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Summary Report – Trust Board (Part 1)	Date and time: 26th September - 10.00am
Report Title: Foundation Trust Report	
Agenda Item: 21	Enclosures: Appendix 1 – Membership and ex-members report, June 27 th 2012 Appendix 2 – Membership Target Performance, June 27 th 2012 Appendix 3 - FT Timeline
Sponsor: Acting Chief Executive	
Report Author & Presenter : FT Programme Director	
Report discussed previously at:	N/A

Purpose of Report and Action Required		
To brief the Trust Board on progress in key areas of the FT work programme through August and September 2012.	Approval	
	Discussion	√
	Information	

Executive Summary of Key Issues
<p>The report outlines progress in the period with regard to the key domains of assurance of FT readiness (sections 4 -12). It also updates on development within the DH/NHS TDA who will take responsibility for the FT pipeline, and underway in Monitor to introduce their provider license for NHS services from April 2013.</p> <p>To note in particular is the work underway in preparation for the Stage 2 escalation meeting on 2nd October 2012. This includes preparing a draft Tripartite Formal Agreement (TFA) and related milestones. Those milestones are based on a DH/NHS TDA re-entry to the FT assessment process for November 2013 assuming a successful outcome from the stage 2 escalation meeting.</p>

The Strategic Objective that this paper addresses	
A sustainable value for money business	Yes
Excellent service user access and experience	Yes

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Excellent partnership working with other organisations	Yes
Effective engagement and improvement in staff satisfaction	Yes

Links to Fit for the Future Implementation Plan

Objective 12. Action 28 - Independent evaluation of FFtF transformation	Objective 12 - Action 29. Progression through the Foundation Trust pipeline
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Corporate Impact Assessment

Quality and Safety Implications	This report highlights actions taken or planned in response to quality governance criteria required by Monitor - and confirms that the self assessment of the Board Governance Assurance Framework (BGAF) currently underway includes the quality governance module.
Corporate Risk Register	STR 10
FGEB (Trust ALE replacement)	2.1, 5.1
IG Toolkit	N/A
Equality Impact Analysis	N/A

Recommendations for other Committees

None

Recommendations/Decisions

The Board is recommended to discuss and note the report.

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1. Overview

- 1.1 This paper updates the Trust on progress on the FT programme since the last report at the July Trust Board. It does this by reviewing information and action relevant to the DH/NHS Trust Development Agency (NHS TDA) responsible for the FT pipeline, Monitor and its domains of assurance of FT readiness (sections 4 -12).

2. Department of Health/NHS Trust Development Authority (NHS TDA).

- 2.1 On 1st October 2012 the NHS TDA takes on formal responsibility for non-executive appointments in NHS trusts and for overseeing the 2013/14 planning round. Prior to 1 April 2013, responsibility for the foundation trust pipeline and performance management of NHS Trusts remains with the Department of Health and Strategic Health Authorities and will move the NHS TDA at that point.

- 2.2 The NHS TDA has appointed Sir Peter Carr to the role of Chair. He recently was the chair of the North East Strategic Health Authority (SHA) which has a strong track record in delivering FTs having no NHS Trusts left in its area.

- 2.3 The NHS TDA senior team has also been appointed as follows

Chief Executive	David Flory CBE
Medical Director	Kathy McLean
Director of Nursing	Peter Blythin
Director of Development & Delivery	Dr Stephen Dunn
Director of Development & Delivery	Dale Bywater
Director of Development & Delivery	Alwen Williams CBE
Director of Finance	Bob Alexander
Director of Strategy	Ralph Coulbeck
Director of Communications	Rob Checketts

Dr Stephen Dunn has a specific lead responsibility for the South West.

- 2.3 As identified at the Stage 1 DH Escalation meeting on 31st May 2012, a Stage 2 escalation meeting has now been scheduled for 2nd October 2012. This will be attended by the Chair, Acting CEO, Executive Director of NCAS and FT Director. Trust and SHA briefing and preparation for this meeting is underway including preparation of a draft Tripartite Formal Agreement (TFA) as agreed at stage 1.
- 2.4 The TFA is document that confirms the commitments being made by the NHS Trust, SHA and the Department of Health (DH)/NHS TDA to enable achievement of NHS Foundation Trust (FT) status in 2014. Specifically the TFA confirms the date when the Trust will submit their "FT ready" application to the DH/NHS TDA to begin that part of their formal assessment towards achievement of FT status.
- 2.5 A final TFA will be developed and signed by all parties, including the Cluster PCT Chief Executives, following on from a successful outcome from the 2nd October Stage escalation meeting.

