address for both organisations, as follows.

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- Given the requirements set out in the NHS Five Year Forward View published in Oct 2014, how can we best use the capability and capacity in IQ and the Academy to support the necessary transformation?
- What is the most appropriate and effective role for a single national body for each of leadership and improvement?
- How should the necessary interventions for leadership development be determined?
- Is each of the current organisations established and focused adequately to deliver the right interventions effectively for the system?
- How best to assess impact of the organisations in terms of outcomes by producing evidence and fact based data to identify current and alternative models of good practice?
- What scope do the organisations have for supporting major transformational change in the system, and what if anything would need to change to enable that to happen more effectively?
- How should the organisations be hosted, funded and governed to deliver their core purpose most effectively?

In addition, given their different roles, the review will also need to consider some specific requirements for each organisation, which are set out below;

### 3.1 Specific to the Academy

- How we ensure leadership development and talent management across the system are appropriately managed and supported, and defining the role the Academy can play in that.
- Considering the most effective areas of leadership development to be managed, coordinated or funded centrally – and which should be for regional or other level providers to manage, and how to ensure all providers manage leadership effectively.
- The review needs to take account of
  - Stuart Rose’s review of Leadership in the NHS, which is due to be published in late December
  - the outcomes of Robert Francis’s “Freedom to speak up” review of whistle blowing
  - the Minister’s responses to their conclusions, given DH’s policy leadership role.

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### 3.2 Specific to NHS IQ

The review needs to take account of

- the discussion already held with stakeholders about the role of an improvement body and consider its implications for the role of NHS IQ.
- the related review of wider improvement architecture -i.e. AHSNs, senates and networks, and consider NHS IQ's role and functions.

### 3.3 Specific Content for the Review

The review will need to

- Consider implications of the Five Year Forward View, and consider what role national bodies such as the Academy and NHS IQ could have to play in helping facilitate the transformation work across the system.
- Understand the scope and reach of current Academy programmes and NHS IQ improvement programmes, how these have been commissioned, and how they align with and support strategic priorities of the system
- Engage with a wide range of stakeholders, and customers of NHS IQ and the Academy services, to understand views about current arrangements.
- Consider whether the current “improvement architecture” is delivering effectively against its original purpose, which was
  - Driving continuous quality and improvement within NHS
  - To support the transformational change and outcomes Leadership development
  - Innovation and wealth creation agenda
  - Clinical leadership to provide cover for major service transformation

including an evaluation of customers' assessment of the value and success of the interventions, and whether that is what is needed in the future,

- Consider alternative options for delivering those needs by other public and private sector providers, with a view to concluding what can only or best be done by such national bodies?
- Make recommendations about future organisational arrangements, immediate stepping stones, and approach for taking forward, including resources, funding models and governance arrangements.

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## 4 Governance and decision making

Decision making will need to involve DH, who own policy, and national stakeholder organisations.

- NHS England, as host of the organisations, has appointed Ed Smith, Vice Chair of NHS England, to lead the review.
- He will chair a Steering group formed from the key national bodies with a shared interest in the system, including NHS England, DH, NHS TDA, Monitor, HEE, and PHE.
- Karen Wheeler is the NHS England Executive Director responsible for the review. She is also sponsor of the Academy and NHS IQ
- NHS England is also appointing an independent reviewer to carry out the review work on behalf of Ed Smith and under the oversight of the Steering group.
- The steering group will also involve and connect with other relevant governance forums, including the Strategic Advisory Boards of NHS IQ and the Academy.
- The steering group will also oversee the review of AHSN's, Clinical Senates, and Networks to ensure consistent direction and recommendations.
- The steering group will make recommendations to NHS England Board. Any recommendations and decisions which materially affect the system, or funding for leadership activities, will need to be approved by Ministers.

## 5 Timing

- The review will start from November, and complete by March 2015. This should enable it to pick up and address both the work of the Five Year Forward View and responses to the Stuart Rose review of Leadership, and the Robert Francis review of whistle blowing.
- The AHSN's, Senates and Networks review is currently scheduled to complete in December 2014. We will aim to ensure alignment of recommendations between the two reviews.
- Staff Impacts. We need to provide as much clarity for staff as soon as possible to enable staff who are potentially impacted by the reviews to access redeployment opportunities. Therefore, in both reviews we will aim to provide early findings and recommendations in relation to staff in the respective organisations.

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## **APPENDIX A**

The Steering Group members, at their first meeting on 12 November 2014, agreed the terms of reference, and also contributed additional points of emphasis which are summarised below:

The review needs to

- a) Ensure the Leadership and Improvement architecture **works across NHS and wider health system**, and exemplify how the system will work together.
- b) ensure the architecture is aligned with and **supports delivery of 5 year forward view**
- c) test whether the current arrangements, and ensure future arrangements, deliver **impact and value for money** from investment
- d) describe the landscape, address how **relationships work between national system and local delivery systems**, both in infrastructure and clinical settings, and provide a framework to **help local system leaders navigate** and access the support they need; consider role of transformational place – based leadership
- e) Cover **The academy and IQ PLUS AHSNs, Senates and networks**, and simplify and clarify their respective purpose.
- f) identify what is the **intention for leadership in the system**, what's the best structure and process for delivering that intention. The leadership offer should be flexible and support CCG's and commissioners, as well as providers
- g) ensure the new arrangements reflect **effective ways of working** based on porous boundaries between organisations, focus on behaviour vs regulation, right incentives for collaboration between organisations, a system which is not too tight, trust in colleagues
- h) ensure the system can carry on for **10 years**.
- i) link to and **build on other reviews**, including the Stuart Rose review, the Dalton Review, the RCGP Enquiry into care and the Urgent and Emergency Care review.

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