To:	**Trust Board**
From:	INTERIM CHIEF EXECUTIVE
Date:	**29 NOVEMBER 2012**
CQC regulation:	ALL

Title:	**MONTHLY UPDATE REPORT – NOVEMBER 2012**

Author/Responsible Director: Interim 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 report updates the Board on a number of topical issues, including:-

- Strategic Direction;
- Review of Safe and Sustainable Proposals for Children's Congenital Heart Services;
- Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England;
- Publication of the NHS Mandate;
- Consultation on Strengthening the NHS Constitution;
- The Regulation and Governance of NHS Charities;
- Hillsborough : The Report of the Hillsborough Independent Panel;
- Monitor : Trust Special Administration Regime;
- Monitor : Fair Playing Field Review – For the Benefit of Patients : Discussion Paper

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.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **29 NOVEMBER 2012**

REPORT BY: **INTERIM CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – NOVEMBER 2012**

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1. STRATEGIC DIRECTION

1.1 Since arriving at the Trust in July 2012, the Interim Chief Executive has undertaken work to develop the Trust's Strategic Direction. Staff have consistently said that they want a clearer sense of direction and to know where the Trust is heading and similar feedback has been received from some of the Trust's key stakeholders, including GPs, MPs and the Mayor of Leicester.

1.2 Discussions involving the Trust Board during July to October (including discussions at Board developments sessions) have culminated in the production of the Trust's Strategic Direction (enclosed separately) which was launched, internally and externally, earlier this month.

1.3 The Strategic Direction sets the context within which the Trust will continue to develop its five year Integrated Business Plan.

1.4 As the development of the Integrated Business Plan moves forward, the Trust Board will be invited to consider and approve a set of key performance indicators/milestones that enable the Board to monitor (quarterly) progress against implementing its vision and strategy for the Trust.

1.5 The Trust Board is **recommended** to adopt the Trust's Strategic Direction formally.

2. REVIEW OF SAFE AND SUSTAINABLE PROPOSALS FOR CHILDREN'S CONGENITAL HEART SERVICES

2.1 As previously reported, the Independent Reconfiguration Panel (IRP), the independent expert on NHS service change, has started a full review to consider whether the Safe and Sustainable proposals for Children's Congenital Heart Services will enable the provision of safe, sustainable and accessible services.

2.2 The IRP provided initial assessment advice in September 2012 following two referrals from the Health Scrutiny Committee for Lincolnshire, and from the Leicester, Leicestershire and Rutland Joint Health and Overview Scrutiny Committee. The Health Secretary accepted the IRP's advice that a full review should be undertaken. The

IRP are to present their recommendations to the Secretary of State by 28 February 2013.

2.3 As part of the review process, the IRP will visit the hospitals (including Glenfield Hospital) currently providing Children's Congenital Heart surgery to see the facilities and meet patients, clinicians and other staff. Similarly, over the coming weeks, Health and Overview Scrutiny Committees and MPs in England and Wales will be invited to share their views and new evidence they may have with the IRP. IRP panel members will also hold a series of meetings to hear directly from a range of interested parties, including local authority representatives and interest groups.

2.4 The Trust Board will continue to be informed of developments regarding the work of the IRP.

3. STANDARDS FOR MEMBERS OF NHS BOARDS AND CLINICAL COMMISSIONING GROUP GOVERNING BODIES IN ENGLAND

3.1 On 7th November 2012, the Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) published their Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.

3.2 The Authority was commissioned to develop the Standards by the Secretary of State for Health in July 2011 and submitted their final advice earlier this year (as reported to the Trust Board in March 2012 – Minute 58/12 refers).

3.3 The Standards, which apply to NHS England, cover three domains : personal behaviour, technical competence, and business practices; and put compassion and respect at the heart of NHS leadership.

3.4 The Standards are based on seven core values : responsibility, honesty, openness, respect, professionalism, leadership and integrity.

3.5 A copy of the Standards is attached at Appendix 1 to this report.

3.6 The Trust Board is **recommended** to consider and adopt the Standards, noting that the Trust Board has previously also adopted the Nolan Principles of Public Life (Minute 272/07/1 – 6th December 2007 refers) and its own Code of Conduct ("Trust Board Etiquette") (Minute 214/09/1 – 8th October 2009 refers), respectively.

4. PUBLICATION OF THE NHS MANDATE

4.1 On 13th November 2012, the Secretary of State for Health published the first Mandate to the NHS Commissioning Board (NHSCB). The NHS Mandate sets out the Government's ambitions for the NHS, which it is asking the NHSCB to achieve from April 2013 to the end of 2015. It sets a number of objectives from the Commissioning Board, based

on the five domains identified in the NHS Outcomes Framework, an updated version of which was also published on 13 November 2012.

4.2 The five key areas where the Government expects the NHSCB to make improvements are as follows:-

- preventing people from dying prematurely;
- enhancing quality of life for people with long-term conditions;
- helping people to recover from episodes of ill health or following injury;
- ensuring that people have a positive experience of care;
- treating and caring for people in a safe environment and protecting them from avoidable harm.