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- 2.6 An FT timeline has been developed with the Chair and Acting Chief Executive, supported by finance, to support the identification of key milestones in the draft TFA. This has been based on the provisional date of entering the DH//NHS TDA FT assessment process in November 2013 as discussed in the Stage 1 escalation meeting. The FT timeline is attached as Appendix 3.
- 2.7 Whilst the FT timeline is provisional and subject to change a summary of key currently featuring milestones within the TFA are summarised below. The FT timeline projects forward through the DH/NHS TDA assessment and into the Monitor assessment phase concluding with an FT authorisation from June 2014.

Date	Milestones to DH/NTDA entry
September/October 2012	Internal Audit – Fit for the Future implementation Plan Submission to SHA of BGAF - first internal self assessment. Action plan (October 2012 – May 2013) Draft TFA to sign off by all parties post escalation meeting
October – November 2012	BGAF - first independent consultant assessment - plus assessment of Board capability. Trust sponsored. Further iteration of action plan
February - July 2013	Review of public constitution and delivery of any required top up consultation with members or public on future constituency arrangements with regard to members and Governors. To be agreed with SHA. Board decisions up to July 2013
Mid-August 2013	IBP v.12 Board approval mid-August 2013 (development supported by ongoing business planning, strategy and Board development from October 2012)
May - August 2013	BGAF – second independent consultant assessment
July - August 2013	SHA Quality Review refresh if required.
30 th Sept 2013	Commissioner Convergence
October 2013	SHA Board to Board
Oct - Nov 2013	Historical Due Diligence part two - and related action plan
1 November 2013	Entry to DH/NHS TDA assessment process

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3. Monitor

- 3.1 Following discussion at Trust wide management group the Trust has submitted a consultation response to Monitor's proposed changes to the guide to applicant FTs on
- commissioning of external reviews into quality and governance where Monitor identifies concerns to the FT authorisation process - identifying that Monitor and CQC systems, expertise and assessments should be sufficiently robust to address any quality and governance issues identified within the assessment process and given the external reviews already built into the process (Historical Due Diligence and Board Governance Assurance Framework)
 - a requirement on applicant FTs to submit a letter of representation during their assessment process confirming they have provided all relevant information to Monitor - which the Trust has supported as good practice.

A copy of the submission is available from the FT office as required.

- 3.2. Significant consultation is now underway with regard to the establishment of the new provider licence that Monitor will use as a key tool for regulating providers of NHS services. Consultation concludes on 23rd October 2012 with the introduction of the licence arrangements for FTs from April 2013.

The licence arrangements will have significant impact on how all providers of NHS services - and FTs - develop and function into the future.

- 3.3 The provider licence will set out various conditions providers must meet, including conditions relating to: pricing; preventing anti-competitive behaviour, enabling integrated care and supporting commissioners to maintain service continuity (often referred to as the failure regime) as well as the governance of foundation trusts.
- 3.4 It will be important for the Trust Board, and management, to be well versed in the strategic and operational implications of operating within provider licence conditions - and the subsequent regulatory regimes - in order to both succeed at the Monitor assessment prior to FT authorisation and function as a sustainable Foundation Trust.
- 3.4 As previously reported to Board the FT Director has already represented the Trust at a range of engagement events and workshops with Monitor to support the development of the licence conditions. The FT offices will co-ordinate a Trust response to the consultation. Throughout September and October 2012 you can book into consultation events via this link ([holding events and hosting discussions](#)) and the consultation documents can be downloaded from

<http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/consultations/consultations-and-engagement-monitor-0>

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4. Progress: the Trust is legally constituted

- 4.1 As reported previously the Trust draft constitution will need review as a result of additional legislation that strengthen the role of governors and changes in the PCT environment that affects the structure of nominated governors.
- 4.2 It is not yet clear if Monitor will continue with commending a model constitution for FTs which currently limits a Trusts approach to its constitutional governance. Currently aspirant FTs must work within the Monitor model constitution, and recent enquiry suggests that for aspirant this approach is likely to remain although greater flexibility may be given to authorised FTs.
- 4.3 The draft TFA includes a milestone that supports further stakeholder and membership engagement on the draft constitution , and if necessary a full public consultation, prior to the DH/NHS TDA assessment.
- 4.4 Public consultation, if required, is a formal 13 week process, preceded by an engagement phase, to inform Board decision making. It is subject to considerable statutory guidance and legislation. It represents a significant commitment for Trust Board members and will need dedicated resourcing.

