

NHS Improving Quality (NHS IQ) was set up to help the NHS change in a sustainable way, so that high quality care can be a reality for everyone. NHS IQ brings together knowledge, expertise and experience to develop improvement skills across the entire health and care system.

NHS IQ was set up by the Department of Health and NHS England in April 2013 under the terms of a three year agreement. It was established by bringing together five legacy organisations:

- National Cancer Action Team
- National End of Life Care Programme
- NHS Diabetes and Kidney Care
- NHS Improvement
- NHS Institute for Innovation and Improvement

NHS IQ's work to date has focused on building capacity and capability in the system, and on improvement programmes looking at priority areas such as seven day services, patient safety, living longer lives, long term conditions and experience of care.

NHS Leadership Academy

The NHS Leadership Academy was established in 2012 in order to help transform healthcare culture and services by professionalising healthcare leadership and create a more strategic approach to the development of talent across the NHS.

The NHS Leadership Academy's purpose is to work with partners to deliver excellent leadership development across the NHS to have a direct impact on patient care.

The Academy offers a range of tools, models, programmes and expertise to support individuals, organisations and local academies to develop leaders, celebrating and sharing where outstanding leadership makes a real difference.

In 2013 the Academy launched the largest and most comprehensive approach to leadership development ever undertaken through their suite of professional leadership programmes – which, in two years have now seen over 31,000 health care staff being a part of.

The principles of equality and inclusion are at the heart of the Academy's work – the NHS is a universal service and it is an aim of the Academy to ensure the development of a leadership community is representative of the community it serves.

Strategic Clinical Networks

The Strategic Clinical Networks were set up in April 2013.

They were established in areas of major healthcare challenge where a whole system, integrated approach was needed to achieve a real change in quality and outcomes of care for patients.

Strategic clinical networks seek to help commissioners reduce unwarranted variation in services and encourage innovation.

SCNs have been established and are supporting in the following areas:

- Cancer
- Cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease)
- Maternity and children;
- Mental health, dementia and neurological conditions.

Clinical Senates

Clinical Senates were established from April 2013 to play a unique role in the commissioning system by providing strategic clinical advice and leadership across a broad geographical area to CCGs, HWBs and the NHSE.

Clinical Senates take a broader, strategic view on the totality of healthcare within a particular geographical area, for example providing a strategic overview of major service change. They work collaboratively with commissioning organisations.

They provide independent strategic clinical advice as part of the NHSE reconfiguration assurance process having taken on the role of the National Clinical Advisory Team.

Academic Health Science Networks- AHSNs

The 15 AHSN's functions are to align education, clinical research, informatics, innovation, training & education and healthcare delivery.

They are either hosted by a trust or are Companies Limited by Guarantee. They do not have any NHSE staff.

In 2013 a five year licence agreed was agreed with NHSE. AHSNs have four objectives in this licence:

- Focus on the needs of patients and local populations;
- Speed up adoption of innovation into practice to improve clinical outcomes and patient experience;
- Build a culture of partnership and collaboration; and,
- Create wealth through co-development, testing, evaluation and early adoption and spread of new products and services

Each AHSN have developed annual business plans in line with their Prospectus and licence and receive some of their funding from NHSE. In 2014 AHSNs took on the Patient Safety Collaborative function and revised their business plans accordingly.

Financial Summary:

	2014/15			2015/16		Reduction	
	WTE (Plan)	WTE (As at Dec 2014)	£'000	WTE (Plan)	£'000	£'000	%
Organisation: NHS IQ:							
Admin	96.26	89.00	10,205	68.82	7,376	2,829	27.72%
Programme	151.70	123.72	34,225	170	19,914	14,311	41.81%
Total (Admin + Programme)	247.96	212.72	44,430	238.82	27,290	17,140	38.58%

Organisation: AHSN's, Senates, Networks							
Admin Budgets:							
AHSNs			-		-	-	-
Strategic Clinical Networks			7,000		6,000	1,000	14.28%
Clinical Senates			3,000		2,500	500	16.6%
Admin Budgets Total			10,000		8,500	1,500	15%
Programme Budgets:							
AHSNs			53,600		TBC		
Combined budget for Strategic Clinical Networks & Clinical Senates		330	32,100		TBC		
Programme Budgets Total		330	85,700				
Total (Admin + Programme)		330	95,700		8,500		TBC

Organisation: Leadership Academy							
Admin budgets	20.20	17.00	2,058	17.70	2,000	58	2.82%
Programme budgets: Leadership Programmes	54.90	48.40	70,642	52.60	50,800	19,842	28.09%
Total (Admin + Programme)	75.10	65.40	72,700	70.30	52,800	19,900	27.37%