4.3 The key objectives contained within the Mandate include:-

- improving standards of care and not just treatment, especially for the elderly;
- better diagnosis, treatment and care for people with dementia;
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one to one care throughout pregnancy, childbirth and the post natal period;
- every patient will be able to give feedback on the quality of their care through the Friends and Family Test starting from next April;
- by 2015 everyone will be able to book their GP appointments on line, order a repeat prescription on line and talk to their GP on line;
- putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment;
- preventing premature deaths from the biggest killers;
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need with the publication of the results it achieves for all major services.

4.4 The Mandate has been drawn up following consultation with the public, health professionals and key organisations across the health system between July and September 2012.

5. CONSULTATION ON STRENGTHENING THE NHS CONSTITUTION

5.1 On 5th November 2012, the NHS Future Forum published recommendations for strengthening the NHS Constitution based on the following three themes:-

- awareness must be raised dramatically among public, patients and staff – for staff, this means helping them really understand what the Constitution means for their everyday work;
- the Constitution must be clearer about what happens when the NHS falls short of people's rights or expectations;

- the content needs updating and reinforcing in specific areas.

5.2 The Secretary of State for Health has accepted the recommendations and is now consulting formally on proposals to strengthen the Constitution.

5.3 The main changes proposed over:-

- a new responsibility for staff to treat patients not only with the highest standards of care, but also with compassion, dignity and respect;
- a new pledge making it explicit that patients can expect to sleep in single-sex wards;
- a new pledge to patients that NHS staff must be open and honest with them if things go wrong or mistakes happen – this 'duty of candour' will become a condition in the NHS Standard Contract from April 2103.

5.4 The changes also make it clearer that:-

- patients, their families and carers should be fully involved in all discussions and decisions about their care and treatment, including their end of life care;
- patients who are abusive or violent to NHS staff could be refused treatment;
- the NHS is equally concerned about physical and mental health.

5.5 Consultation questions are summarised in the document attached at appendix 2 to this report.

5.6 The Trust Board is invited to consider and comment upon the consultation questions.

5.7 Taking into account the views expressed by members of the Board at the meeting or subsequently, the Director of Corporate and Legal Affairs shall prepare and submit a formal Trust response to the consultation, in consultation with the Chairman and Chief Executive, by the closing date of 28th January 2013.

6. THE REGULATION AND GOVERNANCE OF NHS CHARITIES

6.1 On 1st November 2012, the Department of Health published a consultation document seeking feedback from the NHS and other interested parties on final proposals to revise the governance of NHS charities.

6.2 The proposals will:-

- remove regulation by Ministers;
- enable NHS charities to establish and operate more flexibly and independently, in the interests of donors and patients;

- preserve the close relationship with the providers of NHS services that the charities support.

6.3 The deadline for comments is 31st January 2013.

6.4 A report on the proposals shall be submitted to the next meeting of the Trust's Charitable Funds Committee to be held on the 18th January 2013, with the recommended response of the Trust thereafter being reported to the Trust Board for consideration and approval.

7. HILLSBOROUGH : THE REPORT OF THE HILLSBOROUGH INDEPENDENT PANEL

7.1 The report of the Hillsborough Independent Panel was published on 12th September 2012.

7.2 On 19th October 2012, the Chief Executive of the NHS in England wrote to the Chairs and Chief Executives of NHS Trusts in England drawing attention to the need to reflect carefully on the findings of the Report of the Hillsborough Independent Panel in the context of the services provided today.

7.3 The NHS Chief Executive states that the successor NHS organisations in Yorkshire have been studying the report carefully to ensure any lessons are learned for those organisations and that current systems and processes are fit for purpose. When this work has concluded, it is expected that any learning relevant for the wider system will be shared across the service as a whole.

7.4 However, the NHS Chief Executive also asks that, in the light of the report, Boards review their own arrangements for responding to major incidents, including the way in which organisations work together with local agencies, and that appropriate action is taken to ensure that current practices and processes are as robust as possible.

7.5 The Interim Director of Operations will report on the Trust's arrangements for responding to major incidents to a future meeting of the Governance and Risk Management Committee.

7.6 Looking to the future, the NHS Commissioning Board is working closely with local agencies and all its partners to establish new arrangements for emergency preparedness, resilience and response from April 2013. The Commissioning Board is currently refreshing systems and guidance for major incident planning and command and control and establishing Local Health Resilience Partnerships and will consider the findings of the Hillsborough Report as part of that work.

8. MONITOR : TRUST SPECIAL ADMINISTRATION REGIME

8.1 On 1st November 2012, Monitor took on a series of new powers under the Health and Social Care Act 2012 to enable the regulator to protect patient services at failing hospitals.

8.2 The new Trust Special Administration regime enables Monitor to appoint administrators to work with local commissioners to ensure that services are protected if a Trust becomes insolvent. This regime is designed to protect patient services ahead of creditors if Trusts break down financially.

8.3 Under the Trust Special Administration system, options for the continued provision of services include restructuring the existing service provider, using other providers to continue services at existing sites, relocating services to other local providers, or bringing in new providers such as an out of area provider wanting to expand.

8.4 The Trust Special Administration regime applies to Foundation Trusts and is not a court based insolvency process.

8.5 On 1st November 2012, the Department of Health launched a consultation process on the Health Special Administration regime, which will apply to social enterprises, companies and some charities providing services to the NHS. The Health Special Administration consultation sets out how safeguards to protect the services that patients need will be extended to NHS services provided by social enterprises and other companies.

