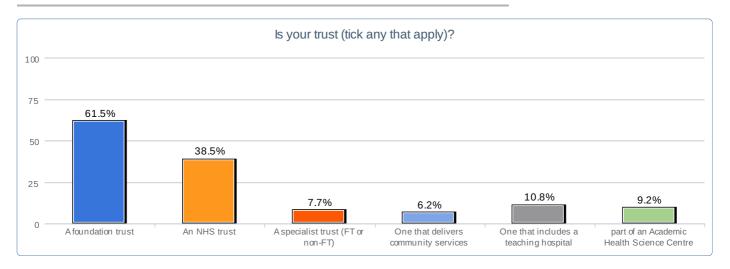


Summary Report - Mar 19, 2012

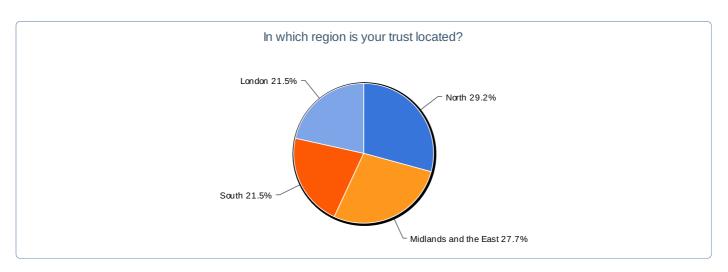
Survey: Health Service Journal acute and specialist trust chief executive Barometer. Quarter four 2011/12



1. Is your trust (tick any that apply)?

Value	Count	Percent %
A foundation trust	40	61.5%
An NHS trust	25	38.5%
A specialist trust (FT or non-FT)	5	7.7%
One that delivers community services	4	6.2%
One that includes a teaching hospital	7	10.8%
part of an Academic Health Science Centre	6	9.2%

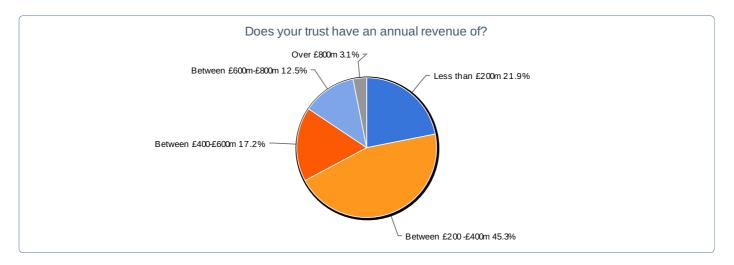
Statistics	
Total Responses	65



2. In which region is your trust located?

Count	Percent %
19	29.2%
18	27.7%
14	21.5%
14	21.5%
	19 18 14

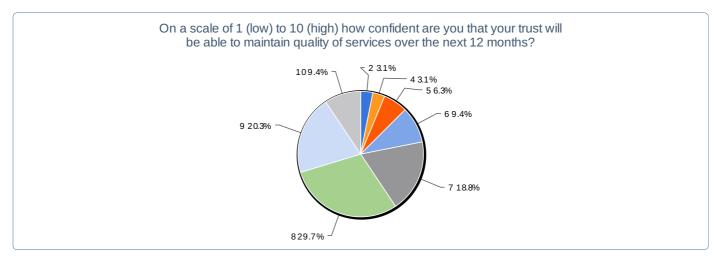
Statistics	
Total Responses	65



3. Does your trust have an annual revenue of?

Value	Count	Percent %
Less than £200m	14	21.9%
Between £200 -£400m	29	45.3%
Between £400-£600m	11	17.2%
Between £600m-£800m	8	12.5%
Over £800m	2	3.1%

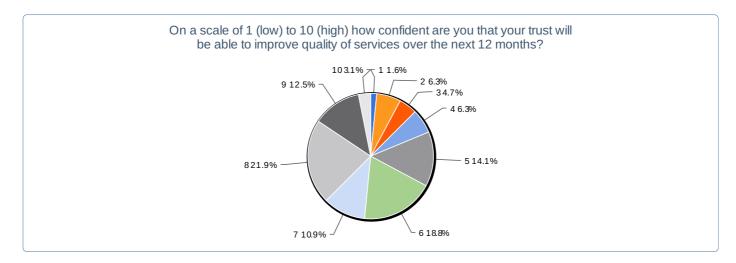
ics
Responses 64
Coporiscs



4. On a scale of 1 (low) to 10 (high) how confident are you that your trust will be able to maintain quality of services over the next 12 months?

