

TRUST BOARD IN PUBLIC	Date: 29TH NOVEMBER 2012	
	Agenda Item: 5.4	
REPORT TITLE:	FOUNDATION TRUST PROGRESS UPDATE	
EXECUTIVE SPONSOR:	Michael Wilson Chief Executive	
REPORT AUTHOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Investment and Workforce Committee –7.11.12 Management Board for Strategy – 13.11.12 TFA Programme Board 25.10.12	
Purpose of the Report and Action Required:		(√)
This report provides the Board with an update on the Trusts current progress towards Foundation Trust Status. The Board is asked to note the report.	Approval	
	Discussion	
	Information	√
Summary of Key Issues		
This report provides a progress report to the Board on our current journey towards Foundation Trust (FT) status including our draft Integrated Business Plan and the next steps due to take place over the coming weeks.		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Objective 4 – Become a sustainable, effective organisation.		
Corporate Impact Assessment:		
Legal and regulatory implications	The IBP is a formal requirement of the FT application process.	
Financial implications	N/A	
Patient Experience/Engagement	Improving patient experience and engagement is at the heart of our FT application.	
Risk & Performance Management	N/A	
NHS Constitution/Equality & Diversity/Communication	The FT application process will give the Trust a greater opportunity to show how it meets the requirements of the NHS Constitution and Equality legislation.	
Attachments:		
N/A		

TRUST BOARD REPORT - 29TH NOVEMBER 2012 FOUNDATION TRUST UPDATE

1. Introduction

This report provides a progress report to the Board on our current journey towards Foundation Trust (FT) status and the next steps due to take place over the coming weeks.

2. Tripartite Formal Agreement

The Board will be aware that our planned escalation meeting to discuss our Tripartite Formal Agreement (TFA) and the next steps for our FT application with the Department of Health has been postponed. Due to the transition of the new NHS architecture, the responsibility for the escalation process has formally transferred to the NHS Trust Development Authority. Therefore a new meeting is now being arranged.

3. Draft Integrated Business Plan

Our first formal draft of the Integrated Business Plan (IBP) was submitted to the Strategic Health Authority on 18th October in line with our current TFA milestones. The headlines and an overview of the IBP and our Clinical Strategy have also been shared with our Clinical Commissioning Groups (CCGs) at the TFA programme Board.

As part of the IBP the Trust has also completed a long term financial model (LTFM) template, also submitted on 18th October.

As the Trust goes forward to become a Foundation Trust, the IBP is a key document in the FT application process and gives a detailed picture of the Trust both from a historical and forward looking perspective detailing the Trust's profile, vision, markets, strategies, and governance arrangements including financial evaluation, risks and service development plans.

Our Clinical Strategy is underpinned by five clinical strategy objectives which in turn feed into the delivery of the Trust's strategic objectives. The primary objective is to provide core acute services with a focus on emergency and trauma services that allow us to be a clinically and financially sustainable organisation. The remaining four objectives are key enablers, these are: Reputation, Outcomes, Partnership and Productivity.

Our Quality and Safety Strategy is closely aligned to the Clinical Strategy particularly in respect of achieving the 'Outcomes' objective of delivering good clinical and quality outcomes. This Strategy is focused on three domains of quality which are Patient Safety, Clinical Effectiveness and Patient Experience. It is our intention to have a modern responsive estate that supports our Clinical Strategy.

The Trust's financial strategy defines planning parameters and takes into account the NHS Operating Framework, Payment by Results regime, local CCG financial limitations and commissioning intentions. Working with stakeholders, the Trust has concluded that it has a future as a standalone organisation and a TFA Programme Board was established to support the development of the Trust's TFA Plan. This group confirmed, in December 2011, the services to continue to be provided at East Surrey Hospital.

In terms of the Trust Performance, the DH Annual Review for 2011/12 rated SaSH as Challenged for Quality of Services following a history of “under performing” ratings. Since then the Trust has worked hard with its partner organisations to address the challenges identified at that time. The significant turnaround in the performance against the national and local key performance indicators should give our local population the assurance that the quality of services has improved dramatically at SaSH. In August 2012, the Trust was rated as ‘Performing’. Overall, our target performance has significantly improved to deliver a high standard and we believe this underpins our financial recovery and provides the foundation for our confidence in future delivery supported by a team who are experienced in delivering whilst managing difficult challenges.

The Trust’s approach to risk management ensures that all risks are clearly identified and managed through divisional and corporate risk registers. All significant risks to the Trust’s objectives and priorities are recorded and monitored by the Board Assurance Framework (BAF). As such, the Board is well sighted on key risks to the organisation and actions required to mitigate the risk or realise the potential opportunities available.

4. Next Steps

We are waiting to meet with the NHS TDA to confirm the changes required to our Tripartite Formal Agreement.

5. Recommendation

The Board is asked to note our progress towards Foundation Trust status. Future reports will be brought to the Board on a regular basis.

Michael Wilson
Chief Executive
November 2012