9. MONITOR : FAIR PLAYING FIELD REVIEW – FOR THE BENEFIT OF PATIENTS : DISCUSSION PAPER

9.1 On 8th November 2012, Monitor published initial findings from its Fair Playing Field Review which showed that the commissioning of patient services has been the most common concern raised so far by respondents.

9.2 The document highlights a lack of tendering by commissioners as a barrier to entry for some providers and identifies payment systems which do not adequately compensate for services provided.

9.3 It also notes that different types of provider are subject to different regulatory burdens, which impacts on their ability to innovate.

9.4 The context for the Review is the Secretary of State for Health's request that Monitor carry out an independent review of 'matters that may be affecting the ability of providers of NHS services to participate fully in improving patient care'.

9.5 The independent review is to support the Secretary of State for Health in his duty under Section 8 of the Health and Social Care Act 2012 to lay a report before Parliament on 'the treatment of NHS healthcare providers with regards any matter which might affect their ability to provide healthcare services for the purposes of the NHS'.

9.6 The Secretary of State must lay his report before Parliament by 27th March 2013, and Monitor intends to turn to policy recommendations at the start of 2013.

10. RECOMMENDATIONS

10.1 The Trust Board is invited to consider this report and to adopt the Trust's Strategic Direction (paragraph 1 above refers); adopt the Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England (paragraph 3 above refers); and to consider and comment upon the consultation on strengthening the NHS Constitution (paragraph 5 above refers).

Jim Birrell
Interim Chief Executive

22nd November 2012

University Hospitals of Leicester NHS
NHS Trust

Strategic Direction

Vision

In the next five years, we will become a successful, patient centred, Foundation Trust that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience.

We call this...

...Caring at its best

November 2012

Introduction

This 'strategic direction' outlines our thinking about the future shape of our clinical services. The proposals within this document reflect the ambitions of our staff to provide quality acute care and contribute to the wider healthcare system for the people of Leicester, Leicestershire and Rutland (LLR). Our overriding aim is to deliver high quality, safe, compassionate and affordable care.

It is important to understand that we are still developing the strategy; it will be finalised when the thoughts, aspirations, plans and ideas within this document have been tested, challenged and costed. We are not however going to spend months agonising over the fine details... most of us know what we need to do, we just need to be able to get on and do it.

Martin Hindle, Chairman
Jim Birrell, Interim CEO
Dr Kevin Harris, Medical Director
Suzanne Hinchliffe, Chief Nurse




Our hospitals in five years time

Improving quality and safety will be the thread that runs through our purpose, vision and strategy. This has a significant impact on the way we will take the organisation forward.

Leicester General Hospital will be the centre of our non-emergency 'elective' care work, incorporating much of our outpatient activity, as well as the 'Diabetes Centre of Excellence', the 'Nutrition Diet & Lifestyle Biomedical Research Institute', community maternity services and a rehabilitation facility for city patients. Day-case treatment will be the norm, delivered from a dedicated day-case unit and the infrastructure and environment will be developed to make the patient journey as simple as possible, from parking to treatment and ultimately discharge.

Leicester Royal Infirmary will host the remodelled Emergency Department with more specialist clinicians available at the front door. We will look at the affordability of a physical Leicester Children's Hospital, whilst integrated services for the growing frail older population will be enhanced and become the national model for others to follow. The 'Leicester Cancer Centre' will continue to develop and cement its links with Cancer Research UK as a significant research and development led service.

Glenfield Hospital will build on its reputation for cardiac and respiratory services and research, becoming home to the 'Leicester Heart Centre' and the 'Leicester Respiratory Centre'. To further strengthen this portfolio, renal and transplant inpatient services will move here by 2017.

Overall, Leicester's Hospitals will become smaller, more specialised and more able to support the drive to deliver non urgent care in the community. As a result of centralising and specialising services we will improve quality, safety and the hospital experience for our patients, from the time they park their car to the moment they leave.

We will be in the top 10% of trusts for our low mortality rates, for low waiting times and for patients rating the care they receive as excellent.

In common with the rest of the NHS, we face a significant financial challenge over the next few years. We will develop a Transformation Programme that releases £100m over the next three years. This will be done in partnership with other local health organisations and social care through the Better Care Together programme which aims to drive quality up and cost down.

We will save money by no longer supporting an old, expensive and under used estate and we will become more productive.

This will enable us to make a cash surplus as a viable Foundation Trust at the end of each year. We will use it to fund improvements to our existing services and the creation of new, innovative services supported by research and development.

Our purpose

We are here to provide Caring at its best to our patients and their carers
Caring at its best means at all times, we behave in line with our values...

We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued.

We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something we will explain why.

We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly.

We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively.

We are passionate and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success.

Our strategic objectives

Underpinning our vision, purpose and values are our strategic objectives. By delivering these we will fulfil our purpose to provide 'Caring at its best'.

Caring at its best

They place quality and safety at the heart of our hospitals; they show that timely, effective emergency care is crucial; they recognise that we want people to choose to come to us when they require planned care and they underline the importance of research and teaching in the development of our specialist services:

Our strategic objectives in more detail:

Over the last 12 months the divisions and clinical business units have been working on their service strategies. This work means that we can now begin to show how these objectives will be converted into reality by delivering the key developments described overleaf.

