

***your  
hospitals  
your  
say***

The Leeds Teaching Hospitals **NHS**  
NHS Trust

foundation trust  
consultation document

October 2009





St James's University Hospital



Leeds General Infirmary (LGI)



Chapel Allerton Hospital

## Terms used in this leaflet

**NHS Trust** The name for an NHS organisation that manages one or more hospitals

**NHS Foundation Trust** The name for an NHS organisation that manages one or more hospitals as not-for-profit public benefit corporation with Members (like the Co-op)

**Board of Directors** The members of the Trust Board who lead an NHS organisation and who take collective responsibility for achieving the organisation's aims; the Board is made up of Non-Executive and Executive Directors.

**Non-Executive Directors** Directors who have expertise, not necessarily within the NHS but who bring a beneficial perspective from their outside experience. They are drawn from the catchment area served by an NHS Trust and sit on the Board of Directors. Their role is to ensure the Trust is performing well by providing an internal challenge.

**Chairman** The senior Non-Executive post in the organisation, who leads the organisation's Board in setting the strategic direction. The Chairman makes sure the Board takes proper decisions to achieve the Trust's aims.

**Executive Directors** The most senior managers in an NHS organisation. They have special responsibility for areas such as finance, medical and nursing staff, but they also have collective responsibility to work together as members of the Board with Non-Executives across all areas of the Trust.

**Chief Executive** The senior Executive Director who is responsible for all aspects of the work of the Trust, including leadership, management of resources and performance management of objectives. The Chief Executive has personal responsibility for the quality and safety of services.

**Governors** Members of an NHS Foundation Trust who are elected to represent the interests of Foundation Trust Members, patients and the public.

**Members** People who choose to join because they have an interest in the Foundation Trust; they elect Governors.

**Primary Care Trusts** The NHS bodies who use money allocated by The Government to buy health services such as hospital care, mental health services and GP services for their local community. They are also responsible for improving public health in the area.

**Monitor** The independent regulatory body created by Parliament to hold Foundation Trusts accountable for delivering efficient and effective health care.

***This consultation document can be downloaded from [www.leedsth.nhs.uk](http://www.leedsth.nhs.uk). It can be made available in Braille, large print and minority ethnic languages on request.***



Seacroft Hospital



Wharfedale Hospital, Otley



Leeds Dental Institute

# contents

## section 1

introduction

## section 2

why we are applying to become a foundation trust

## section 3

our plans for the future

## section 4

benefits of being a foundation trust

## section 5

what the changes will mean

## section 6

your say

*"The staff's patience, care and attention means I can go home a more confident mum"*

*Bianca Mason (mum) babies Freya and Annabelle  
with Jayne Wagstaff (midwife)*



*Thank you for taking time to consider Leeds Teaching Hospitals plans to become an NHS Foundation Trust. This document explains the reasons why we would like to take this step and asks for your feedback on some important questions that need to be answered during this consultation.*

NHS Foundation Trusts are a new type of organisation. They are not-for-profit, public benefit corporations. They are part of the NHS and must meet national healthcare standards. They continue to provide services to patients on the basis of need and not ability to pay. However, they are more independent of Government than NHS Trusts so that they can more effectively become part of the local community.

At the moment we are directly accountable to the Secretary of State for Health. In future, if we become a Foundation Trust, we would be regulated by Monitor, the independent body created by Parliament to oversee Foundation Trusts. We will also be run differently and will be more accountable to local people who can become Members and Governors of the Foundation Trust.

We are in the process of developing our application for this important change and our consultation is a way of getting your views about how the organisation will be run in the future.

The questions in this document are about key aspects of these changes and we would like your views so that we can make decisions properly informed by your feedback. Staff from our hospitals will be out and about talking to local groups and answering as many questions as possible during a 12-week consultation period beginning on 1 October 2009 and running until 24 December 2009.

Your views are very important to us as the main benefit from becoming a Foundation Trust is to ensure the Board of Directors is better connected to the community we serve. Please take the opportunity to respond to the consultation using the form provided or by writing or e-mailing us to say what you think.

