

**Trust Board paper C**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	CHIEF EXECUTIVE
<b>Date:</b>	<b>1 December 2011</b>
<b>CQC regulation:</b>	ALL

<b>Title:</b>	<b>MONTHLY UPDATE REPORT – NOVEMBER 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>			
<ul style="list-style-type: none"> <li>• Right Care, Right Place</li> <li>• Operating Framework 2012/13</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: 1 December 2011**

**REPORT BY: CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – December 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 transformation of our emergency care flows, called ‘Right place right time’:**

We went live with ‘Right place, right time’ on Monday 21st November and have already seen an improvement in our ED performance. On Monday (22<sup>nd</sup>) we had **471** attendances, only **2** breaches and our ED performance hit **99.58%**. On Tuesday (23<sup>rd</sup>) we had **381** attendances and **6** breaches and ED performance was **98.4%**. Performance has continued in that vein and we have, at the time of writing, had a full week of ‘green’ indicators for the ED metric.

Of course, there have been challenges, though none are insurmountable and the teams are working through them as and when they occur.

Though it’s early days, this looks promising. We are aware and grateful for the enormous amount of work that has gone into getting us to this stage from the teams in the Emergency Department, the AMUs, the wards, porters, pharmacy, imaging and the wider Trust.

**2. The 2012/13 Operating Framework**

2.1 Around this time every year the DoH publish the NHS Operating Framework. It outlines the business and planning arrangements for the NHS in 12/13 and describes national priorities which NHS organisations are expected to work to.

2.2 The full report can be viewed at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_131360](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360)

2.3 In his introduction the NHS Chief Executive, Sir David Nicholson sets out four themes.

- putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;
- completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the

establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;

- increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge; and
- maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met.

2.4 The Framework aims to limit the number of key performance indicators which will be subject to national assessment. The key performance indicators can be grouped into three headings:

**Quality:** those indicators of safety, effectiveness and patient experience that provide an indication that standards are being maintained or improved;

**Resources:** those indicators of finance, capacity and activity that demonstrate the robustness of organisations, and

**Reform:** indicators that demonstrate commissioner and provider reform, with more information and choice provided to patients.

2.5 The framework also contains guidance on the financial considerations which NHS trusts must take into account for 2012/13.

The key messages are:

- This years efficiency requirement will be 4%
- There will be a tariff reduction of 'at least' 1.5%
- The 30% marginal rate still applies to any increase in the value of emergency admissions
- Readmission penalties still apply, subject to 'some exemptions'
- The potential for providers to earn extra revenue though 'CQUIN' quality increment increases to 2.5% on top of actual outturn value.

2.6 Clearly, the executive team will be studying the framework in detail and incorporating the themes and the financial implications into considerations of our annual plan for 2012/13.

### 3. RECOMMENDATIONS

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

Malcolm Lowe-Lauri  
Chief Executive

1 December 2011