

Scrutiny Board (Health)

Leeds Teaching Hospitals NHS Trust

Foundation Trust Consultation Document – Formal Response

1	Overall, do you support our plans to become a Foundation Trust?
	<p>We support the aspiration to achieve Foundation Trust (FT) status and agree that greater involvement of local communities in shaping local health services is a positive step forward. Nonetheless, at this moment in time, we do not believe there is sufficient evidence to demonstrate that LTHT have the necessary organisational competencies or track record to deliver many of the commitments offered in the consultation document – particularly around involvement and engagement. Regrettably, we have grave reservations in supporting LTHT’s current application for FT status. Please see our additional comments in this regard.</p> <p>However, to help the LTHT develop any future proposals for FT status, we would offer the following comments based on the proposals set out in the consultation document ‘<i>your hospitals, your say</i>’.</p>
2	Do you think the proposed name properly says what we are about?
	Yes. However, we believe much more work is needed to help the wider population understand the significance of FT status.
3	Do you have any suggestions you think we should take into account as part of our vision and goals?
	See our additional comments.
4	Do you support the proposal that staff Members automatically become Members unless they choose to opt out?
	We neither support nor oppose this proposal.
5	Do you agree with the minimum age of 16 for Members?
	<p>Overall, yes. However, as we look forward to the completion of the Clinical Services Reconfiguration – which will see the centralisation of Children’s in-patient services at Leeds General Infirmary, we recognise the significant level of resources necessary to provide the range of treatments and services for Children. Therefore, we believe it is important that children and young people are fully engaged in the ongoing development of services in this area. As such, we would recommend that as part of any future proposals, consideration is given to establishing a governor role (with supporting infrastructure) that ensures the views of children and young people are adequately captured and represented at the Board of Governor level.</p>
6	Please let us know if you know of any ‘seldom heard’ (or hard to reach) groups and tell us about any effective ways to communicate with them.
	See our comments above (question 5), regarding children and young people. We also recommend that further advice is sought from the Council’s equalities unit in this regard.

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7	<p>Do you think we have the right number of Governors? Please let us know if you think there are parts of the local community or partner organisations that are not represented.</p>
	<p>As the main non-NHS local health community partner, we believe that Leeds City Council should be allocated more than one appointed governor, as proposed.</p> <p>Also see our response to Q12.</p>
8	<p>Is 3 years the right term of office for Governors?</p>
	<p>A 3-year term of office for governors is in line with the other foundation trust (Leeds Partnerships NHS Foundation Trust) operating in Leeds. As such, we do not oppose this aspect of the proposal, although an alternative approach could be a 4-year term of office with elections every 2 years (i.e. changing 50% of the governors every 2 years).</p>
9	<p>Do you think our proposals for Governor roles will help us to deliver health care effectively?</p>
	<p>As stated in Q1, we support the aspiration to achieve FT status and agree that greater involvement of local communities in shaping local health services is a positive step forward. We believe that the proposals around governor roles have the potential to help deliver health care effectively: However, given our recent experiences around the management of proposed changes to renal and, to a lesser degree, dermatology services, we have grave reservations in supporting LTHT's application at this time, and would question the Trust's capacity and capability to provide sufficient support to develop the role of governors effectively. We believe that further work is needed to help demonstrate the Trust's competency in this area.</p>
10	<p>Do you think these are the right groups for staff constituencies?</p>
	<p>We agree that the active involvement and engagement of staff is a crucial element of the proposal, however we neither support nor oppose the proposed staff constituencies.</p>
11	<p>Should volunteers be regarded as Members of staff?</p>
	<p>We understand that volunteers can provide an important additional resource in the overall delivery of health care services. However, it is difficult for us to provide a view on whether volunteers be regarded as Members of staff, as we do not have any information on the terms of engagement for volunteers and how such terms may differ from members of staff.</p> <p>Nonetheless, it is important for volunteers to have an appropriate mechanism through which they can be actively involved and engaged in the election process: We believe this can be achieved equally through electing a staff governor or a public governor.</p> <p>In addition, we believe it is equally important that mechanisms exist for volunteers to be actively involved and engaged on an ongoing basis. It is essential that volunteers recognise that such mechanisms are in place and they have a point of contact within the governor structure. This could be an explicit role for the non-clinical staff governor voice.</p>

