

<b>Report to</b>	Plymouth Overview and Scrutiny Committee – 7 <sup>th</sup> March 2012
<b>Report Prepared by</b>	Helen O’Shea, Interim Chief Executive
<b>Subject</b>	Plymouth Hospitals NHS Trust Foundation Trust Application

## 1 Introduction

Plymouth Hospitals NHS Trust (PHNT) is applying for Foundation Trust status as part of its strategic plan but also in line with National direction for all acute NHS providers. The purpose of this paper is to build upon the information that was previously presented to the Overview and Scrutiny Committee (OSC) in February and to promote a depth and breadth of engagement with the OSC to ensure that the Trust shapes the application in conjunction with our partners and to reflect the ambitions and objectives of the City.

## 2 Background

All NHS Trusts are required to become a Foundation Trust (FT) or part of an FT by 2014. For PHNT this aligns well with our intention over the last few years to become an FT. The Trust had previously entered the application process and withdrew at the final stages due to recognition that some issues required resolution before FT status could be granted. The earlier application has provided well in terms of understanding the process and by enabling us to actively support our ‘Members’ and elected ‘Governors’ to continue in shadow form.

The Trust has signed a Tripartite Formal Agreement (TFA) between ourselves, the Strategic Health Authority (SHA) and the Department of Health (DH). This sets out our fixed timetable for the application and the Trust is performance managed against this, our TFA expects authorisation in February 2013.

## 3 Consultation and Submission Process

Monitor, the FT regulator, sets clear guidance for aspirant FTs to follow during the application process. This includes, on what, with whom and how long, we need to consult, they prescribe the format of the Integrated Business Plan (IBP), they give us financial scenarios to model and respond to and they recommend model constitutions and governance regimes.

In addition to the Monitor authorisation process there is an SHA preparation and authorisation process. The SHA review our draft IBP and scenario modelling, they commission a historic due diligence review and they undertake a board to board assessment. If we satisfy the SHA process we submit our application to the Secretary of State for Health with SHA support, if the Secretary of State is satisfied they recommend us to Monitor.

The timescales are set out in our TFA:

- consultation commenced on the 3<sup>rd</sup> January and closes 26<sup>th</sup> March, we are consulting on our plan, name and Governor constitution.
- a revised, draft, IBP incorporating the consultation feedback is to be submitted to the SHA on the 31<sup>st</sup> March
- between April and July SHA assessment takes place and further changes are made to the IBP
- the final IBP will be completed by August for submission to the DH
- Monitor assessment commences

This timescale gives us the opportunity to work with our key stakeholders to shape the IBP and ensure that we produce a document that can be recognised and supported by our partner organisations.

#### **4 Current draft IBP**

Initial feedback from the OSC quite rightly highlighted the insufficient reference to the City plans and ambitions. This is not a reflection of a lack of knowledge or desire to work collaboratively but a failure to adequately reflect the significance of the partnership and synergy of both organisation's strategies in language that is uniformly recognised.

Appended to this report are the draft IBP executive summary and the chapters relating to both strategy and the market assessment. It is acknowledged that they are first draft and do not yet reflect the feedback we have received, however the view of the OSC on these chapters will be particularly helpful in shaping the next version of the draft IBP.

Once the next version of the IBP is completed a further opportunity to share and debate it would be warmly welcomed.

#### **5 Conclusion**

The Trust is part way through the FT application process and is currently engaging with stakeholders, the public and the hospital staff to discuss the strategic direction of the organisation, its name change and the governance arrangements. As part of this process it will receive feedback and update the IBP to appropriately reflect this.

In addition to the standard consultation presentation the OSC are being engaged in a more meaningful discussion to ensure that the IBP is supported, aligned with and reflective of the wider City ambitions.

### **Recommendations**

1	That the OSC raise questions and make any immediate suggestions for the next draft of the IBP
2	That any further feedback is submitted by the OSC during the consultation period
3	That the March IBP revision is shared and debated with the OSC, at a mutually convenient date, between beginning of April and end of July
4	That the OSC consider if the actions above are sufficient to assure themselves that they have been engaged and that the plan can be supported.