Provide safe, high quality, patient-centred healthcare

Quality is both cultural and operational; it has to be ingrained as well as applied. We will focus relentlessly on specific quality themes to create a Trust where pressure ulcers, infections and patient falls are rare.

Cancellations, delays and readmissions will be negligible and mortality will be amongst the lowest in the country. In honouring our values and behaviours we will improve the patient experience to make 'Caring at its best' a daily reality, for every patient in every part of the Trust.

Overall, we will save more lives, reduce avoidable harm and improve patient experience.

Key developments will be...

Improving patient experience

More patients and relatives will recommend our hospitals to their family and friends, putting us in the top 20% of trusts within the region.

We will:

- Develop a 'Caring at its best' training package for all ward staff, supported by clear and deliverable care standards which will be rolled out to the whole Trust by March 2013.
- Establish a 'Caring at its best Support Team' to help wards and other clinical areas that have received consistently below average patient feedback to turn their results around quickly and sustainably;
- Create a 'You said, we did' patient feedback board at the entrance to every ward under the ownership of a named ward patient experience leader;
- Improve signage, reception areas and the 'welcome' at all entry points to our hospitals to help create the best first impression for our patients and their carers.

Reducing avoidable harm

In-hospital falls

Each year around 282,000 patient falls are reported nationally in hospitals. The majority of patients who fall are aged over 75 years and have multiple long term and acute illnesses. Although all falls cannot be prevented without unacceptable restrictions to patients' independence, dignity and privacy, falls can be reduced by 20-30% by close attention to assessment and interventions. We will deliver year on year reductions in the numbers of falls by:

- Continuing to assess every inpatient for their risk of falling;
- Every patient at high risk of falling will have personal falls prevention plan;
- All nursing staff will complete falls training;
- Ensuring all falls are reviewed and learning outcomes are identified and acted upon.

Pressure ulcers (bed sores)

We have made significant progress in reducing grade 3 and 4 (the most serious) avoidable hospital acquired pressure ulcers but the focus now needs to be on elimination as opposed to reduction.

- We will ensure that no patient leaves our hospital with a pressure ulcer (or for existing ulcers there is no deterioration);
- We will target training interventions on skin care and pressure ulcer prevention to ensure consistency and best practice.

Catheter acquired urinary tract infections

Elimination of catheter acquired urinary tract infections. We will achieve this by:

- Introducing a training programme for all nursing/medical staff;
- Undertaking monthly 'safety thermometer' audits and using this information to inform our improvement plans;
- Increase surveillance across the Trust.

Hospital acquired venous thrombo-embolism (VTE)

To be in the top 25% of hospitals nationally.

We will achieve this by:

- Ensuring all patients are risk assessed on admission;
- Undertaking reviews of all hospital acquired thrombosis and ensuring that learning outcomes are identified and acted upon;
- In collaboration with primary care, increase patient education and management plans to prevent post discharge thrombosis.

Preventing infections

We have consistently delivered on reduction targets for MRSA and Clostridium Difficile (CDiff). To build on this work and maintain our performance in the top 20% of hospitals, we will:

- Embark on a trust wide surgical site infection surveillance programme;
- Be at the forefront nationally of research in 'multi-drug resistant' (MDR) organisms;
- Expand our monitoring and target reductions of infections.

Lower mortality

Our crude mortality rate is low and our aim is for our risk adjusted mortality rate to be amongst the best hospitals for both HSMR (in-hospital) and SHMI (in-hospital and within 30 days of discharge). Specifically we will aim for an HSMR and SHMI below 100.

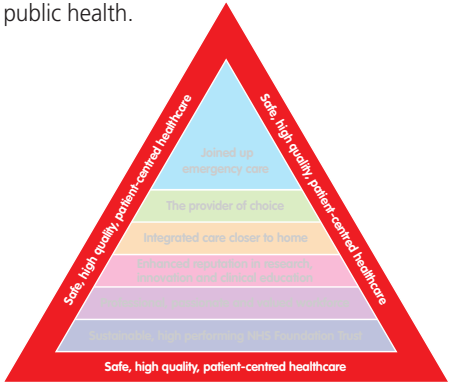
To achieve this we are going to:

Give relentless attention to implementation of the 5 Critical Safety Actions:

1. Improving clinical handover
2. Early Warnings Scores (EWS) triggers and actions
3. Implement and embed mortality and morbidity standards
4. Acting upon results
5. Senior clinical review, ward rounds and notation

Clinical pathways:

Review and agree clinical pathways of patient groups with known high mortality rates (pneumonia, Chronic Obstructive Pulmonary Disease (COPD) heart failure) in collaboration with primary care and public health.



Develop joined up emergency care that consistently meets patient expectations

Many of our patients begin their journey in the Emergency Department; we have to improve the models of care and the environment to deliver a better patient experience and better quality outcomes.

Key developments will be...

The new emergency care model

By 2013 we will have created the new emergency care model supported by a new 'Emergency Floor' at the Royal. By bringing clinical decision makers closer to the front door of the hospital and supporting them with rapid access to tests and diagnostic imaging we will transform the speed, quality and experience of our emergency process.