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12	Do you think these boundaries for the public constituencies fairly represent areas of Leeds?																						
	<p>No. As democratically elected representatives of local communities across Leeds, we do not recognise the proposed public constituencies. We appreciate the practicalities that are likely to be associated with providing support for a large number of governors and that mirroring the 33 electoral wards, with 2 governors per ward, is perhaps unfeasible. However, for a number of years the Council has been operating a system of area management – aimed at improving localities and delegating responsibilities and functions to a more local level. This system of devolved decision-making is delivered through grouping electoral wards to form 10 area committees. We believe that this structure / grouping of electoral wards provides a more logical approach to assembling a smaller and more manageable number of public constituencies. We also believe that, by mirroring the grouping of electoral wards already established under the area management arrangements, there will be greater public affiliation than under those proposed.</p> <p>As such, we would recommend the following groupings (as set out by the Council's area management arrangements):</p> <table border="1" data-bbox="276 1025 1401 1630"> <thead> <tr> <th>Constituency</th> <th>Electoral wards included</th> </tr> </thead> <tbody> <tr> <td>North West (Inner)</td> <td>Headingley, Hyde Park & Woodhouse, Kirkstall, Weetwood</td> </tr> <tr> <td>North West (Outer)</td> <td>Adel & Wharfedale, Guisley & Rawdon, Horsforth, Otley & Yeadon</td> </tr> <tr> <td>North East (Inner)</td> <td>Chapel Allerton, Moortown, Roundhay</td> </tr> <tr> <td>North East (Outer)</td> <td>Alwoodley, Harewood, Wetherby</td> </tr> <tr> <td>East (Inner)</td> <td>Burmantofts & Richmond Hill, Gipton & Harehills, Killingbeck & Seacroft</td> </tr> <tr> <td>East (Outer)</td> <td>Crossgates & Whinmoor, Garforth & Swillington, Kippax & Methley, Temple Newsam</td> </tr> <tr> <td>South (Inner)</td> <td>Beeston & Holbeck, City & Hunslet, Middleton Park</td> </tr> <tr> <td>South (Outer)</td> <td>Ardsley & Robin Hood, Morley North, Morley South, Rothwell</td> </tr> <tr> <td>West (Inner)</td> <td>Armley, Bramley & Stanningley</td> </tr> <tr> <td>West (Outer)</td> <td>Calverley & Farsley, Farnley & Wortley, Pudsey</td> </tr> </tbody> </table> <p>In line with the current proposals, we recommend that 2 representatives from each of the above public constituencies be elected to serve as governors. These appointments would be in addition to the 'regional' and 'rest of England' governors proposed in the consultation document.</p>	Constituency	Electoral wards included	North West (Inner)	Headingley, Hyde Park & Woodhouse, Kirkstall, Weetwood	North West (Outer)	Adel & Wharfedale, Guisley & Rawdon, Horsforth, Otley & Yeadon	North East (Inner)	Chapel Allerton, Moortown, Roundhay	North East (Outer)	Alwoodley, Harewood, Wetherby	East (Inner)	Burmantofts & Richmond Hill, Gipton & Harehills, Killingbeck & Seacroft	East (Outer)	Crossgates & Whinmoor, Garforth & Swillington, Kippax & Methley, Temple Newsam	South (Inner)	Beeston & Holbeck, City & Hunslet, Middleton Park	South (Outer)	Ardsley & Robin Hood, Morley North, Morley South, Rothwell	West (Inner)	Armley, Bramley & Stanningley	West (Outer)	Calverley & Farsley, Farnley & Wortley, Pudsey
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14	Do you think we should have separate groups specifically representing patients? If so, how might we break them down into smaller groups?
	<p>We are also aware that a number of patient groups already exist, with many aiming to work closely with clinical teams across the Trust to help improve patient care. However, our recent experience has led us to conclude that significant improvements are needed in this area. We believe that, currently, there is insufficient evidence to demonstrate that LTHT has the organisational competencies to deliver many of the commitments presented in the consultation document – particularly around involvement and engagement.</p> <p>We accept that by having public constituency governors, there is significant potential for current and/or prospective patients to contribute to the development of local health care services. However, given our recent experience, we would welcome any proposals that will develop and strengthen the Trust's arrangements for engaging and involving patients more explicitly. This could, for example, include a specific role for the Patient Advice and Liaison Service within any future arrangements.</p>
15	Do you think our proposals for appointed Governors are right?
	See our response to Q7.
16	Do you agree with the restrictions on who can become a Governor?
	We agree with the restrictions presented in the consultation document.
17	Do you agree with our proposals for the Board of Directors?
	We are in broad agreement with the proposals for the Board of Directors, as presented in the consultation document. However, as the main non-NHS local health community partner, we believe consideration should be given to allocating Leeds City Council a Non-Executive Director role on the Board of Directors.
18	Do you agree with our proposed transitional arrangements?
	The transitional arrangements seem reasonable, however given our serious reservations regarding the Trust's ability to deliver against its aspirations, we would question the proposed timescales (i.e. governor elections in 2010).
19	Do you agree that elections should be twice every three years, involving around half of the elected Governors?
	See our response to Q8.