We want to use the new arrangements that come about as a result of being a Foundation Trust to plan our future in partnership with you. This is an exciting time to be part of our hospitals. We are aiming to use the opportunity presented by Foundation Trust status to make sure that improvements and changes we make are well understood and supported by the people who use our services.

We look forward to hearing from you with feedback on our ideas, on the questions set out in this document and on any other aspect of our proposals. We will consider all the responses sent to us, analyse them and make decisions based on them and the other information available to us. We will publish our conclusions before the end of March 2010.



*Maggie Boyle, Chief Executive*

*Mike Collier CBE, Chairman*

## why are we applying to become a foundation trust

*In summary, as a Foundation Trust we will have greater freedom to develop services to suit the needs of our local community. We would be operating under different arrangements that encourage and reward improved performance.*

We will be more accountable to the local community and less to Whitehall. One way in which this will happen is by the setting up of a Council of Governors to work with the Board of Directors. Governors will be elected by local Members to represent their views and those of other people in Leeds and the region beyond.

As a Membership organisation, we will also actively seek the views of our Members who will mostly be drawn from local people, patients and staff. We believe that this will help us to become more responsive to local needs and wishes.

We will be able to invest any surplus money we make, either by working more efficiently or by disposing of unused assets, into improving services. We can also borrow money within the private sector to invest in new services or facilities.

The Government would like all NHS Trusts to be on their way to becoming Foundation Trusts by the end of 2010. Although they are not required to follow directions from the Secretary of State for Health, Foundation Trusts still follow the same ethos as all NHS Trusts – to provide and develop services for NHS patients according to NHS values, principles and standards and with the same NHS systems of inspection in place to ensure quality.

As a Foundation Trust we will be able to design and plan our services differently. This means we can tailor local services to the needs of local people.

We would be known as Leeds Teaching Hospitals NHS Foundation Trust. Our Members will play a crucial role in electing representatives (called Governors) to work closely with our Board of Directors in ensuring our hospitals provide the best health care and represent the views of Members

**Do you think the proposed name properly represents the organisation?**

The Board of Directors and the Governors will work together to make sure we perform well, ensure we fulfil our statutory duties as an organisation and ensure our Members' views are represented. It will be the Board's role to manage the hospitals and the Governors' role to hold them to account. The Board of Directors and the Council of Governors will report back to Members about achievements, improvements and any problems.

*"Thankyou for the generosity and kindness of the staff I have met during my stay in hospital"*

*Jill Collinson, Guiseley  
Sian Reed (Health Care Assistant)*

## our plans for the future

*We plan to use the changes involved in being a Foundation Trust to help us achieve our vision for success. Health care is changing to meet the expectations of the people who use it. It is also clear that efficiency will be increasingly important as the NHS faces up to the same challenges as other sectors of the economy.*

We will rise to the challenge set by consumers who want ever higher quality services which are also good value for public money. We aim to bring local people into the network of knowledge and experience that drives change and improvement.

### **Our strategic goals are:**

- ◆ **Achieve excellent clinical outcomes**
- ◆ **Improve the way we manage our business**
- ◆ **Become the hospital of choice for patients and staff**

**Excellent health services** - we will use the views of patients and carers, as well as health professionals to develop our services and drive up quality. There is lots of evidence to show that as a result we will improve clinical outcomes and reduce costs. We will maintain and extend the wide range of health care we provide, from regular hospital services to very skilled and specialist services available regionally and nationally.

**Expert staff** - we already have a professional and expert workforce, dedicated people who work together in multidisciplinary teams providing very specialist care. We will become more efficient by developing our staff to work in new ways and improving our systems, for example the better use of information technology between health agencies.

**Teaching, research and development** - we plan to make the most of the excellent partnerships we have with higher education to provide teaching for healthcare professionals and to inspire world-class research and development projects.