Better services for frail older people

The national population aged 75+ is increasing dramatically. We have to respond. In 2011/12 we established the Emergency Frailty Unit (EFU), this has enabled the timely transfer of older patients to the most appropriate care pathway, either in the acute setting or community.

Our plan for improving services further includes:

- Expanding the coverage of the Frail Older Peoples Advice and Liaison Service (FOPAL) through the development of dedicated nurse practitioners and physician assistants by April 2013;
- The development of an Acute Frailty Unit staffed seven days a week by geriatricians and their team by July 2013;
- Supporting the Clinical Commissioning Groups, (CCGs) in developing enhanced support for older people in the community setting and in community hospitals.

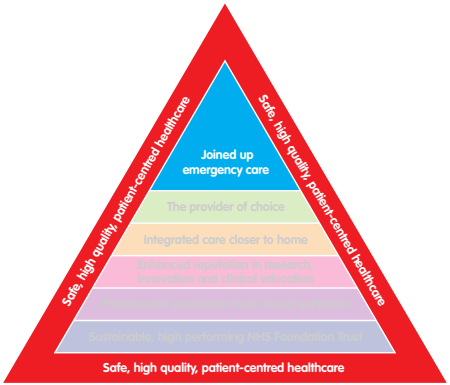
Making as much care as possible 'planned'

The current growth in emergency admissions is not sustainable. Increasing numbers of patients requiring urgent medical assessment and review pose a daily challenge for the Emergency Department.

Working with our primary care partners we will make sure that health care and specialist advice and clinics are in place to better manage long term conditions and chronic diseases like diabetes and COPD so that together we can intervene before an emergency admission to hospital becomes necessary.

More critical and intensive care beds

Our current critical care service is based on three sites. The plan is to provide an integrated critical care service across two acute sites and at the same time increase the number of critical care beds. The revised mix of emergency acute services between the Royal Infirmary and Glenfield Hospital will enable us to implement these changes in a phased approach over the five years of this strategy.



Consolidate our status as the provider of choice

Which means that patients and GPs will want to use us ... not just because we are local, but because we are consistently the best option.

This means that we are going to fundamentally change some of the ways we work. We will make sure that we take the 'hassle out of hospital' for patients, reducing cancellations and making sure that every hospital visit is delivered to the highest quality, safely and without delay.

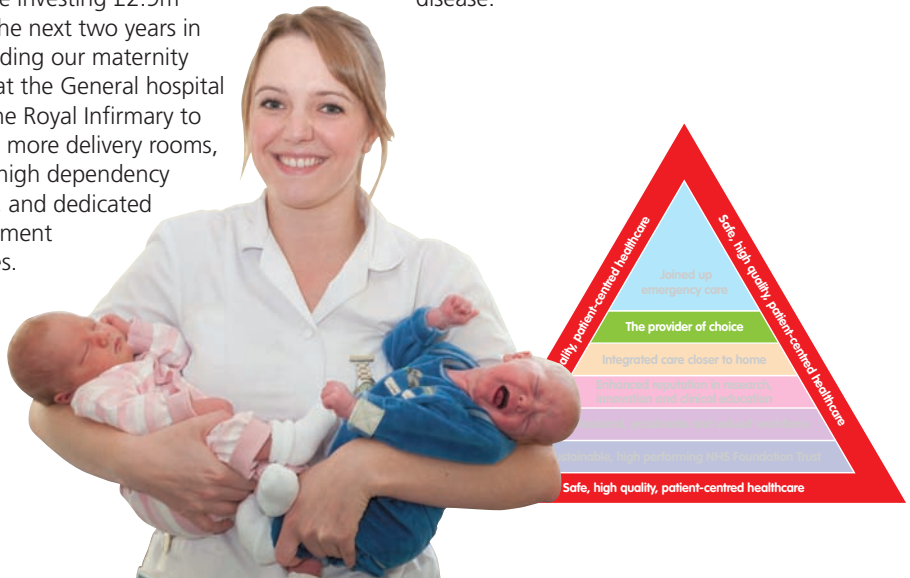
Key developments will be...

A dedicated day-case unit

Too often routine planned care is affected by sudden peaks in emergency cases, resulting in patients being delayed or cancelled. To tackle this we will fully separate emergency and planned care and create a dedicated day-case unit at the General hospital.

Improved maternity and gynaecology service

The main challenge facing maternity services over the next five years is the continued increase in birth rates. We are investing £2.9m over the next two years in expanding our maternity units at the General hospital and the Royal Infirmary to create more delivery rooms, extra high dependency space, and dedicated assessment centres.



Diabetes and chronic disease:

The General hospital will be the home of the Diabetes Centre of Excellence and the regional outpatient dialysis hub for the treatment of patients with chronic kidney disease.

Work with partners to offer integrated care closer to home

Our Hospitals are crucial to the future success and sustainability of the local NHS. Our strategic direction must therefore take account of the needs and aspirations of local commissioners (GPs).

When we say that our hospitals will become smaller and more specialised it is in recognition of the fact that our patients, stakeholders and their GPs want to see more care available in the community that has traditionally been provided in hospitals. Bringing our care services 'closer to home' is therefore a key component of our strategy.

Key developments will be...