Please see our additional comments (below).

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Additional comments

There are two recent experiences around proposed service changes that we believe are particularly pertinent to the current consultation on the Trust's proposals to achieve FT status.

Renal Services

The following points have been extracted from our agreed statement on Renal Service in Leeds (December 2009):

Foundation Trust Status

106. *In November 2009, we also heard about LTHT's proposals and associated processes for achieving Foundation Trust (FT) status.*
107. *We considered the FT proposals in detail and hope to provide a separate consultation response in due course. However, there are some aspects of the FT proposals and consultation document which, in our view, are very pertinent to the issues and circumstances associated with renal services.*
108. *The consultation document is entitled 'Your hospitals, Your say' and it is interspersed with references about the benefits of being a Foundation Trust, such as:*
 - *'greater freedom to develop services'*
 - *'more accountable to the local community'*
 - *'able to tailor local services to the needs of local people'*
109. *The consultation document also details a number of commitments that LTHT would sign up to as a Foundation Trust, including:*
 - *asking the views of members*
 - *tailoring services*
 - *supporting patient choice*
 - *involving local communities*
 - *working more closely with other bodies*
 - *strengthening contractual arrangements with other organisations*
110. *However, based on our recent experiences and the evidence identified in this statement, we believe that at the present time, these fine words are just that – fine words.*
111. *We would all support these statements of intent, and agree that greater involvement of local communities in shaping local health services is a positive step forward. Nonetheless, at this moment in time, we do not believe there is sufficient evidence to demonstrate that LTHT have the necessary organisational competencies or track record to deliver such commitments. As such, we have grave reservations in supporting LTHT's application for FT status.*

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112. *LTHT has an annual budget approaching £800 million and we firmly believe that the public of Leeds and the surrounding areas deserve to be reassured about the management and organisation of LTHT – including key business processes. We believe that such reassurance needs to be provided prior to any further devolvement of power and increased autonomy.*

A copy of the Scrutiny Board's statement is attached for reference purposes.

Dermatology Services

In early October, we became aware of potential changes in the provision of dermatology services, particularly in terms of inpatient provision on ward 43 at Leeds General Infirmary (LGI). When the potential changes first emerged we received two separate requests for the proposals to be examined in more detail. These, independent, requests came from patients and users of the dermatology service and the British Association of Dermatologists (BAD).

As such we considered the issue in more detail at our meeting in November 2009 and heard from a range of interested parties, including representatives from LTHT, dermatology patients and the BAD. After hearing from all the parties represented at that meeting we made the following comments:

- We were not averse to changes in services but an emerging theme for the year to date, seemed to be around how changes are proposed and progressed.
- We were concerned that the Chief Executive of LTHT had already indicated that ward 43 was not suitable as a ward and would be turned into office space and despite the assurances given at the meeting, it seemed that a decision had already been taken to move services from Ward 43.
- We were again concerned about the lack of consultation by LTHT with key stakeholders and that the Trust did not seem to have a strategy or procedure for consultation.
- We believed that the changes represented a substantial variation in service and as such should be the subject of a 12 week period of consultation, in which the Scrutiny Board should be included. Substantial variations also could not be looked at in terms of money but on the basis of clinical need.
- We agreed that this issue should come back to the Scrutiny Board to ensure that the commitments given by LTHT regarding the consultation process were taking place.

January 2010