**Local partnerships for change** - hospital care is only part of the mix of health services required to meet people's expectations of the NHS. We will work positively with NHS Leeds - the organisation that plans and funds health services in Leeds - to ensure we do the best we can for the city and beyond. The direction for the NHS is clearly set out in national policy. We will try to be at the leading edge of this change by collaborating with NHS Leeds to provide high quality care in settings that are closer to people's homes and communities.

**Health care environment** - when people come into hospital we want to care for them in exceptional clinical facilities. As we move forward we aim to have the best possible accommodation so that we can move out of older buildings which are expensive to maintain and are less fit for purpose.

In summary, we know that improving quality is the highest priority and that we can do this best by engaging properly with the people who can influence this - NHS staff, patients, carers and the organisations who work with us. Achieving Foundation Trust status is an important step in this process because it will give us the right structures and relationships.

***Do you have any suggestions you think we should take into account as part of our vision and goals?***

*"Great positive change with new hospital refurbishments"*

*Cameron Tippie with Kevin Somers*



## benefits of being a foundation trust

*We believe that NHS Foundation Trust status will help us deliver the highest quality health care to people who use our services. We continuously strive to improve patient care, but we know we need to do this even more effectively and faster.*

As an NHS Foundation Trust we are still part of the NHS, but will have more freedom to run our own affairs at a local level. For example, although we must comply with national standards, we can decide how we do that, by developing new ways of working and to reflect local needs and priorities.

NHS Foundation Trusts are controlled locally so they are able to respond more readily to the needs of patients and the local community. We will have more flexibility in how resources are used and greater opportunities to get investment in new and improved facilities and equipment which will really make a difference to patients and staff.

### **As a Foundation Trust we will:**

- ◆ **ask the views** of our members to help us design and plan services
- ◆ **tailor our services** to make them more responsive to local people's needs by making them more accessible, more convenient and more appropriate for the communities we serve
- ◆ **support patient choice** more effectively by using patient views to shape how, when and where we provide services

- ◆ **involve local communities** and other partners in the overall governance of the organisation and its development
- ◆ **seek different sources of income** and have greater freedom to decide how we spend it
- ◆ **retain financial surpluses** at the end of each financial year which we can reinvest in patient services
- ◆ **strengthen our contractual arrangements** with other organisations (including other NHS organisations) to ensure these are legally binding, bringing greater security and ensuring continuity of services
- ◆ **use our research** more effectively for the benefit of local patients and clinicians
- ◆ **work more closely** with other bodies such as social care organisations, local businesses and other health care partners

Overall, it puts us in a stronger position to improve services at our hospitals and ensure they are designed around the needs of local patients and the public.

*"Achievement of foundation status means more freedom and independence for the Trust"*

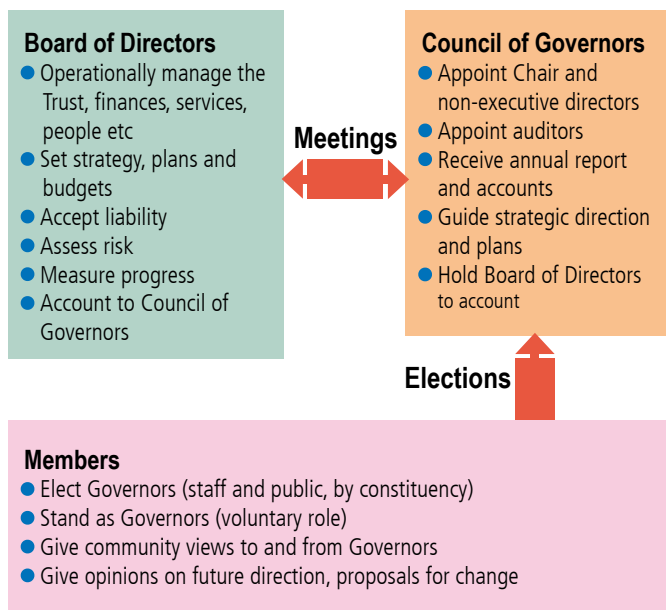
*Ramnath Subramaniam (Consultant Paediatric Urologist)*

## what the changes will mean

Foundation Trusts have different structures to existing NHS Trusts. The new arrangements focus on relationships between three main groups:

- ◆ **Members**
- ◆ **Council of Governors**
- ◆ **Board of Directors**

The diagram shows how they relate to each other and outlines their main roles:



### Membership

Foundation Trusts are public benefit organisations which are run in a similar way to co-operative or mutual organisations. All Foundation Trusts have to recruit Members who help the Trust plan its future. Any patient, carer or member of the public, is welcome to join.

