

**Trust Board Paper C**

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Chief Executive</b>
<b>Date:</b>	<b>28 June 2012</b>
<b>CQC regulation:</b>	<b>All</b>

<b>Title:</b>	<b>MONTHLY UPDATE REPORT – JUNE 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>							
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## **UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 28 JUNE 2012**

**REPORT BY: CHIEF EXECUTIVE**

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

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### **1. KEY ISSUES**

- 1.1 The key issues to draw to the attention of the Trust Board at this meeting are set out in the May 2012 Quality and Performance report (month 2) which features elsewhere on this agenda and which ( ahead of the Trust Board) is to be considered by the Governance and Risk Management Committee and Finance and Performance Committee, respectively, on 25 and 27 June 2012.
- 1.2 It is worth noting that the revised Quality and Performance report features on the agenda for this Trust Board meeting (having been previewed at the Board meeting held on 28 May 2012) and that, as previously notified, a separate session is being arranged to enable Board members to familiarise themselves with the revised report.

### **2. TRANSFORMATION PROGRAMME**

- 2.1 Arising from the recent transfer of responsibility for the Trust's transformation programme to the Director of Strategy, it is worth noting that the Chief Executive and Executive Team have recently debated the need to strike the right balance between the activities of transformation, performance and governance, respectively.
- 2.2 The Director of Strategy is to make a presentation on the way forward in respect of the Transformation Programme at the meeting of the Finance and Performance Committee on 27 June 2012 and final details will be confirmed thereafter formally to the Trust Board.

### **3. INFORMATION STRATEGY FOR HEALTH AND SOCIAL CARE**

- 3.1 On 21 May 2012, the Department of Health published its 10 year health and social care information strategy, entitled 'The power of information: putting all of us in control of the health and care information we need'.
- 3.2 The strategy recognises that interoperability and industry standards are what is important, rather than focussing on a single, national IT programme. This will be vital to delivering local solutions and responding to local needs, whilst encouraging innovation, efficient procurement and ensuring that all systems talk to each other.

- 3.3 The 10 year information strategy envisages all data being driven from clinical records, greater patient ownership of information and a system built on integrated solutions with interoperability rather than national systems.
- 3.4 The aim is for greater data sharing, improved data for research, and access to records online.
- 3.5 Online access to patient records will start with GP records by 2015.
- 3.6 The Department of Health will support a number of trailblazer NHS Trusts this year on the adoption of new technologies in maternity services. A capital fund for informatics development for local NHS organisations will also be set up.
- 3.7 Commenting on the publication of the strategy, the NHS Confederation has outlined 6 points that are key to success:-
1. Informatics must be central to NHS leaders' thinking. The implementation of this strategy cannot be left to informatics specialists, but has to be on the priority list of every Chief Executive and Board of Directors.
  2. Improved information requires a better relationship between the NHS and its commercial suppliers. NHS leaders need to swiftly move from commercial naivety to commercial maturity. Evidence of improvement in this regard would be risk-sharing agreements for new products entering the NHS.
  3. Improved information will require the implementation of new technologies. The NHS needs to make these a key part of mainstream business and cannot wait for them to be pushed into it by national bodies or external suppliers.
  4. Information must become central to patient decision making processes. The NHS needs to encourage patients to move from being happy with uninformed assumptions about services and choices, to intelligent informed consumers and advocates of services.
  5. Financial allocations and incentives need to be aligned so that implementing the new strategy provides NHS organisations and services users with appropriate rewards.
  6. Implementing the strategy should be viewed as business critical rather than desirable.
- 3.8 The Director of Strategy and Information Management and Technology Team will be reviewing the Trust's information strategy in the light of the recent Department of Health publication.

#### **4. REVIEW: FAIR PLAYING FIELD – FOR THE BENEFIT OF PATIENTS**

4.1 On 14 June 2012, Monitor launched an independent review on matters that may be affecting the ability of current and future providers of NHS services to participate fully in improving patient care.

4.2 The purpose of the review is to examine whether there are matters that mean not all NHS-funded healthcare providers operate on an equal footing – and if so, whether something can be done that would address problems and result in significant benefits for patients. The review aims to identify barriers to a fair playing field, and possible solutions which would protect and promote the interests of patients. The review will start with a very broad scope, will cover all types and different sizes of providers and be open to looking at any problems raised.

4.3 The review is being conducted at the request of the Secretary of State for Health. It will help the Secretary of State meet the requirement under the Health and Social Care Act 2012 to report to Parliament in March 2013. Monitor expects that the final report may include recommendations to Government and other regulators as to how any differences in the treatment of providers of NHS funded care could be addressed. Given the breadth of the review, and the time and resources available, the final review is also likely to recommend areas for further work.

4.4 From the Department of Health's previous work on the fair playing field issue, and drawing upon academic sources, the initial list of issues to consider is as follows:-

- Tendering and commissioning behaviours
- NHS staff contracts and pensions
- Corporation and value added tax
- Payment systems
- Barriers to exit
- Teaching and training for clinical staff
- Incumbency advantages
- Costs of capital
- Access to capital
- Information and IT
- Insurance

4.5 The Trust Board will be informed of the outcome of the review, once published.

#### **5. RECOMMENDATIONS**

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

Malcolm Lowe-Lauri  
Chief Executive

18 June 2012