Value	Count	Percent %
2	2	3.1%
4	2	3.1%
5	4	6.3%
6	6	9.4%
7	12	18.8%
8	19	29.7%
9	13	20.3%
10	6	9.4%
1	0	0%
3	0	0%

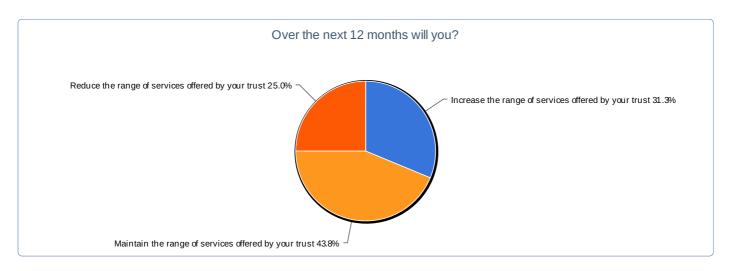
Statistics	
Total Responses	64
Sum	481.0
Average	7.5
StdDev	1.76
Max	10.0



5. On a scale of 1 (low) to 10 (high) how confident are you that your trust will be able to improve quality of services over the next 12 months?

Value	Count	Percent %
1	1	1.6%
2	4	6.3%
3	3	4.7%
4	4	6.3%
5	9	14.1%
6	12	18.8%
7	7	10.9%
8	14	21.9%
9	8	12.5%
10	2	3.1%

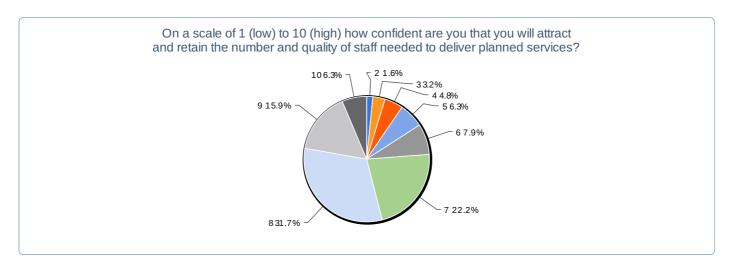
Statistics	
Total Responses	64
Sum	404.0
Average	6.3
StdDev	2.17
Max	10.0



6. Over the next 12 months will you?

Value	Count	Percent %
Increase the range of services offered by your trust	20	31.3%
Maintain the range of services offered by your trust	28	43.8%
Reduce the range of services offered by your trust	16	25%

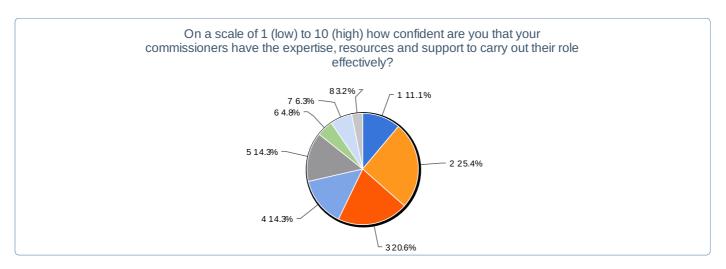
Statistics	
Total Responses	64



7. On a scale of 1 (low) to 10 (high) how confident are you that you will attract and retain the number and quality of staff needed to deliver planned services?

Value	Count	Percent %
2	1	1.6%
3	2	3.2%
4	3	4.8%
5	4	6.3%
6	5	7.9%
7	14	22.2%
8	20	31.7%
9	10	15.9%
10	4	6.3%
1	0	0%

Statistics		
Total Responses	63	
Sum	458.0	
Average	7.3	
StdDev	1.77	
Max	10.0	

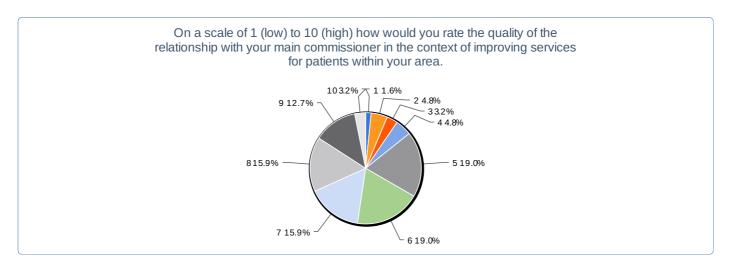


8. On a scale of 1 (low) to 10 (high) how confident are you that your commissioners have the expertise, resources and support to carry out their role effectively?