We believe most of our staff will want to join as Members automatically, but they can opt out if they want.

**Do you support the proposal that staff Members automatically become Members unless they choose to opt out?**

### The role of Members

After we are approved as a Foundation Trust, our Members will have a number of important opportunities or responsibilities including:

- ◆ **voting in elections** to appoint Governors representing Members and the public
- ◆ **acting as an ambassador** of the Trust
- ◆ potentially (by choice) **standing for election** to the Council of Governors
- ◆ **participating in events**, surveys, focus groups etc
- ◆ **engaging in consultations** and discussions about significant or key issues
- ◆ **giving feedback** on services, long term plans and ideas
- ◆ **helping to recruit** more Members

*“Our new wing provides excellent facilities, resources and patient care”*

*David Buchanan (Senior Research Haematology Nurse)  
Ann Ewing (Sister Haematology)*





## what the changes will mean

### The benefits of Membership

Membership is free of charge and you are under no obligation to join. You will not receive better or faster treatment as a member but there are many benefits. If you do join, you can give as much or as little time as you like.

As a member you will receive

- ◆ **A free members' newsletter.** It will contain health information and advice direct from our doctors and nurses, as well as valuable information about the hospitals and what's going on in the NHS
- ◆ **Invitations to exclusive members' events.** These could include health fairs where you can come and get your blood pressure checked to open evenings with some of our health experts
- ◆ **A chance to have your say** by taking part in surveys about our hospitals or letting the Governors who represent you and other Members know your views
- ◆ **The opportunity to vote in elections** to the Council of Governors – or stand for election yourself if you would like to become a Governor

It's up to you how involved you want to be. We value any of your input. We're proud of our hospitals but we know they can be even better with your help. All you need to do is to take the step of joining us as a Member.

Although we are not yet a Foundation Trust we can still begin to recruit people who are interested in becoming Members. They will act in a 'shadow' capacity until we are approved as a Foundation Trust. During this time, we will still keep people up to date and ask for views about key developments.

### Who can be a member?

Membership of our Trust will be open to the people who fall into one of the following two groups and who have an interest in its development and well being:

- ◆ People aged over 16 who live locally, and people who have used or who may need to use our services
- ◆ People who are employed by us

We are proposing that the minimum age for Membership is 16; however we know that young people take a keen interest in health matters and we aim to develop a way of involving younger people through schools and other activities.

### Do you agree with the minimum age of 16 for Members?

The area that we serve includes the city of Leeds (see map on page 10) and because we are a Trust providing many specialist services our area extends to much of Yorkshire and the Humber region. Anyone in these areas can join as a member. In addition, people who live further away but who might use specialist services provided by the Trust can also become Members.

Mark Morrell (Porter)

Jon Pickett (Portering Supervisor)



“The hospital is great, spacious and relaxing”

Enid Dring with Faye Sweeney (Radiographer)

### Membership and representation

We will recruit Members who represent the diversity of the populations and patient groups served by our hospitals. Members will be represented within the Trust by Governors. In order to do this practically, Members will be grouped into geographical constituencies to elect local Governors who can be in regular touch.

Even breaking down the city-wide area and beyond into constituencies does not guarantee effective liaison with all groups. We know there are some which, for a variety of reasons, are seldom heard because they do not find it easy to make links with formal organisations.

*Please let us know if you have any suggestions for groups that meet this description and if you have any ideas for effective ways to communicate with them.*

We will try to make sure our Membership fairly represents different groups and health interests. We will do this by recruiting for Members in populations or areas that may be under-represented or through channels such as specific health groups.

