

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>CHIEF EXECUTIVE</b>
<b>Date:</b>	<b>26 JULY 2012</b>
<b>CQC regulation:</b>	<b>ALL</b>

<b>Title:</b>	<b>MONTHLY UPDATE REPORT – JULY 2012</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>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 10%;"></td> <td style="width: 50%;">Discussion</td> <td style="width: 10%;"></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">√</td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion		Assurance	√	Endorsement	
Decision		Discussion									
Assurance	√	Endorsement									
<b>Summary / Key Points:</b>	<ul style="list-style-type: none"> <li>• The outcome of the Safe and Sustainable Review concerning the future configuration of Children’s Congenital Heart Services</li> <li>• the priority actions which have been agreed recently with Commissioners (and notified to the Midlands and East Strategic Health Authority) to enable sustainable achievement of the four hour ED standard;</li> <li>• the completion of the Outlying Business Case providing an interim solution for Maternity and Gynaecology services</li> <li>• The NHS Care Objectives : The Secretary of State’s Mandate to the NHS Commissioning Board</li> <li>• The NHS and Public Health Service in England : Secretary of State’s Annual Report 2011/12</li> <li>• Draft Care and Support Bill</li> <li>• Academic Health Science Networks</li> </ul>										
<b>Recommendations:</b>	The Trust Board is invited to receive and note this report.										
<b>Strategic Risk Register</b> N/A	<b>Performance KPIs year to date</b> N/A										
<b>Resource Implications (eg Financial, HR)</b>											

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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: 26 JULY 2012**

**REPORT BY: CHIEF EXECUTIVE**

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

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**1. KEY ISSUES**

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

- the outcome of the Safe and Sustainable Review concerning the future configuration of Children's Congenital Heart Services;
- the priority actions which have been agreed recently with Commissioners (and notified to the Midlands and East Strategic Health Authority) to enable sustainable achievement of the four hour ED standard;
- the completion of the Outlying Business Case providing an interim solution for Maternity and Gynaecology services.

1.2 Each of the above-mentioned matters is a subject of a separate report on this Board agenda.

**2. THE NHS CARE OBJECTIVES: THE SECRETARY OF STATE'S MANDATE TO THE NHS COMMISSIONING BOARD**

2.1 The NHS Commissioning Board, a key body in the Government's NHS reforms, began operating as a Special Health Authority in October 2011 and is set to formally start work in April 2013. The Board will:-

- have responsibility for commissioning primary care services and certain specialist services;
- have oversight of Clinical Commissioning Groups, including their funding;
- host clinical senates and clinical networks to advise both the Board and Clinical Commissioning Groups on commissioning decisions.

2.2 The Department of Health released a draft mandate to the NHS Commissioning Board for consultation on 4<sup>th</sup> July 2012. The consultation runs until 26<sup>th</sup> September. Following consultation, the Government will publish a final mandate ready to come into force by April 2013.

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2.3 The draft mandate has five overarching priorities:-

- improving our health and our healthcare;
- putting patients first;
- the broader contribution of the NHS;
- effective Commissioning;
- finance and financial management.

### **3. THE NHS AND PUBLIC HEALTH SERVICE IN ENGLAND: SECRETARY OF STATE'S ANNUAL REPORT 2011/12**

3.1 On 4<sup>th</sup> July 2012, the Secretary of State published this Annual Report a year earlier than is required by law, in order to enable Parliament and the public to see the direction in which the NHS is heading. From 1<sup>st</sup> April 2013, the Secretary of State for Health will be under a new duty to produce the Annual Report relating to the performance of the Health Service in England, which will be laid before Parliament. The Health Secretary's Annual Report will be the principal method by which Parliament will hold the Health Secretary to account for the performance of the Health Service in England.

3.2 The Annual Report can be accessed via the following weblink:

<http://www.dh.gov.uk/health/2012/07/annual-report/>

### **4. DRAFT CARE AND SUPPORT BILL**

4.1 On 11<sup>th</sup> July 2012, the draft Care and Support Bill was published. It creates a single law for adult care and support, replacing more than a dozen different pieces of legislation. It provides the legal framework for putting into action some of the main principles of the White Paper, "Caring for our Future : Reforming Care and Support".

4.2 The Bill also includes a small number of critical health measures – to establish Health Education England and the Health Research Authority as non-departmental public bodies; and to provide for the abolition of the Human Fertilisation and Embryology Authority and Human Tissue Authority and to transfer their functions to other bodies.

### **5. ACADEMIC HEALTH SCIENCE NETWORKS**

5.1 In December 2011, the Prime Minister launched the NHS Chief Executive's report on the identification, adoption and spread of innovation in the NHS : 'Innovation, Health and Wealth'.

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- 5.2 Innovation, Health and Wealth describes three reasons why innovation and adoption at pace are important not just to the NHS but to society and the economy as well:-
- innovation transforms patient outcomes;
  - innovation can simultaneously improve quality and productivity;
  - innovation is good for economic growth
- 5.3 The report concluded that there was a need for “a more systematic delivery mechanism for diffusion and collaboration across the NHS by building strong cross boundary networks”. Thus it specifically recommended that the NHS Chief Executive and the Chief Medical Officer should work with partners to designate Academic Health Science Networks (AHSNs) that will “align education, clinical research, informatics, training and healthcare delivery.” It says “their goal will be to improve patient and population health outcomes by translating research into practice and developing and implementing integrated healthcare systems”.
- 5.4 Expressions of interest to create academic health science networks were required to be submitted to the Department of Health by 20<sup>th</sup> July 2012. This Trust has joined with a range of other NHS and academic organisations across the East Midlands to register its interest in participating in an East Midlands Academic Health Science Network.
- 5.5 Further details on the bid will be the subject of review at the Trust’s Research and Development Committee.

## 6. RECOMMENDATION

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

Jim Birrell  
Interim Chief Executive

20<sup>th</sup> July 2012