Value	Count	Percent %
1	7	11.1%
2	16	25.4%
3	13	20.6%
4	9	14.3%
5	9	14.3%
6	3	4.8%
7	4	6.3%
8	2	3.2%

63
221.0
3.5
1.84
8.0

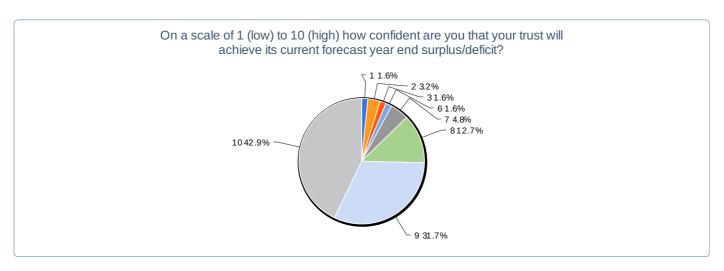
9	0	0%
10	0	0%



9. On a scale of 1 (low) to 10 (high) how would you rate the quality of the relationship with your main commissioner in the context of improving services for patients within your area.

Value	Count	Percent %
1	1	1.6%
2	3	4.8%
3	2	3.2%
4	3	4.8%
5	12	19%
6	12	19%
7	10	15.9%
8	10	15.9%
9	8	12.7%
10	2	3.2%

Statistics		
Total Responses	63	
Sum	399.0	
Average	6.3	
StdDev	2.04	
Max	10.0	



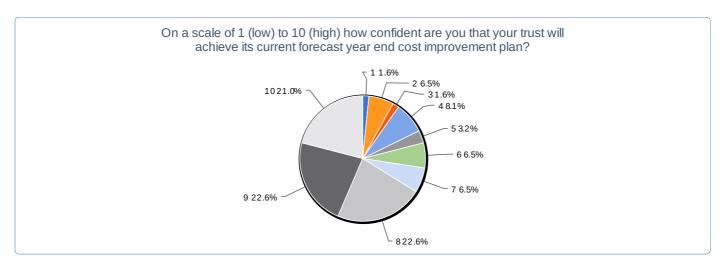
10. On a scale of 1 (low) to 10 (high) how confident are you that your trust will achieve its current forecast year end surplus/deficit?

Value	Count	Percent %
1	1	1.6%
2	2	3.2%
3	1	1.6%
6	1	1.6%

Statistics		
Total Responses	63	
Sum	549.0	
Average	8.7	
StdDev	1.99	

Max	10.0

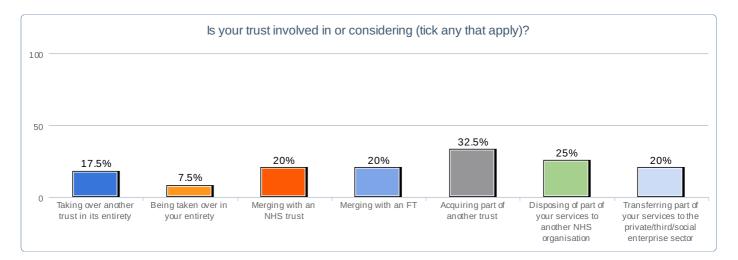




11. On a scale of 1 (low) to 10 (high) how confident are you that your trust will achieve its current forecast year end cost improvement plan?

Value	Count	Percent %
1	1	1.6%
2	4	6.5%
3	1	1.6%
4	5	8.1%
5	2	3.2%
6	4	6.5%
7	4	6.5%
8	14	22.6%
9	14	22.6%
10	13	21%

