

**THE LEEDS TEACHING HOSPITALS NHS TRUST
BOARD MEETING - 18 MARCH 2010**

FOUNDATION TRUST CONSULTATION

Public section paper

1. PURPOSE OF THE PAPER

The paper summarises our formal public consultation activity and the responses it generated. It proposes changes to the arrangements we set out on as part of our Foundation Trust (FT) consultation. Finally it identifies next steps and some further actions required to complete Appendix 6 of the DH/Monitor template report on public, staff and stakeholder engagement.

2. BACKGROUND

The public consultation ran from October 1 to December 24 (a statutory period of 2 weeks). A public consultation document called *Your Hospitals Your Say* formed the basis of the information published to explain our FT proposals. The document was sent to 2000 organisations, stakeholders and key individuals. It was also available in GP surgeries and public libraries across the city as well as all Trust reception areas.

The document was available as a PDF on the Trust website, key sections were made available using Braille and it was explained using audio / visual presentations and via a palantypist at public meetings. Induction loops were also used at selected meetings or where we were made aware that hearing impaired attendees would require one. The document was offered in translation but no requests for translated versions were received.

The table at Appendix 1 shows our activity mapped against requirements:

3. SUMMARY OF FEEDBACK

Around 500 people and the majority of local councillors attending more than 40 community and public meetings heard presentations of the key points of consultation. Tables showing the pattern of responses and the key issues reflected at public meetings are shown at Appendix 2.

Responses were received from a number of key stakeholders. NHS Leeds and Leeds Partnerships Foundation Trust have advised that a formal response will be sent and it is understood they will support our application and comment on the arrangements set out in the consultation document where appropriate. Leeds University and Leeds Metropolitan University are also both supportive and have not raised any issues in relation to the

arrangements we proposed. Leeds City Council offered qualified support, seeking a stronger contribution to vision and strategy in the city addressed through slightly increased appointed Governor representation and a wider aspiration for city-wide partnership working. The Scrutiny Board (Health) were positive about the principles but cited 'grave reservations' about our capability of matching the aspirations in the document because of poor engagement structures and processes. Scrutiny Board feedback is almost certainly conditioned by their concerns around what they regard as poor local involvement over specific changes in renal and dermatology services. In our formal consultation response document we will make it clear that we intend to use the resource provided by public membership and the structures and processes supporting members and Governors to strengthen our capacity and capability to engage the community.

4. SUMMARY OF KEY ISSUES

Over the course of the public consultation some areas of public and local city councillors' concern became clear:

- i) the cost of FT status and any new bureaucracy
- ii) a lack of clarity about direct benefits to patients
- iii) the cost of the consultation and whether it was perceived as real

Additionally, based on feedback from public meetings and from formal correspondence there are two areas where there seems clear direction for amendments to the arrangements set out in the Trust consultation document *Your Hospitals Your Say*:

- i) to align LTHT FT member constituency boundaries with local authority area committee boundaries; and
- ii) to agree some additional appointed Governors (local authority and third sector)

The table below shows our proposals; changes suggested are highlighted using bold type:

Table 1

Elected Governors	Appointed Governors
21 (23) public governors elected by public members in 9 (10) constituencies of Leeds (aligned with local authority area committees) , for 3 years*	1 NHS Leeds (PCT) - appointed by law
	1 Leeds City Council - appointed by law* (response from Leeds City Council suggests at least two including one from Leeds Initiative, the local strategic partnership)
	1 Leeds University (medical and dental school) - appointed by law
	We propose to appoint governors from: 1 Leeds Metropolitan University

Elected Governors	Appointed Governors
<p>* Some elected governors will only have a 2 year term of office at the first elections</p>	<p>1 Leeds Partnerships Foundation Trust 1 Leeds Chamber of Commerce 1 Voluntary Sector* (responses suggest this may not adequately represent the entire 'third sector') 1 Regional Development Agency 1 Staff Council (chair)</p>
<p>5 staff Governors - elected by staff Members for 3 years*</p>	
<p>TOTAL 27 (29)</p>	<p>TOTAL 9 (11)</p>

The summary of responses in this paper provides much of the information required by the *DH and Monitor Guide for Applicants for NHS Foundation Trust Appendix A6: Public consultation response and evidence of staff engagement and involvement template*. However, there are some significant areas covered by Appendix 6 that fall outside the formal public consultation. The FT steering group will consider how best to provide substantive information in the following areas (taken from Appendix 6):

- i) Staff engagement, including future plans for staff involvement and participation in shaping culture change and service development / delivery and social partnership;
- ii) Clinical engagement, including cost/benefit and assimilation into IBP;
- iii) Development of new and existing relationships in health and wider community;
- iv) Integration of HR practice;
- v) Staff and organisational development.

