University Hospitals of Leicester NHS
NHS Trust

To:	**Trust Board**
From:	CHIEF EXECUTIVE
Date:	**7 July 2011**
CQC regulation:	ALL

Title:	**MONTHLY UPDATE REPORT – JULY 2011**

Author/Responsible Director: Chief Executive

Purpose of the Report: To update the Trust Board on topical issues.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	√	Endorsement	

Summary / Key Points:

- the serious financial position of the Trust as at the end of month 2
- the recently improving UHL position in respect of performance against the 4 hour standard
- Health and Social Care Bill

Recommendations:

The Trust Board is invited to receive and note this report.

Strategic Risk Register N/A	**Performance KPIs year to date** N/A

Resource Implications (eg Financial, HR)
N/A

Assurance Implications
The report aims to assure the Trust Board on a number of topical issues.

Patient and Public Involvement (PPI) Implications
N/A

Equality Impact
N/A

Information exempt from Disclosure
N/A

Requirement for further review ? Monthly report to each Trust Board meeting.

Trust Board paper D

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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DATE: **7 JULY 2011**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – JULY 2011**

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1. KEY ISSUES

1.1 There are two key issues to draw to the attention of the Trust Board this month, namely:-

- the serious financial position of the Trust as at the end of month 2: this subject was discussed by the Trust Board at its special meeting held on 23rd June 2011 and is reviewed in further detail in the Quality, Financial and Performance section of this agenda;

- the recently improving UHL position in respect of performance against the 4 hour standard: again, performance is reviewed further in the Quality, Financial and Performance section of this agenda.

2. HEALTH AND SOCIAL CARE BILL

2.1 Amid growing concern, the Government announced in April 2011 that it would use the Parliamentary break after the Health and Social Care Bill's Committee stage to pause and listen to concerns.

2.2 A multi disciplinary group of health professionals (including the Chief Executive) and patient representatives called the NHS Future Forum was established, chaired by Professor Steve Field, to oversee the listening exercise. The Forum was tasked with reporting to the Prime Minister, Deputy Prime Minister and the Secretary of State for Health on what it heard on the following four themes:-

- how to ensure public accountability and patient involvement in the new system;

- how advice from across a range of healthcare professions can improve patient care;

- the role of choice and competition for improving quality;

- how new arrangements for education and training can support the modernisation process.

2.3. The NHS Future Forum published its report on 13th June 2011. Amongst its key

recommendations were the following:-

- the pace of the proposed changes should be varied so that the NHS implements them only where it is ready to do so;

- the Secretary of State for Health should remain ultimately accountable for the NHS;

- nurses, specialist doctors and other clinicians must be involved in making local decisions about the commissioning of care – not just GPs – but in doing this the NHS should avoid tokenism, or the creation of a new bureaucracy;

- competition should be used to secure greater choice and better value for patients – it should be used not as an end in itself but to improve quality, promote integration and increase citizens' rights;

- the drive for competition in the NHS should not be based on Monitor's duty to 'promote' competition, which should be removed, but on citizens' power to challenge the local health service when they feel it does not offer meaningful choices or good quality;

- all organisations involved in NHS care and spending NHS money should be subject to the same high standards of public openness and accountability.

2.4 The Government's response to the NHS Future Forum report was published on 14th June 2011. The key changes to the Government's health reforms include:-

- making an explicit commitment that the Secretary of State retains and is accountable for the overall responsibility of securing the comprehensive provision of health services (the exact working to be determined in the legislation). This will make clearer the means by which the Secretary will hold the new national bodies to account.

- Strengthening the governance of the clinical commissioning groups (note the change in title from GP commissioning consortia), with a requirement to meet in public and ensure lay input to their governing bodies, and introducing a requirement for Foundation Trust (FT) boards to meet in public.

- Widening the clinical input to commissioning by establishing clinical senates and clinical networks to advise commissioning groups and by requiring their governing bodies to include a specialist doctor and a nurse.

- Introducing flexibility in the implementation timetable:

    - clinical commissioning groups will not be required to take on their responsibilities from April 2013 if not ready and willing. For groups

in this position, the NHS Commissioning Board will take on some or all of their commissioning responsibilities and will be expected to develop the commissioning groups' capability and capacity to take full commissioning responsibility over time.

- Primary Care Trusts (PCTs) as previously stated continue to 2013 when the clusters will be reflected in the NHS Commissioning Board structure, although the exact number and geography will be determined by the NHS Commissioning Board nearer the time.

- Strategic Health Authorities (SHAs) will now continue until 2013 (although as clustered groupings as yet unspecified).

- Removing the blanket deadline for all NHS Trusts to become FTs by April 2014, although all will be required to move to FT status when 'clinically feasible'.

- Expecting Clinical Commissioning Groups to work very closely with Health and Wellbeing Boards, in particular to ensure that commissioning plans reflect local health needs and priorities and that joint commissioning of health and social care services is not undermined. Health and Wellbeing Boards will be able to raise concerns with the NHS Commissioning Board if this is not taking place.

- Removing the duty to promote competition from Monitor and replacing it with a core duty to protect and promote patients' interests and also to promote integration. Phasing the introduction of Any Qualified Provider and introducing a 'choice mandate' for the NHS Commissioning Board which will guide the actions of Clinical Commissioning Groups and Monitor in this regard.

- Setting out plans to publish details of the transition to the new education and training system, and consult on detailed proposals to change how it is funded in the Autumn.

- Recognising explicitly that good management is essential in improving the quality of front-line services and that money invested in management is well spent.

2.5 Subsequently, on 20th June 2011, the Chief Executive of the NHS published an update on the transition to the new system in the light of the Government's response to the Future Forum report. While acknowledging the recent period of 'significant uncertainty', the NHS Chief Executive offers assurance that the new arrangements 'will increase stability and provide greater flexibility'. Among the areas covered are: the clustering arrangements for SHAs; authorisation of clinical commissioning groups; the role of Monitor; the four sources of informatics support; establishment of HealthWatch both nationally and locally; the contracting of integrated services; the creation of the NHS Trust Development Authority and the enabling workstreams for transition management (Quality and Safety, Workforce, Finance, Research and Innovation and Estates).

2.6 The Health and Social Care Bill has returned to the Committee stage in the House of Commons, allowing line by line scrutiny of the amendments.

2.7. The Trust Board will continue to be briefed on key developments relating to the progress of the Health and Social Care Bill.

3. RECOMMENDATIONS

3.1 The Trust Board is recommended to receive and note this report.

Malcolm Lowe-Lauri
Chief Executive

1 July 2011