Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 2010

TITLE	**Foundation Trust Application**
EXECUTIVE SUMMARY	An update report on the key developments of ASPH's FT application, detailing the SHA's response to the DH Applications Committee, and the Project Plan, which will be scrutinised in detail at the Foundation Trust Project Board.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Risk of not being authorised is already incorporated in the BAF and Corporate Risk Register.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The membership and governor elections will commence after Secretary of State approval. The process is described in the Project Plan.
EQUALITY AND DIVERSITY ISSUES	None specifically
LEGAL ISSUES	None specifically
The Trust Board is asked to:	
Submitted by:	Paul Bentley **Director of Strategy**
Date:	18 May 2010
Decision:	The Board is asked to note the progress made since the April Board meeting.

Ashford and St. Peter's Hospitals NHS
NHS Trust

FOUNDATION TRUST APPLICATION
27th May 2010

Introduction

This paper updates the Board on the significant developments since the last Board meeting in relation to the Trust's application to be authorised as a foundation trust (FT).

As the Board is aware, our application for FT status was formally considered by the DH Applications Committee in April 2010. Whilst there were some areas of further work and clarification required, the feedback was positive and supportive. This report provides an update on progress since the DH Applications Committee and preparations for the Monitor assessment phase of the Trust's application.

The DH Applications Committee

The DH Applications Committee feedback to the Trust, through the SHA, was provided on 4 May 2010. The Chief Executive reviewed written confirmation from the Executive Lead of the SHA, outlining the seven areas of work which needed to be addressed to enable the application to be supported by the Secretary of State for Health.

The relevant project managers from the SHA have also met regularly with the Director of Finance and Information, the FT Project Manager and I, to ensure progress is maintained. In addition, the SHA project managers have briefed the Chief Executive.

Broadly the areas of further work are as follows:

1. Cost Improvement Plans - CIPs for 2010/11, 2011/12 and 2012/13 to be provided, including responsibility, phasing, risk assessment and links through to LTFM and workforce plans.

2. The downside LTFM should be based on a further £5m reduction in activity including additional mitigating actions.

3. The LTFM submitted to the DH and the version to be submitted to Monitor at the start of the assessment are to be reconciled.

4. Clinical Governance - Evidence of progress on the clinical governance gap analysis and plans to answer questions outlined in Monitor's Consultation on Quality Governance are to be provided. Plans for a corporate review of clinical governance processes should also be submitted.

5. Governance - The governance process for ensuring Board approval of the business case on cardiac repatriation should be outlined.

6. Risk Management – Assurance is to be provided that there are processes for updating and synchronising the risk register and the Board Assurance Framework. Also risk management processes need to be demonstrably embedded within the organisation.

7. Private Patient Cap – Changes to the definition of the cap should be understood, with arrangements in place to ensure this cap is not breached.

Actions are in place to complete this additional work in advance of the deadline (25 May). At this point the further information will be considered by the SHA and shared with the DH.

Raising awareness within the Trust

Whilst the formal process of application and consideration continues, steps have been taken to prepare the organisation for the Monitor assessment phase. To date, steps have included trust-wide and clinical directorate based awareness raising sessions which have been partially successful. However, better targeted communication is planned to ensure a heightened understanding of why ASPH seeks to be a foundation trust and the mechanism by which this is will be achieved.

Membership

The Trust is continuing to actively recruit to its public membership. The second Members' Health Event will take place on 19 May and features cardiology. Interest from members has been overwhelming, and more events will be planned over the year.

Discussions are underway regarding targeting membership recruitment activities at some of the areas in our catchment where there are minor aspects of underrepresentation. It is planned this will take place in June.

The Electoral Reform Society will act as Returning Officer for the elections to the Council. Outline timetables are being prepared, and the preparatory work in designing the formal documents has commenced so we will be well placed when the elections do take place.

Risks

The major risks previously identified still remain. The Board is aware of the size of the financial challenge faced by NHS Surrey and the nervousness which this challenge presents to the DH. We must anticipate that, upon passing to the Monitor phase, there will continue to be a significant scrutiny in this area.

The second risk area is the demand for rapid scrutiny of relevant documents to support the required submissions and the Board self certification during the Monitor Phase. A comprehensive Project Plan has been developed to mitigate this and to enable rigorous management of the project. This Project Plan and the proposed communications process will be discussed and agreed at the May FT Project Board. Whilst I believe this is the right process to follow, we must be aware of the demands this will place on the Trust during this phase.

Decision Required

The Board is asked to note the progress made since the last report, to identify any areas which they wish the FT Project Board to debate in greater detail and to raise points they wish to explore.

Paul Bentley
Director of Strategy

18 May 2010