Community dermatology appointments

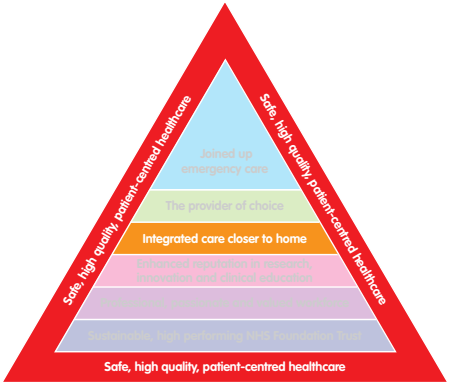
The movement of some dermatology appointments from hospital to a community setting.

Glaucoma testing on the high street

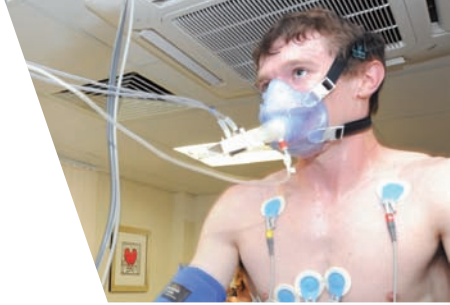
The establishment of a new service model to enable optometrists to carry out glaucoma testing on the high street, rather than in hospital.

New models of care for diabetes patients

Diabetes patients can be cared for by diabetic nurse specialists in local GP centres or community hubs.



Enhance our reputation in research, innovation and clinical education



We will back those clinical services where we currently excel and we will build them to be even better. Education, research and development is key to our strategy.

Being a high quality training organisation is important for us to maintain quality and safe patient care. It also helps in maintaining the motivation and enthusiasm of staff and in attracting new high quality staff to work in our organisation. In collaboration with our academic partners, we undertake a wide portfolio of patient-centred research which includes almost every aspect of specialist medicine and surgery. Research and innovation brings both funding and clinical talent to Leicester; meaning that local people have access to new and better treatments and procedures before the rest of the country.

We recognise that our clinical services rely on other things too. So, we have the same high ambitions for creating high quality support services, for example, finance, IT and facilities management.

Key developments will be...

The Leicester Heart Centre and the Cardiovascular Biomedical Research Unit

Based at Glenfield Hospital, it will continue to develop specialist cardiology services, underpinned by research and development. The emphasis will shift to a more complex spectrum of interventions and device insertion. This will incorporate the development of the valve services in both our adult and congenital cardiac patients to respond to the needs of an increasing older population.

The Leicester Respiratory Institute and the Respiratory Biomedical Research Unit

Again based at Glenfield Hospital it will continue to work on respiratory illnesses like COPD and asthma harnessing the knowledge and innovation created from the Respiratory Biomedical Research Unit.

The Diabetes Centre of Excellence and the Nutrition diet and lifestyle Biomedical Research Unit

The Nutrition, Diet and Lifestyle BRU will be sited within the Diabetes Centre of Excellence at the General hospital and at facilities at Loughborough University. The focus of the research will be on the application of sports and exercise science to the prevention and treatment of chronic disease.

The 'Hope' Clinical Trials Unit

The new 'Hope Against Cancer' Clinical Trials Unit, partly funded by The Hope Foundation, is critical to the renewal of our Experimental Cancer Medicine Centre, (ECMC) status by Cancer Research UK (CRUK).
The development of the unit and the opportunity to increase our trials portfolio is fundamental to our application to be a prestigious CRUK Cancer Centre and supports our ECMC grant renewal process.

National Centre for Sport & Exercise Medicine

Leicester has a strong sporting tradition with Loughborough University, a major centre of sporting excellence in the UK, in its catchment area. As part of the 2012 Olympic legacy programme a commitment of £30m has been made to National Centres for Sport & Exercise Medicine, one of which will be based at Loughborough with direct involvement from our Hospitals. This will facilitate research and education along with our East Midlands partners and deliver an exercise medicine service to athletes and those people with long term conditions.

Pathology

'Empath' is a joint venture between ourselves and Nottingham University Hospitals NHS Trust (NUH). Its vision is to become the pre-eminent provider of pathology services in the UK, supported by the academic ambition to be a world class centre in translational research. The completion date for a fully operational hub is October 2013.

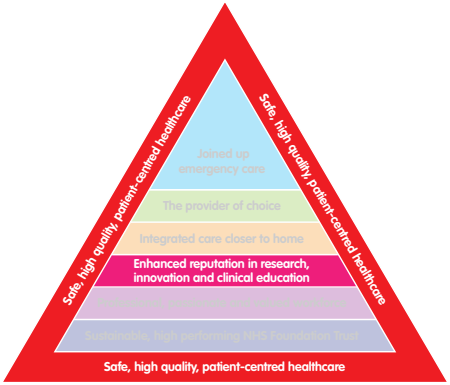
Better buildings, better services and better parking

We will work with other NHS organisations locally and with a private sector partner to improve the environment of our hospitals. Funded through a combination of private sector investment and NHS capital we intend to create:

- a dedicated day surgery centre, outpatient and pre-assessment hub at the General hospital;
- rehabilitation wards at the General hospital;
- expanded and improved maternity services;
- a stand-alone children's hospital at the Royal Infirmary;
- a new car park at the Royal Infirmary;
- a renal and transplant centre at Glenfield Hospital.

