

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	INTERIM CHIEF EXECUTIVE
<b>Date:</b>	<b>20 DECEMBER 2012</b>
<b>CQC regulation:</b>	ALL

**Trust Board Paper O**

<b>Title:</b>	<b>MONTHLY UPDATE REPORT – DECEMBER 2012</b>		
<b>Author/Responsible Director:</b> Interim 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>			
<p>The report updates the Board on a number of topical issues, including:-</p> <ul style="list-style-type: none"> <li>• Implementing a ‘Duty of Candour’ : A New Contractual Requirement on Providers</li> <li>• Review of Aggregate Assessment of Providers of Health and Social Care in England (‘Rating Review’)</li> <li>• Department of Health Winterbourne View Review : Strengthening Accountability and Corporate Responsibility for Quality of Care</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: 20 DECEMBER 2012**

**REPORT BY: INTERIM CHIEF EXECUTIVE**

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

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**1. IMPLEMENTING A ‘DUTY OF CANDOUR’ : A NEW CONTRACTUAL REQUIREMENT ON PROVIDERS**

1.1 On 4<sup>th</sup> December 2012, the Health Minister, Dr D Poulter, announced the creation of a standing rule regulation that will require the NHS Commissioning Board to insert a contractual duty of candour into the NHS standard contract.

1.2 This requirement will require relevant organisations to disclose to patients or their representatives when they have been involved in a patient safety incident, building on the principles of the National Patient Safety Agency’s Being Open Policy.

1.3 While the Government is currently of the opinion that a contractual duty is probably the most effective mechanism for requiring openness, it is also committed to giving full consideration to the findings of the mid-Staffordshire Inquiry. If the Inquiry finds that a statutory duty is preferable to a contractual one and the Government is convinced by the arguments made, it will respond accordingly.

**2. REVIEW OF AGGREGATE ASSESSMENT OF PROVIDERS OF HEALTH AND SOCIAL CARE IN ENGLAND (‘RATING REVIEW’)**

2.1 On 28<sup>th</sup> November 2012, the Secretary of State for Health announced that he was ordering a review of the way that information on NHS and Social Care Services is given to patients and the public.

2.2 The study will assess the merits of an ‘Ofsted-style’ system of ratings for hospitals and care homes.

2.3 The terms of reference of the review are set out below:-

- “to map the current system of assessing the quality and safety of care of providers of health and social care and the current system of accountability for quality of care.
- to identify the advantages and disadvantages of aggregate assessment of providers of health and social care.

- to identify in broad terms how best to combine relevant current and historic data on quality (safety, effectiveness, and user experience) and information from inspection to provide useful, credible and meaningful aggregate assessment for comparing the performance of organisations providing health care and social care. Key goals will be to use existing metrics, rather than require costly new data collection, and not to create extra burdens on providers.
  - to suggest priorities for developing data and testing metrics in the short to medium term to allow better aggregate comparative assessment.
  - to identify which organisation/s might be best placed to provide such aggregate comparative assessments”.
- 2.4 A report with recommendations will be presented to the Secretary of State in Spring 2013.

3. **DEPARTMENT OF HEALTH WINTERBOURNE VIEW REVIEW :  
STRENGTHENING ACCOUNTABILITY AND CORPORATE  
RESPONSIBILITY FOR QUALITY OF CARE**

- 3.1 On 10<sup>th</sup> December 2012, the Government published its final report into the events at Winterbourne View hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.
- 3.2 Amongst the actions is a commitment to strengthen the accountability of Boards of Directors and Managers for the safety and quality of care which their organisations provide, with proposals to be set out during Spring 2013.
- 3.3 The review will consider both regulatory sanctions available to the Care Quality Commission and criminal sanctions. The review will determine whether the CQC’s current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account, and will assess whether a fit and proper persons test could be introduced for Board members.

4. **RECOMMENDATION**

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

Jim Birrell  
Interim Chief Executive

14<sup>nd</sup> December 2012