Trust Board paper C

University Hospitals of Leicester **NHS**
NHS Trust

To:	**Trust Board**
From:	CHIEF EXECUTIVE
Date:	**5 January 2012**
CQC regulation:	ALL

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

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:

- Key Issues : 'Right place, right time'

- Board Governance Assurance Framework for Aspirant Foundation Trusts

- Transformation Governance

- Innovation, Health and Wealth – accelerating adoption and diffusion in the NHS

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: 5 JANUARY 2012

REPORT BY: CHIEF EXECUTIVE

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1.   KEY ISSUES

1.1   The key issue to highlight to the Trust Board this month concerns the continuing improvement in our emergency care performance as a result of the 'Right place, right time' initiative described to the Board at its meeting on 1 December 2011. Further detail is found in the relevant reports by the Chief Operating Officer/Chief Nurse featuring elsewhere on the agenda.

2.   BOARD GOVERNANCE ASSURANCE FRAMEWORK FOR ASPIRANT FOUNDATION TRUSTS

2.1   On 15th December 2011, the Department of Health launched new guidance to help aspirant Foundation Trusts develop strong and sustainable governance.

2.2   A key part of achieving FT authorisation is passing a rigorous assessment of Board capability and capacity by Monitor, the FT regulator. To support aspiring FTs to meet this competency, the Department of Health has developed a mandatory Board Governance Assurance Framework in partnership with existing FTs and other stakeholders.

2.3   The Board Governance Assurance Framework has two key stages:-

- the Board Governance Memorandum (BGM) – a mandatory process where Boards self assess their current capacity and capability, which is supported by appropriate evidence by using a Board Governance Memorandum – submission document which is then externally validated by an independent supplier;

- the development modules – where Boards can opt to gain a deeper level of assurance into the specific areas of quality governance, organisational strategy and values and financial governance.

2.4   East and Midlands Strategic Health Authority is launching the Assurance Framework at an event on 10th January 2012 which will be attended by the Chairman, Chief Executive, Director of Corporate and Legal Affairs and Director of Strategy. A further report will be made to the Board in the light of this launch event.

3. TRANSFORMATION GOVERNANCE

3.1 Much work has been taken forward in recent weeks to develop the concept of a 'Transformational Support Office' (TSO) which will combine the traditional support function of a PMO ('Programme Management Office') with a more transformational approach, aiding the introduction of change management behaviours and skills through a planned process of development.

3.2 An update on the approach is to be delivered at the Finance and Performance Committee meeting on 4th January 2012 : the Chief Executive will summarise the salient points orally at the Board meeting on 5th January 2012.

4. INNOVATION, HEALTH AND WEALTH – ACCELERATING ADOPTION AND DIFFUSION IN THE NHS

4.1 On 5th December 2011, the Prime Minister launched a new strategy for UK Life Sciences which aims to continue the country's record of world-leading innovation in life sciences.

4.2 From the NHS perspective, the range of policies and actions that support the Government's strategy are described in the NHS Chief Executive's review : Innovation, Health and Wealth – accelerating adoption and diffusion in the NHS.

4.3 This latter report, circulated to NHS leaders with an accompanying letter from Sir David Nicholson, is the outcome of an Open Call for Evidence and review process led by Sir Ian Carruthers, working with an External Advisory Group.

The report outlines eight key themes (see below) with an accompanying set of actions and a timeline for delivery :

1. We should reduce variation in the NHS, and drive greater compliance with NICE guidance.

2. Working with Industry, we should develop and publish better innovation uptake metrics, and more accessible evidence and information about new ideas.

3. We should establish a more systematic delivery mechanism for diffusion and collaboration within the NHS by building strong cross-boundary networks.

4. We should align organisational, financial and personal incentives and investment to reward and encourage innovation.

5. We should improve arrangements for procurement in the NHS to drive up quality and value, and to make the NHS a better place to do business.

6. We should bring about a major shift in culture within the NHS, and develop our people by 'hard wiring' innovation into training and education for managers and clinicians.

7. We should strengthen leadership in innovation at all levels of the NHS, set clearer priorities for innovation, and sharpen lead accountability.

8. We should identify and mandate the adoption of high impact innovations in the NHS.

4.5 In the first instance, the Trust's Research and Development Committee will review the proposed response of the Trust (in collaboration with its partners) to the opportunities and challengers which these initiatives herald.

5. RECOMMENDATIONS

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

Malcolm Lowe-Lauri
<u>Chief Executive</u>

28 December 2011