5. Progress: The Trust has a representative membership

- 5.1 The Trust Board set its annual membership target of 16,500 members broadly representative members for 2012/13 and is delivering to target.
- 5.2 Membership figures at the 31st August 2012 have increased from 6,636 (end June) to 16,737. There are 11,831 public members and 1,593 patient members (service users and carers) - of which 616 are carers. The remaining 3,331 members are staff.
- 5.3 Appendix 1 and 2 shows more detail reporting a continued positive change in the representation of men in the Trust membership. This is a result of targeted membership recruitment in recent months. The previous gap in socio economic group D and E closed in June 2012 and has also sustained. Work is underway to report monthly on older peoples representation within the Trust membership reports and will feature from next month in Board reporting.
- 5.4 **Membership Recruitment:** Ongoing targeted recruitment of men as members took place in Bristol and Chippenham in the last two months resulting in an increase in public members that also helped address geographical representation proportions.
- 5.5 **Membership Engagement:** The quarterly membership newsletter went out all members in August 2012 and members were invited to and supported a range of activity in the last two months including

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- SDAS input into the Bristol Pride Festival
- Developing effective mental health event in Bristol, North Somerset and South Gloucestershire
- Bristol tender consultation events and activity led by the Local Area Director
- Co-production with service users and carers on the Trust engagement and involvement approach and developing strategy.
- “Lets Get Engaged” quarterly membership meeting held in the Coast Resource Centre - a Trust clinical site - in Weston, North Somerset.

6. Progress: The Trust has a 5 year Business Strategy

- 6.1 Trust marketing and commercial capability has been strengthened with a consultant starting work on 1st October 2012. Their work will include developing the Trust marketing strategy to support the IBP, working with both the Board and SBUs.
- 6.2 The Finance and Planning Committee have scrutinised the review of the annual business planning cycle prior to the launch of work to iterate the Annual Plan for 2013/14 and SBU Business Plans for 2013/14. This will feed the next IBP iteration.
- 6.3 The FT Director and Executive Director of Finance and Commerce will work together in the next month to scope out proposals for Board consideration on how the IBP and LTFM (long Term Financial Model) will be redrafted and iterated from October 2012 to November 2013 taking into account
- all relevant SHA, DH/ NHS TDFa and Monitor guidance on the detail of the IBP
 - the role and leadership of the Trust Board
 - wider internal and external engagement in the development of Trust strategy, values and vision as highlighted in the Board Governance.

7. Progress: The Trust is Financially Viable

- 7.1 The Trust Board continues to monitor its finances closely at each Board and anticipates meeting its control total for 2012/13 as planned.
- 7.2 The Finance and Planning Committee is meeting monthly and playing an active role in scrutiny of the Fit for the Future programme of work as well as scrutinising Trust cash improvement and modernisation plans following the closure of the Improvement and Modernisation Programme Board in late May 2012.

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8. Progress: The Trust has appropriate Board capability and capacity

- 8.1 A number of changes are underway with regard to Board composition and related to the transformation related to the Fit for the Future programme. To note the
- Chair of the Trust Board has been appointed - congratulations are extended to Tony Gallagher who has taken up the position
 - appointment of the Chief Executive is pending interviews scheduled for 17th October 2012
 - recruitment to the Medical Director post did not conclude with a successful appointment and has been relaunched with external recruitment support
 - appointment process for an additional associate Non Executive Director with clinical experience and exercise has started – ~~as has the work to fill the vacancy that will emerge following the resignation of Tony McNiff~~ – *Post-meeting amendment – this line has been deleted because the information was incorrect. It was corrected at the Board meeting on 26th September 2012 and apologies were given to Tony McNiff.*
 - substantive recruitment to the Director of Operations post, or its successor role, will progress subsequent to imminent Board decisions on structures within SBUs and the engagement process related to the paper “New Ways of Working”.
- 8.2 An early iteration of the Board Governance Assurance Framework (BGAF) self assessment has been undertaken in the first instance led by the Chair, Acting CEO and FT Director supported by lead Executive Directors and the Company Secretary. At this stage it includes assessment against the core BGAF framework and all three development modules (Quality Governance, Organisational Strategy and Finance)
- 8.3 This work is being written up and scheduled for review discussion and review at the October 3rd Board seminar. The Company Secretary is working to invite a Trust that has already been through the BGAF process to share learning and their experience at Board level and the impact of the BGAF.
- 8.4 A detailed briefing on the BGAF and how it works was included in the July Board papers. The BGAF framework itself can be found at the following link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131547