Clearly, our FT application is not taking place separately from other pieces of work happening across the Trust. As Trust Board members will be aware, we are developing significant pieces of work that will involve staff development and participation, e.g. *Managing for Success*. Clinical engagement is also a key priority being taken forward by the Medical Director through the clinical management team, e.g. the CD development programme. We will inevitably develop new and existing relationships in the health and wider community as part of our work to become an FT, especially as we build a shadow membership and move towards election of shadow governors.

5. NEXT STEPS

Our strategy of taking consultation to existing groups and meetings was adopted because advice from aspirant and established Foundation Trusts was that single-issue meetings about FT status would attract only small numbers of people. As a result we undoubtedly

put our proposals in front of a very large number of people, far more than we could have hoped to attract to public meetings devoted specifically to this topic.

We can be confident that the pattern of responses is in line with the geography of the area because we based our meetings on a comprehensive set of local authority area committee and subsidiary local neighbourhood meetings. However, it is not clear how far the pattern of public responses is in line with demography. As we develop our membership group we will analyse the database and take appropriate steps to ensure that we have a representative membership and that minority groups have an opportunity to get involved as we build our Trust strategy.

It is suggested that a substantial initiative is worked up to kick-start community and stakeholder engagement as a demonstration of our commitment to the aspiration set out in our FT application. This can be designed in a way that helps us shape the future of local engagement and involvement. It is also an opportunity to involve stakeholders in helping us define a new 'brand' that LTHT will have as a Foundation Trust.

Having concluded the formal consultation phase we will publish a summary of responses to fulfil our obligations to those we consulted.

In discussion with the Strategic Health Authority we will assess whether our activity and the responses it has generated meet Monitor's requirements. Should this identify any supplementary consultation activity be required we will advise the Board.

In the meantime the FT steering group will develop outline programmes for three key areas:

- i) Membership Development Strategy;
- ii) Governor recruitment and training; and
- iii) Elections.

6. RECOMMENDATIONS

Trust Board members are asked to note the responses received and commission a short public document that sets out the consultation activity undertaken and identifies the key response themes. Publication of such a document is an opportunity to clarify what we believe are the benefits of FT status and show the scale of costs already incurred for consultation and those we believe will be incurred for FT administration, although at this stage it will not be possible to be precise.

The document should also include details of any changes to our proposals that we make as a result of responses received.

Board members are therefore asked to approve the changes set out in Table 1:

- i) to increase the number of elected public Governors from 21 to 23, adopting 10 constituencies in the city of Leeds coterminous with local authority area committee boundaries;

- ii) to increase the number of Appointed Governors from 9 to 11 to allow for an additional local authority Governor and an additional Governor from the third sector

The total number of Governors will therefore, including the proposed staff Governors, amount to 40.

