



Brighton and Sussex  
University Hospitals  
NHS Trust



# Application for NHS Foundation Trust status Presentation to HOSC





# Background

The NHS Foundation Trust policy was established in late 2003 (Health and Social Care (Community Health and Standards) Act 2003 - since consolidated into the National Health Service Act 2006).

The aim is to improve healthcare by putting local clinicians and managers in charge and for local priorities to be better reflected.



# The Government's preferred model for provision of hospital-based care

## ***Giving greater freedom to the frontline - Acute, mental health, and ambulance trusts***

*The journey of setting NHS organisations free from central direction began with the creation of NHS trusts and, subsequently, NHS foundation trusts. It continues. Our commitment to making acute, mental health and ambulance trusts into NHS foundation trusts remains strong. It is our clear ambition that in future hospital care will be provided by NHS foundation trusts. In order to achieve this, we will aim to accelerate the rate at which existing NHS trusts achieve NHS foundation trust status.*

Source: High Quality Care For All, NHS Next Stage Review, 2008



# Vision for the FT sector

*“An affordable, devolved healthcare system, in which patients and service users receive excellent care and taxpayers achieve value for money through autonomous, well-led, financially robust providers responding to commissioners’ requirements and patients and service users’ choices”.*

**Source: Monitor’s Corporate Plan 2009-12**



# Vision for the FT sector

*“....Devolving decision making to front line staff is essential to deliver better care for patients. Giving staff more freedom, supported by strong, clear incentives, liberates them to decide how best to improve care for their patients and service users.*

*The NHS will only deliver high quality, personalised care for all if staff are empowered to develop and design services for their local communities. That is why NHS foundation trusts, as autonomous providers with significant management and financial freedoms, are such a key part of the vision for the NHS.”*

**Source: Monitor's Corporate Plan 2009-12**

# What are FTs?

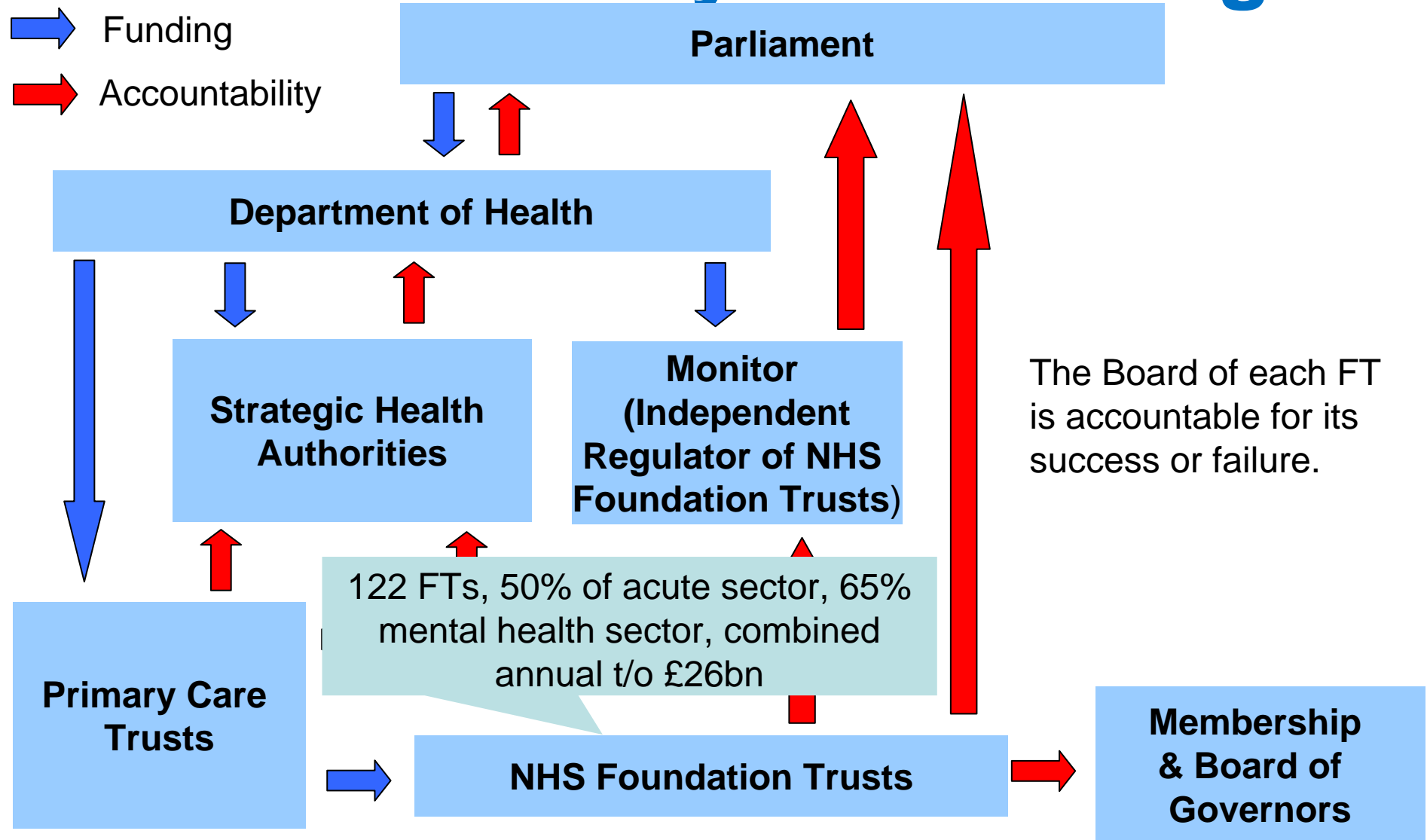
Public benefit corporations that provide healthcare according to NHS principles: free care, based on need and not ability to pay.