Statistics		
Total Responses	62	
Sum	462.0	
Average	7.5	
StdDev	2.49	
Max	10.0	

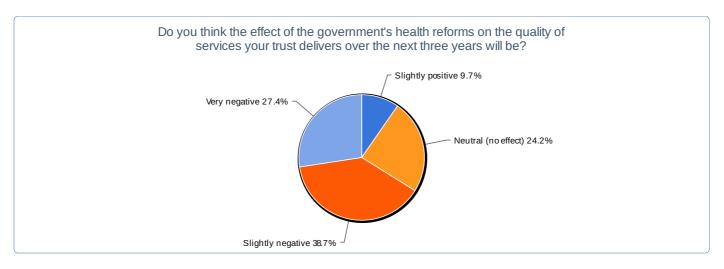


12. Is your trust involved in or considering (tick any that apply)?

Value	Count	Percent %
Taking over another trust in its entirety	7	17.5%

Statistics	
Total Responses	40

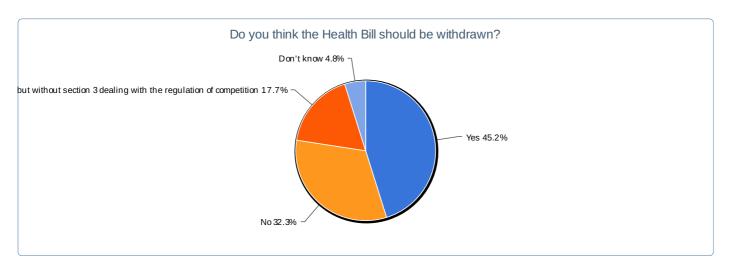
Being taken over in your entirety	3	7.5%
Merging with an NHS trust	8	20%
Merging with an FT	8	20%
Acquiring part of another trust	13	32.5%
Disposing of part of your services to another NHS organisation	10	25%
Transferring part of your services to the private/third/social enterprise sector	8	20%



13. Do you think the effect of the government's health reforms on the quality of services your trust delivers over the next three years will be?

Value	Count	Percent %
Slightly positive	6	9.7%
Neutral (no effect)	15	24.2%
Slightly negative	24	38.7%
Very negative	17	27.4%
Very positive	0	0%

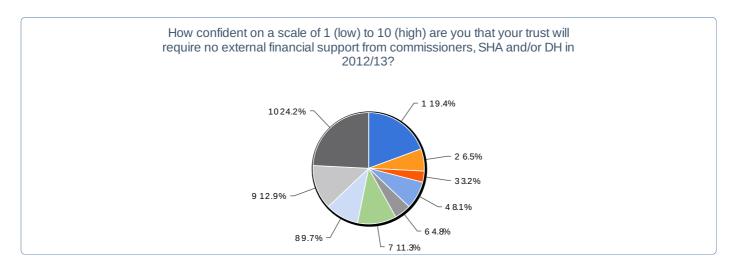
Total Responses	62



14. Do you think the Health Bill should be withdrawn?

Value	Count	Percent %
Yes	28	45.2%
No	20	32.3%
Passed - but without section 3 dealing with the regulation of competition	11	17.7%
Don't know	3	4.8%

Statistics	
Total Responses	62



15. How confident on a scale of 1 (low) to 10 (high) are you that your trust will require no external financial support from commissioners, SHA and/or DH in 2012/13?

Value	Count	Percent %
1	12	19.4%
2	4	6.5%
3	2	3.2%
4	5	8.1%
6	3	4.8%
7	7	11.3%
8	6	9.7%
9	8	12.9%
10	15	24.2%
5	0	0%

Statistics	
Total Responses	62
Sum	383.0
Average	6.2
StdDev	3.46
Max	10.0

16. Are there are any other key issues not covered by the questions above to which you are having to devote a significant amount of time?

Count	Response
1	Consultations on service reconfigurations
1	Creation of new LETB arrangements
1	FT pipeline and service reconfiguration
1	Helping immature GP commisioners to develop their QIPP plans.
1	Meeting with PCt and with GP commissioners, taking extra time and fragmentation evident already.
1	PFI
1	PPI cap
1	The tension of the negative performance culture of the cluster and SHA
1	a small moinority of hostile patient advocates
1	reconfiguration activity
1	regulation: not just from the 2 main ones
1	service reconfiguration of services in a small rural DGH.
1	Working with Social Care to try to ensure the system keeps flowing and does not put costs back into acute
1	Pathology centralisation via enforced tendering, the so-called "Patient revolution" patient survey work and the bureaucracy and performance management that goes with it
1	Operationally the rapid growth in the frail older population requiring acute health services; strategicallyan FT application process likely to be fundamentally overhauled post-Francis.
1	Ridiculous C.diff target being set for 2012/13 and disporportionate penalties associated with failure.
1	Managing multiple relationships with new "immature" organisations and reconciling their incompatible commisioning

1	Risk aversion and increasingly onerous process with regard to FT application process in anticipation of Francis 2 report
1	The burden of regulation and bureaucracy (particularly in the mushrooming of detailed returns to PCTs and SHAs required either under enhancements to the national contract or for other reasons). Significant efforts need to be made to reduce the volume of detail required, and to focus on the big issues.
1	Constant relationship building with new people in new, transient or limited life comissioning / sytem leadership functions
1	The FT application process and the numerous assessments that all duplicate each other and the sums of money i have to pay to external assessors to come in and all tell us different things that often contradict the previous assessor
1	DTOC - budget reduction for community service provision is already having an impact on the quality of care for older people.
1	NHS hasnt answered question about what happens at the end of the unsustainable provider regime if no-one wants you!

I am only as confident as I am because i have secured external financial support this year. Due to the financial climate,

we must merge. Money, mereger and quality are the matters on my agenda

priorities