

DECISION-MAKER:	PANEL B		
SUBJECT:	SOLENT NHS TRUST UPDATE ON FOUNDATION TRUST APPLICATION		
DATE OF DECISION:	21 APRIL 2011		
REPORT OF:	PROGRAMME DIRECTOR SOLENT NHS TRUST		
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STATEMENT OF CONFIDENTIALITY

None

SUMMARY

Solent NHS Trust was established 1st April 2011. Important work is now underway to aim for FT authorisation April 2013

RECOMMENDATIONS:

- (i) The Panel note Solent NHS Trust's progress with their Foundation Trust application.

REASONS FOR REPORT RECOMMENDATIONS

1. To respond to the Department of Health's 'Transforming Community Services – New Patterns of Provision', and the Liberating the NHS - Equity and Excellence, which focuses providers of health services to consider how, in the future, the health needs of patients and local communities can be met and how the changes necessary should be managed to enable the transformation of services.
2. To deliver significant benefits to patients and value to the taxpayer (details of these have been outlined to the Panel previously).

CONSULTATION

- 3 Throughout this process, the project team have engaged with staff, Commissioners, the Strategic Health Authority (SHA), Southampton City Council, Portsmouth City Council, Hampshire County Council, GPs, MPs, other health providers, local authorities, patients, service users and other stakeholders through a variety of means, including events, one-to-one meetings, newsletters and websites.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. Details of the alternative options considered and rejected have been outline to the Panel previously.

DETAIL

5. Solent NHS Trust last updated the Panel on progress towards NHS Foundation Trusts status at their meeting on 13 January. The paper at appendix 1 provides the Panel with details of progress since January.

FINANCIAL/RESOURCE IMPLICATIONS

6. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

7. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

8. None.

POLICY FRAMEWORK IMPLICATIONS

9. The proposals are inline with the NHS plans for Transforming Community Services and World Class Commissioning

SUPPORTING DOCUMENTATION

Appendices

1.	Foundation Trust Application Update
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Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection at:

KEY DECISION? No **WARDS/COMMUNITIES AFFECTED:** All

Foundation Trust Update April 2011

Solent NHS Trust was established on the 1st April 2011. The organisation is now separate from Southampton City PCT and is in the Foundation Trust Pipeline aiming for FT authorisation April 2013.

The Board has been established as follows

Alistair Stokes	Chair
Barry Neaves	Non Executive Director
Liz Bailey	Non Executive Director
Mick Tutt	Non Executive Director
Brad Roynon	Non Executive Director
David Griffiths	Non Executive Director
Ros Tolcher	CEO
Dave Meehan	Chief Operating Officer
Judy Hillier	Director of Nursing and Quality
Michael Parr	Director of Finance and Performance (from 1 st July)
Mike Broady	Medical Director

There are a number of important activities underway that will be of interest to HOSC's

1. The development of the 5 year business plan and financial model

The development of 5 year care group strategies in liaison with key partners will be key to the overall business plan. These strategies will need to confirm transformation plans consistent with the core business of Solent, its mission and vision (see below)

Solent will need to ensure it has the right infrastructure to support its core business including IT and estates.

2. The transfer of estates

Solent is in discussion with PCTs about which estate should transfer for the provision of community services. Solent will need to work in partnership with other providers and the local authority to ensure the most effective use of the total estate.

3. The recruitment of membership and the appointment of Governors

Solent is developing a membership strategy and plans to start recruitment in June 2011. The strategy and constitution will be consulted on April-June 2012 with Governor elections later in that year. The current NHS Bill will make important changes to the role of Governors;

The Council of Governors will have a number of statutory duties (currently), these include:

- Representing the Trust and act as an ambassador for the Trust and its Members
- Appointing a Chair
- Removing the Chair (subject to approval by 75% of the Governors in a vote)
- Appointing the Non Executive Directors (who must come from the constituencies)
- Agreeing the remuneration of the Non Executive Directors
- Approving the appointment of the Chief Executive
- Appointing and removing the Trusts auditors
- Recruiting and developing members
- Ensuring accountability of the Trust to the local people
- Receive the annual report and accounts of the trust

The Council of Governors will have three main roles (currently):

1. Advisory – to provide a steer on how the Trust will carry out its business in ways consistent with the needs of its members and the wider community
2. Guardianship – to ensure the Trust operates in accordance with its statement of purposes and complies with the terms of its authorisation and acting as a trustee role for the welfare of the organisation; and
3. Strategic – to advise on the long term direction of the Trust

The Council of Governors will not be responsible for the day to day direction, management and operational running of the Trust, nor is it required to scrutinise and monitor the quality or performance of services we provide. Governors do not bear any liability for the actions of the Trust and will not be paid for their duties. They will however be entitled to receive expenses in connection with attending meetings (e.g. travel).

The new NHS Bill adds the following

- Important statutory duty – “to hold the non-executive directors individually and collectively to account for the performance of the board of directors, and to represent the interests of the members of the corporation as a whole and the interests of the public”.
- Require directors to attend a meeting for:
 - Information about FT’s performance; and

- Information about directors' performance; and
 - Deciding whether or not to vote on FT or directors' performance
- Right to receive agenda before board meetings
- Right to receive board minutes after board meetings
- Exercise of the power to call directors to meetings reported in annual accounts
- More than 50% to approve constitutional changes
- More than 50% to approve merger
- More than 50% to approve significant transaction (but FT to define significant transaction)
- No requirement to appoint commissioners or local authorities as now; Foundation Trust can choose
- Elected Governors would remain the majority

Mission

Solent NHS Trust is working in partnership to deliver better health and local care

- We will make services better for patients by focussing on the delivery of excellent, cost effective community solutions
- Working in partnership with Primary Care and GP's
 - optimise patient outcomes by aligning delivery models to practices
 - work with GP Commissioning Consortia to implement best practice, integrate care and improve pathways.
- The views of patients, carers and service users remain crucial
 - listen to and engage with LINKs, Healthwatch and other groups
 - place these views at the heart of our plans.
- working together with the local authority to provide integrated health and social care pathways
- Work in partnership with other providers where this benefits patients
 - lead whole system change, deliver QIPP and to provide patients with a diverse market of providers to deliver choice with integrated pathways.



Vision

To lead the way in local care

- Solent NHS Trust will be the principal provider of community solutions
- We will be the main support to Solent GPs in promoting health and well being and providing planned and urgent out of hospital care 24/7.
 - GPs will experience Solent NHS Trust as a continuous extension of primary care
- Patients will recognise us alongside primary care as their local NHS provider.
- We will expand our service and geographical portfolio where it makes sense to do so.
- We will be a strong partnership to social care increasingly providing these services as part of our integrated care pathway approach.