9. Progress: The Trust has appropriate governance arrangements in place

- 9.1 The work to review the Trust, SBU and local governance and quality assurance frameworks is concluding following a second workshop with key leaders and clinicians in mid September 2012. This will be subject to detailed reports to Board separately and will form the basis of strengthened and revised governance arrangements. The work has been led by the Executive Director of NCAS.

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- 9.2 The Trust Board has undertaken several development sessions with external facilitation to develop its capability as a unitary Board. This has supported discussion and self assessment of the Boards the role and behaviours to support effective leadership in four key domains of responsibility (accountability, strategy, control and culture). This work is being written up formally written up and has been led by the Chair and Company Secretary.
- 9.3 The two advisory internal audits on the Monitor Code of Governance and Monitor Compliance Framework 2011/12 have been submitted to the September Audit and Risk Committee. An action plan is in place to address the recommendations on the Monitor Code of Governance to further strengthen and improve Trust governance.

10. Progress: Service Performance

- 10.1 Work continues with some success to drive improved performance against Monitor and contractual targets including CPA. There has also been an improvement in SBU appraisal rates with more work being undertaken to systematise data collection on SBU supervision rates. This will support better understanding and Board scrutiny of the delivery of improvement in SBU supervision rates.
- 10.2 The FED (facilitated early discharge) target remains suspended with the agreement of commissioners following the independent review of governance and management arrangements in the Trust.
- 10.3 The Monitor dashboard continues to show a range of green indicators. It has been updated in line with changes to the Monitor Compliance Framework. And related scores.

11. Progress: Quality Governance

- 11.1 A number of key quality governance actions have been progressed through the Fit for the Future programme to strengthen and improve quality and patient in this period including
- introduction of monthly reporting on delivery against the Homicide Action Plan
 - publication of Safety Matters Bulletin on learning from homicides
 - an internal conference on sharing learning from the same - Violence, Aggression and Coping
 - an anonymous staff patient safety survey
 - review and strengthening of clinical membership and engagement in the Professional Council and ensuring they have a seat at the Trust wide Management Group - the lead senior management decision making body in the Trust

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- reviewing and improving the application and practice of the Care Programme Approach (CPA)
- development of the Trust clinical engagement strategy

This work has been led by the Executive Director for NCAS and is subject to separate Board reporting both in detail and across the Fit for the Future programme.

- 11.2 The Trust continues to be part of regular reviews of its 19 registered sites by the Care Quality Commission (CQC). Work is underway to address moderate concerns identified in the recent inspection of Trust community service provision.
- 11.3 A further recent re-inspection of the Lansdowne Unit (specialist learning difficulties) has raised additional concerns. These have been acted on immediately in consultation with the support of commissioners. The draft report from the CQC is pending.

12. Progress: Local Health Economy issues and external relationships

- 12.1 Local area arrangements to deliver a more responsive service and stakeholder relationships are working well with some positive feedback from commissioners, local GPs and other stakeholders. As part of this in the Bristol area local clinicians have been involved in responding to the current NHS Bristol public consultation on the proposed service model to support the future of mental health services in Bristol and any related tendering.
- 12.2 The Trust profile and work with external stakeholders, users and carers has been further strengthened in this period with over 20 local workshops being held. They have involved users, carers and community groups in particular in the Trusts work to improve user and carer engagement in the Trust. This will culminate in a co-production event on the 2nd October to develop and design the strategy forward for the Trust prior to Board decision making. This work is being led by the user and carer steering group that has become a sub-committee of the Quality and Safety Committee who scrutinise its progress escalating issues to the board as required.

13. Recommendations

The Board is asked to note the report.

14. Report Author

Jane Britton - Foundation Trust Programme Director

Additional Report Contributors

Nicolette Vos- Neal - Trust Membership Manager.

Report for Avon and Wiltshire Mental Health Partnership NHS Trust Board 2012-09-26		
In the Part 1 Session, sponsored by Acting Chief Executive		
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