Ruth Holt
March 2010

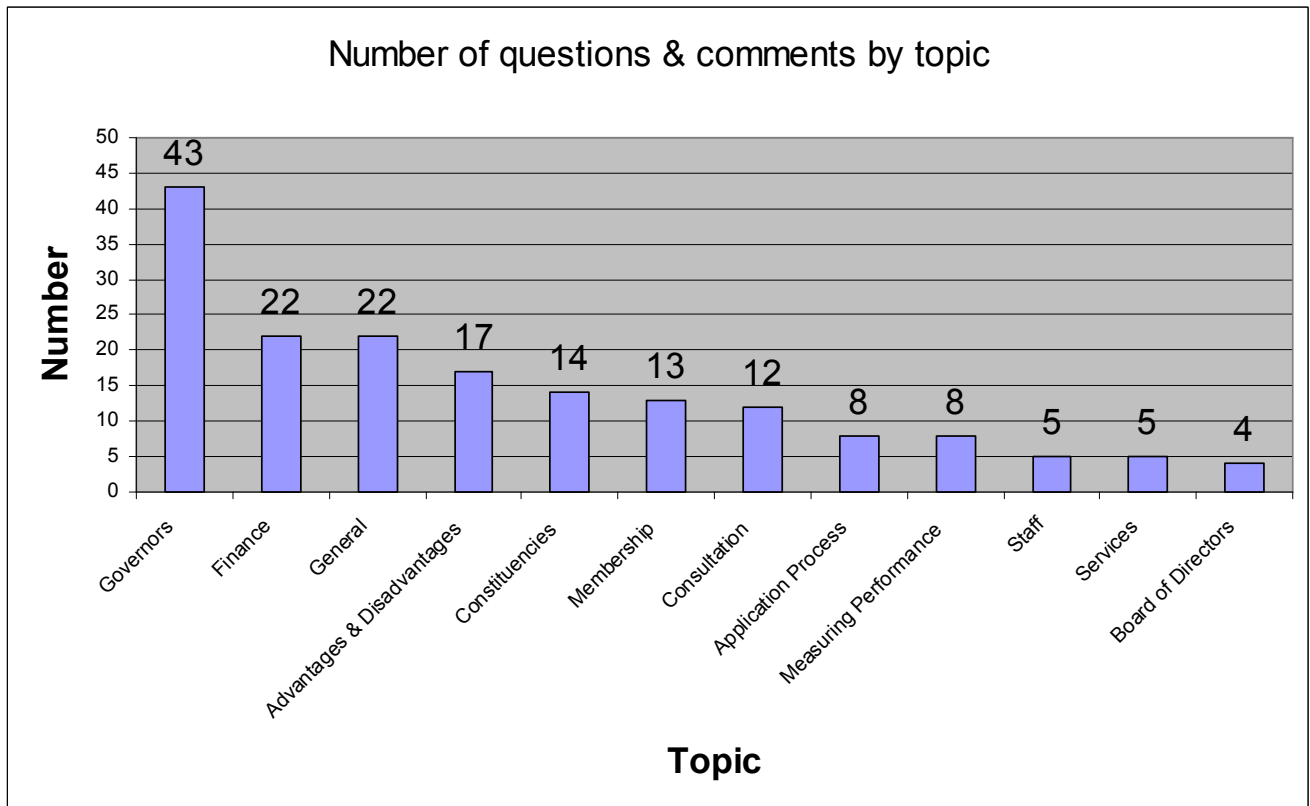
Appendix 1

	CURRENT STATUS	TARGET / REQUIREMENT
PUBLIC CONSULTATION	<ul style="list-style-type: none"> • Full consultation document published, summary document also available • Launch meeting and Health Fair 30.9.09 • 41 public meetings (neighbourhood forum meetings) attended in total by around 500 members of public • Consultation documents sent to all Leeds GP surgeries and public libraries 	<ul style="list-style-type: none"> • Robust public consultation • Continued commitment to FT culture change
STAFF CONSULTATION	<ul style="list-style-type: none"> • Full consultation document published, summary document also available widely within Trust and on intranet and public website, notified to staff through eBulletin and Team Brief • 7 staff meetings held - approx 200 staff • 9 stakeholder / public open consultation workshops, low interest/attendance • Discussion with staff side and senior consultant representatives at the Trust Consultation and Negotiation Committee and Senior Medical Staff Committee 	<ul style="list-style-type: none"> • Opportunity to play an active part in the dialogue and deliberations around FT application • Staff and stakeholder involvement in developing IBP • Continued commitment to FT culture change
STAKEHOLDER CONSULTATION	<ul style="list-style-type: none"> • 2000 letter to stakeholder groups notifying consultation • Further 2000 letters sent to stakeholder groups enclosing consultation document • Letters to 150 GP practices notifying consultation • Further letter to 150 GP practices enclosing consultation documents • Appointed Governor organisations notified • Briefing meetings for Scrutiny Board (Health), local authority leadership management team, Leeds MPs 	<ul style="list-style-type: none"> • Requirement to be able to list and describe the key areas of interest of stakeholder organisations • Staff and stakeholder involvement in developing IBP • Continued commitment to FT culture change

	CURRENT STATUS	TARGET / REQUIREMENT
MEMBERSHIP	<ul style="list-style-type: none"> • 900 letters sent to volunteers enclosing consultation document and inviting membership applications • 2 face to face meetings with volunteers to discuss membership, particularly the issue about whether volunteers wished to be regarded as members of the public or staff • Around 3500 applications for public membership to date • Membership letters included in patient letters between November and early February - to recommence when mailing equipment is available 	<ul style="list-style-type: none"> • Representative Membership developed • Trust aims to have 11,000 public members and intends to offer all staff the opportunity to opt out if they do not wish to be members

Appendix 2

Analysis of responses



Most common questions & comments