Information Technology (IT) transformation

Good IT is key to the quality, safety and viability of our services. A joined up electronic patient record is just one component of our drive to support quality and safety with excellent IT. The procurement of a Managed Business Partner to deliver IT will be a key enabler for our Clinical Strategy. The contract for this business partner is expected to be awarded in October 2012 and work will start immediately on upgrading and consolidating our currently numerous and old fashioned IT systems.



Deliver services through a professional, passionate and valued workforce

More than 10,000 people work in our hospitals, making the Trust the second largest employer in Leicestershire and Rutland.

The professionalism, compassion, hard work and ingenuity of staff in all parts of the Trust is both the bedrock of our reputation and key to our future as a sustainable NHS Foundation Trust.

To support the strategic direction we will develop and implement a Trust Organisational Development Plan, which will support staff, reinforce our shared values and make the Trust a place where people are proud to work.

Key developments will be…

Training and Development

We will: work with a range of external organisations such as Learn Direct, Leicester College and East Midlands Leadership Academy to expand the variety of courses and opportunities on offer.

We will: continue with our Leadership Excellence Programme for all our ward and team leaders and the recently launched programme designed specifically for medical leaders.

We will: ensure that all staff have, in conjunction with their managers, time to assess and agree their training and development needs to better fulfil their current job, to reach their full potential and to enhance their career progression.

Being a Good Employer

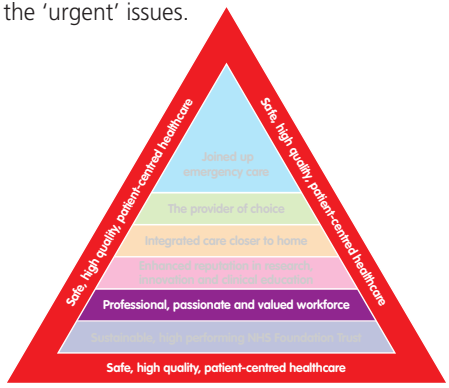
We are committed to supporting all members of staff by offering opportunities for flexible working arrangements that facilitate a healthy work-life balance. Nearly 50% of staff already work part-time or have a flexible working arrangement in place.

We will: continue to expand the range of employee benefits to include more salary sacrifice schemes that help staff purchase amongst other things, cheaper childcare vouchers, accommodation and car parking.

Encouraging innovation

Our senior leaders are too often tied up in day to day operational issues and occasionally crisis management. This means that they often lack the time and space to look at innovative and more efficient ways of delivering our services with their colleagues or with their staff.

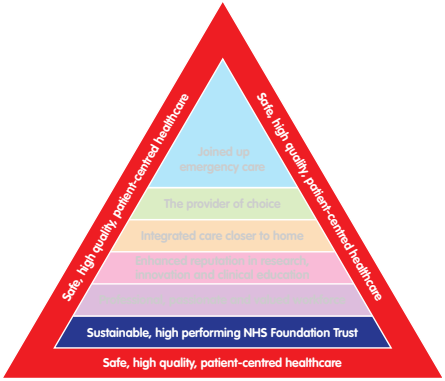
We will work with our senior leaders to explore ways of freeing up more of their time to focus on the 'Important' as well as the 'urgent' issues.



Be recognised as a sustainable, high performing NHS Foundation Trust

A Foundation Trust where local people and staff have a voice and a stake in the future.

Our aim is to become a NHS Foundation Trust by April 2014. FT status will give us more freedom to run the Trust in response to local people's aims and aspirations for their NHS. We currently have over 13,000 public members and 11,000 staff members. As a FT we will hold elections for members of the public and members of staff to join our Council of Governors. The Governors will work alongside our Trust Board to determine local priorities and hold the Board accountable for delivering them. In one sense the greatest benefit to becoming a FT is that it puts nurses, doctors, managers and local people around the same table to think about what is best for patients; we think that is a powerful partnership. A closer relationship with our local population will not only improve how we run our services; it will also encourage us to become a more active partner in the broader life of the region. Through our membership and Governors we will gain a greater insight in to the role we play in local life and how we can positively contribute to the health, environment and circumstances of our community.



Summary

The picture we are painting is of a successful NHS Foundation Trust with quality and safety at its heart, delivering emergency care when it is needed most and planned care when people choose.

We will back those specialist services where we currently excel in both delivery and research and we will investigate new and improved services and clinical models for the future.

Clearly, our proposals will be shared with internal and external stakeholders. We will also continue to finesse some of the big themes in this strategic direction as more detailed planning takes place.

During this phase of our work towards a full strategy it is likely that some content will change as we factor in commissioner expectations, clinical sustainability and overall financial viability. Nevertheless, our core purpose to deliver Caring at its best as a successful, safe, quality driven NHS Foundation Trust, will remain constant.

Caring at its best

professional standards authority

Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England

All members of NHS boards and CCG governing bodies should understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand that I must act in the interests of patients, service users and the community I serve, and that I must uphold the law and be fair and honest in all my dealings.