They set their own operational strategy and make their decisions to improve services for patients within the framework of legally binding contracts with commissioners.

FTs have significant financial freedoms which provide opportunities to develop their services and performance, including:

- ability to build up a financial surplus to invest in improving care for patients and service users;
- ability to borrow to fund investments up to a limit set under Monitor's *Prudential Borrowing Code*;
- no statutory requirement to break-even, rather FTs must demonstrate long-term financial viability.


# Accountability and funding





# Earned autonomy


With greater freedom comes greater responsibility – FT Boards are responsible for the success or failure of their organisation. They are under a statutory duty to exercise their functions effectively, efficiently and economically.





# The leadership challenge for Boards of Directors

To lead organisations that deliver services which are:

- affordable and offer good value;
  - devolved and autonomous;
  - responsive and excellent; and
  - well-led and robust
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# Local accountability

Membership is an important and distinctive feature of NHS Foundation Trust governance arrangements and forms a direct link with patients, members of the public, staff and local stakeholders.


Members, whether patient, staff or public, have the opportunity to influence strategy by electing or standing for election as governors.



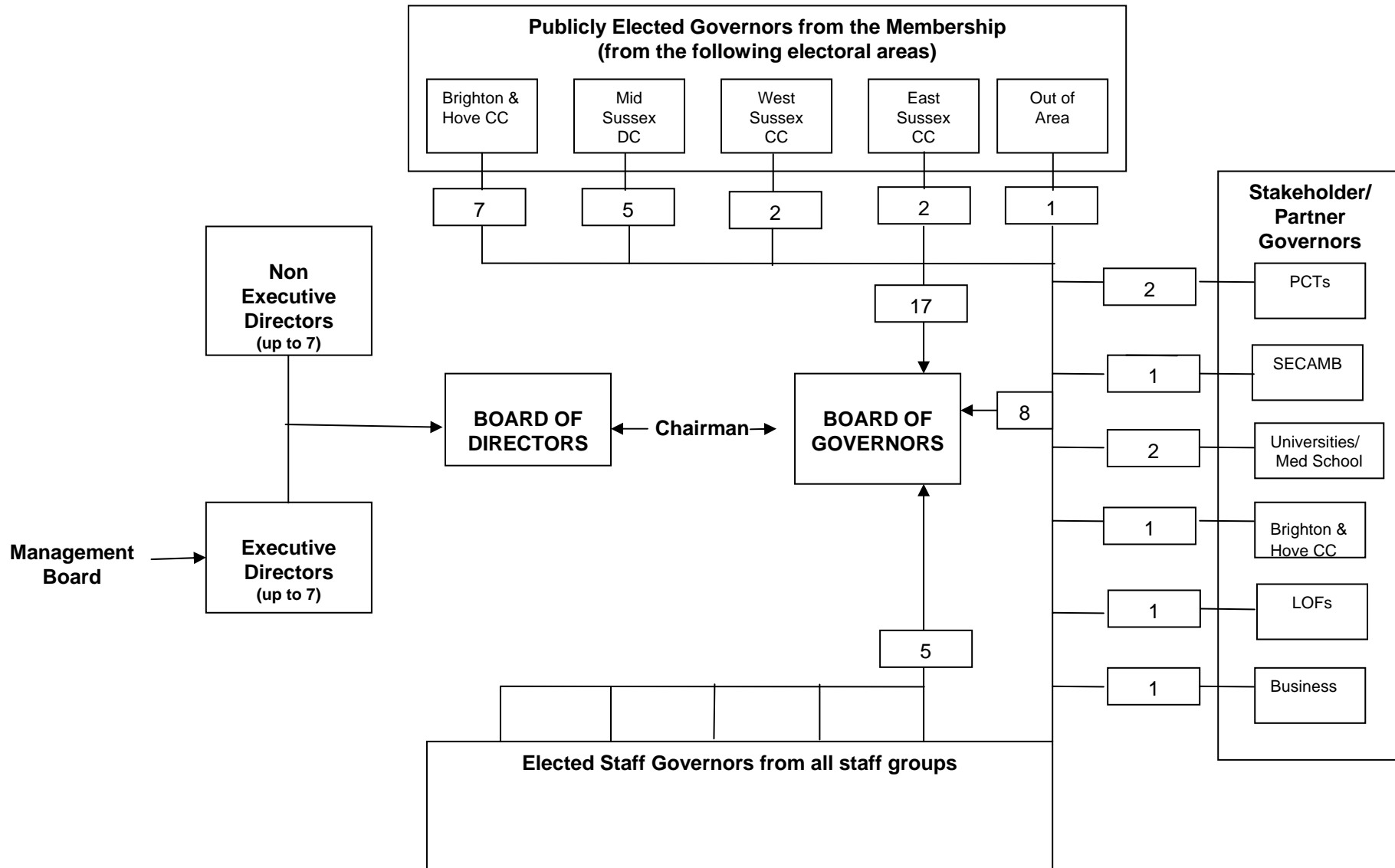


# Board of Governors

Boards of governors focus on ensuring FTs respond to the needs and preferences of stakeholders, especially local communities. Their statutory roles are to:

- appoint, remove and decide the terms of office of the chair and other nonexecutive directors, and approve the appointment of the chief executive;
  - appoint and remove the auditor;
  - review the annual accounts, auditor's report and annual report at a general meeting; and
  - express a view on the board's forward plans for the organisation.
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# Proposed BSUH Governance Structure





## BSUH timescale for FT application

- Membership campaign launched 23/09/09
  - Planned public consultation – January to April 2010
  - Proposed date for elections for Board of Governors – May 2010
  - Department of Health assessment – June to July 2010
  - Monitor assessment – Summer 2010
  - Inaugural Board of Governors – end July 2010
  - Authorised by Monitor– Autumn 2010
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