

**Trust Board paper C**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>CHIEF EXECUTIVE</b>
<b>Date:</b>	<b>5 May 2011</b>
<b>CQC regulation:</b>	<b>ALL</b>

<b>Title:</b>	<b>MONTHLY UPDATE REPORT – MAY 2011</b>		
<b>Author/Responsible Director:</b> Chief Executive			
<b>Purpose of the Report:</b> To update the Trust Board on topical issues.			
<b>The Report is provided to the Board for:</b>			
	Decision	<input type="checkbox"/>	Discussion
	Assurance	<input checked="" type="checkbox"/>	Endorsement
<b>Summary / Key Points:</b>			
The report updates the Trust Board on matters relating to:			
<ul style="list-style-type: none"> <li>• Key Issues: Infection Prevention; Performance against the 4 hour standard; CIP delivery 2010/11</li> <li>• East Midlands Strategic Health Authority/UHL Board to Board: 8 April 2011</li> <li>• Health and Social Care Bill/NHS Future Forum</li> </ul>			
<b>Recommendations:</b>			
The Trust Board is invited to receive and note this report.			
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>		
N/A	N/A		
<b>Resource Implications (eg Financial, HR)</b>			
N/A			
<b>Assurance Implications</b>			
The report aims to assure the Trust Board on a number of topical issues.			
<b>Patient and Public Involvement (PPI) Implications</b>			
N/A			
<b>Equality Impact</b>			
N/A			
<b>Information exempt from Disclosure</b>			
N/A			
<b>Requirement for further review ?</b> Monthly report to each Trust Board meeting.			

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 5 May 2011**

**REPORT BY: CHIEF EXECUTIVE**

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

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**1. KEY ISSUES**

1.1 The key issues to highlight to the Trust Board this month are as follows:-

- infection prevention: as at 25<sup>th</sup> April 2011, there have been two confirmed MRSA bacteraemia cases at UHL for the month of April 2011. This is disappointing, given the challenging target which the Trust faces of containing such cases to no more than 9 in total in 2011/12;
- performance against the 4 hour standard: while the end of the 2010/11 year performance for Leicester, Leicestershire and Rutland overall stands at 96.1%, UHL's year end performance for the Emergency Department and Eye Casualty stands at 93.8%. It is worth noting that new clinical quality indicators are being introduced progressively from April 2011 to replace the 4 hour standard. Work is continuing with the support of the Emergency Care Intensive Support Team in the application of these new measures which are presenting a challenge to many Trusts, including UHL.

1.2 The Chief Operating Officer/Chief Nurse will expand upon the issues identified above in presenting the March 2011 Quality and Performance Report which features elsewhere on this Board agenda.

1.3 On a more positive note, the achievement in 2010/11 of a cost improvement programme of £30.97 million (against the planned £30.48 million target) represents an excellent outcome. It is important to emphasise that this achievement takes place against the backdrop of UHL's overall risk adjusted mortality index being 'lower than expected' for 2010/11.

**2. EAST MIDLANDS STRATEGIC HEALTH AUTHORITY/UHL BOARD TO BOARD: 8 APRIL 2011**

2.1 This meeting took place as planned on 8<sup>th</sup> April 2011. It provided a basis for the Strategic Health Authority to obtain assurance upon the credibility of the Trust's Annual Operating Plan 2011/12; and upon the Trust Board's commitment to submitting a credible application for NHS Foundation Trust status within the agreed timetable.

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2.2 The immediate feedback from those Strategic Health Authority Board members present was positive and a letter from the Strategic Health Authority confirming formally the outcome of the meeting will be circulated to Board members, on receipt.

### 3. HEALTH AND SOCIAL CARE BILL/NHS FUTURE FORUM

3.1 As has been widely reported, the Government announced in April 2011 that it would take the opportunity of a natural break in the passage of the Health and Social Care Bill to 'pause, listen and engage'.

3.2 The initial phase of engagement will take place over the period to the end of May 2011. The engagement will focus on:-

- the role of choice and competition in improving quality;
- how to ensure public accountability and patient involvement in the new system;
- how new arrangements for education and training can support the modernisation process;
- how advice from across a range of healthcare professions can improve patient care.

3.3 The engagement process will be overseen by a new independent advisory group, the NHS Future Forum. The group is chaired by Professor Steve Field, immediate past Chairman at the Royal College of GPs. Its membership includes clinicians, patient representatives, voluntary sector representatives and others from the health field, including frontline staff. As Chief Executive of UHL, I have accepted an invitation to join the Forum.

3.4 To inform its report, the group will undertake a range of activities including:-

- facilitating local engagement events across the NHS to engage staff and leaders;
- engaging with existing professional and other networks from across the health sector;
- encouraging pathfinder consortia and early implementer Health and Well Being boards to contribute their views;
- using surveying, polling, digital engagement and other techniques to harness a wide range of views;
- hosting a small number of national engagement events.

3.5 Following its initial report, which will be submitted by the end May, the Forum will continue to listen and advise on other, non-legislative aspects of the

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modernisation plans, implementation of the changes, and the design of any secondary legislation.

3.6 Consequent upon the pause in the legislative process (and subject to the results of the listening exercise and the passage of the Bill), the Chief Executive of the NHS has announced that all of the statutory changes which were due to take place in April 2012 will take place no earlier than July 2012, including:-

- the abolition of Strategic Health Authorities;
- the assumption of its full statutory powers by the NHS Commissioning Board;
- the assumption of their full powers by the NHS Trust Development Authority, Health Education England and Public Health England;
- the first phase of taking on its new powers by Monitor;
- the establishment of HealthWatch England and other changes to arm's length bodies.

3.7 Subject to the same caveat as mentioned above, the proposed timeline for completing the key elements of the transition at local level remain unchanged and, accordingly:-

- GP Consortia would take control of commissioning from April 2013 following authorisation by the NHS Commissioning Board;
- Health and Well Being Boards would also take on their full statutory powers from April 2013;
- PCTs would be abolished by April 2013;
- the Department of Health continues to aim for completion of the Foundation Trust pipeline by April 2014.

3.8 The Trust Board will be briefed on the outcomes of the listening exercise in due course.

## 4. RECOMMENDATION

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

Malcolm Lowe-Lauri  
Chief Executive

26 April 2011