Professional Standards Authority
157-197 Buckingham Palace Road, London SW1W 9SP
Telephone: 020 7389 8030 Email: info@professionalstandards.org.uk
Web: www.professionalstandards.org.uk

The Professional Standards Authority for Health and Social Care is the new name for the Council for Healthcare Regulatory Excellence.

Personal behaviour

1. As a Member[1] I commit to:

The values of the NHS Constitution

Promoting equality

Promoting human rights

in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which I am responsible.

2. I will apply the following values in my work and relationships with others:

- **Responsibility**: I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board[2], including delegated responsibilities, and for the staff and services for which I am responsible
- **Honesty**: I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a board member
- **Openness**: I will be open about the reasoning, reasons and processes underpinning my actions, transactions, communications, behaviours and decision-making and about any conflicts of interest
- **Respect**: I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times
- **Professionalism**: I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound
- **Leadership**: I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all
- **Integrity**: I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

1 The term 'Member' is used throughout this document to refer to members of NHS boards and CCG governing bodies in England.

2 The term 'board' is used throughout this document to refer collectively to NHS boards and CCG governing bodies in England.

Technical competence

3. As a Member, for myself, my organisation, and the NHS, I will seek:

Excellence in clinical care, patient safety, patient experience, and the accessibility of services

To make sound decisions individually and collectively

Long term financial stability and the best value for the benefit of patients, service users and the community.

4. I will do this by:

- Always putting the safety of patients and service users, the quality of care and patient experience first, and enabling colleagues to do the same
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning and continuing professional development
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial and legal contexts in which it operates
- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively
- Publicly upholding all decisions taken by the board under due process for as long as I am a member of the board
- Thinking strategically and developmentally
- Seeking and using evidence as the basis for decisions and actions
- Understanding the health needs of the population I serve
- Reflecting on personal, board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, as enshrined in data protection and freedom of information law and guidance.

Business practices

5. As a Member, for myself and my organisation, I will seek:

To ensure my organisation is fit to serve its patients and service users, and the community

To be fair, transparent, measured, and thorough in decision-making and in the management of public money

To be ready to be held publicly to account for my organisation's decisions and for its use of public money.

6. I will do this by:

- Declaring any personal, professional or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours or decision-making, and removing myself from decision-making when they might be perceived to do so
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify
- Ensuring that effective complaints and whistleblowing procedures are in place and in use
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or board members about standards of care or conduct
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions
- Being open about the evidence, reasoning and reasons behind decisions about budget, resource, and contract allocation
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective and properly used, and that the values in these Standards are put into action in the design and delivery of services
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money
- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing so.

NHS Constitution: Summary of consultation questions

Patient involvement
Q1. What are your views on the proposed changes to strengthen patient involvement in the NHS Constitution?

Feedback
Q2. What do you think about our proposal to set out in the NHS Constitution the importance of patient and staff feedback towards improving NHS services?

Duty of Candour
Q3. Do you agree with, or have any concerns about, amending this pledge to make it more specific as suggested?

Making every contact count
Q4. What are your views on including in the NHS Constitution a new responsibility for staff to make ‘every contact count’ with the aim of improving health and wellbeing of patients?

Integrated care
Q5. Do the proposed changes to the NHS Constitution make it sufficiently clear to patients, their families and carers how the NHS supports them through care that is coordinated and tailored around their needs and preferences?

Complaints
Q6. Do you think it is helpful for the NHS Constitution to set out these additional rights on making a complaint and seeking redress?

Q7. Do the additional new rights make the complaints process easier to understand and make clear to patients what they should expect when they make a complaint?

Patient data
Q8. Do the proposed changes to the NHS Constitution make clear how the NHS will safeguard and use patient data?

Staff rights, responsibilities and commitments
Q9. Do you agree with the proposed changes to the wording of the staff duties and the aims surrounding the rights and responsibilities of staff? What do you think about the changes to make clear to staff around what they can expect from the NHS to ensure a positive working environment?

Parity of esteem between mental and physical health

Q10. Do you agree with the wording used to emphasise the parity of mental and physical health? Are there any further changes that you think should be made that are feasible to include in the NHS Constitution?

Dignity, respect and compassion

Q11. What are your views on the wording used to highlight the importance of ensuring that the tenets of dignity, respect and compassion are sufficiently represented in the NHS Constitution?

Q12. Do you agree with the suggestion of including a new pledge for same sex accommodation?

Local authorities' role

Q13. Do the proposed changes to the NHS Constitution make it clear what patients, staff and the public can expect from local authorities and that local authorities must take account of the Constitution in their decisions and actions?

Raising awareness and embedding the Constitution

Q14. Have you seen further examples of good practice in raising awareness and embedding the NHS Constitution that should be taken into account in these plans?

Q15. Do you have further recommendations for re-launching, rolling out and embedding the Constitution from next spring?

Giving the Constitution greater traction

Q16. To help shape our future consultation, do you have views on how the NHS Constitution can be given greater traction to help people know what they should do when their expectations of the NHS are not met?

Equalities

Q17. How can we ensure the NHS Constitution is accessible and useable to individuals of different backgrounds and to different sections of society?

Q18. Are there any ways in which the proposed changes set out in this consultation could have an adverse impact, directly or indirectly, on groups with protected characteristics? If so, how?

General

Q19. Do you have any further comments about our proposals for strengthening the NHS Constitution?