### Governors

Foundation Trusts have a Council of Governors to represent the views of Members and work closely with the Board of Directors. The Council will comprise of a number of Governors who are either **elected** or **appointed**. We are asking for your views about our proposed structure.

### Composition of the Council of Governors

We are proposing that the Council of Governors will consist of a Chair and 35 Governors. At least 51% of the Council of Governors must be drawn from and elected by public Members. The rest of the Council will be drawn from staff Members and Governors appointed in agreement with local organisations that we work with.

*Do you think this is the right number of Governors? Are there too few or too many?*

Once elected, Governors will normally hold office for up to three years (although they can resign at any time) and they will be able to run for re-election.

*Is this the right term of office for Governors? Please let us know if you think there are parts of the local community or partner organisations that are not represented?.*

The Council of Governors will meet regularly in public and in support of these meetings there will be good two way communications between Members, Governors and the Board of Directors.

The Council of Governors are required to act in the best interests of the Trust. They have some statutory duties including:

- ◆ **Receiving** the Trust's annual reports and accounts
- ◆ **Appointing** (and if necessary, removing) the Chair and Non-Executive Directors
- ◆ **Deciding** the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive directors
- ◆ **Approving** the appointment of the Chief Executive
- ◆ **Appointing** and, if appropriate, removing the auditor
- ◆ **In addition**, in preparing the NHS Foundation Trust's "forward plan", the Board of Directors must have regard to the views of the Council of Governors.

## what the changes will mean

We are proposing they will also:

- ◆ Act as advocates for the Trust
- ◆ Act as a link between the Members and the Trust, represent Members' views during discussions about the development of the organisation and its services
- ◆ Represent the views of the Trust back to Members
- ◆ Give feedback to the Board of Directors on business and financial plans
- ◆ Recruit new Members, induct and train them and devise a Membership strategy
- ◆ Support the Trust's public consultation process for service changes
- ◆ Participate in visits and the inspection of Trust services

***Do you think these Governor roles will help us to deliver health care effectively?***

Elections will be run in the latter stages of the Foundation Trust authorisation process by an external organisation to ensure they are democratic and fair. The governing body will run in shadow form at first and will officially take up its role once the Trust is approved as a Foundation Trust.

### **Elected Governors**

Governors who represent Members of the public, patients and staff will be elected from the Membership by other Members. Anyone who wants to become a Governor can nominate themselves if they are a Member of the Trust.

### **Hospital staff**

There will be dedicated staff Governors who will represent the interest of our staff. Staff Governors will be elected from four groups (or constituencies):

- ◆ **Medical and dental staff electing 1 governor**
- ◆ **Nursing and midwifery staff electing 2 governors**
- ◆ **Other clinical staff electing 1 governor**
- ◆ **Non-clinical staff electing 1 governor**

Staff Governors will assist the Trust in developing its services and to ensure representation from those who have immediate responsibility for patients, their care and the hospital environment.

***Do you think these are the right groups for staff constituencies?***

We are also interested in your views about whether in elections people who volunteer regularly at any of our hospitals should be treated as Members of staff, electing a staff governor, or whether they should be treated as Members of the public electing public Governors.

***Should volunteers be regarded as Members of staff?***

*"Working together as a team makes it easier to provide a more efficient service"*

*Louise Allott (Staff Nurse) left  
Jo Jackson (Ward Clerk) centre  
Sharna Matthew (Student Nurse) right*

# section 5

## what the changes will mean

### Patients and Members of the public

Public Governors will form the largest group on the Council of Governors – this will be written into our constitution to ensure patients and local people always have the majority. Public Governors will be elected from groups (or constituencies) formed by more than one local authority ward.

There will be 9 constituencies in Leeds each electing 2 Governors.

Public Governors from Leeds will represent around 70% of our patients and the public who live in the immediate area served by the Trust for whom we are the local general hospital as well as a specialist hospital.

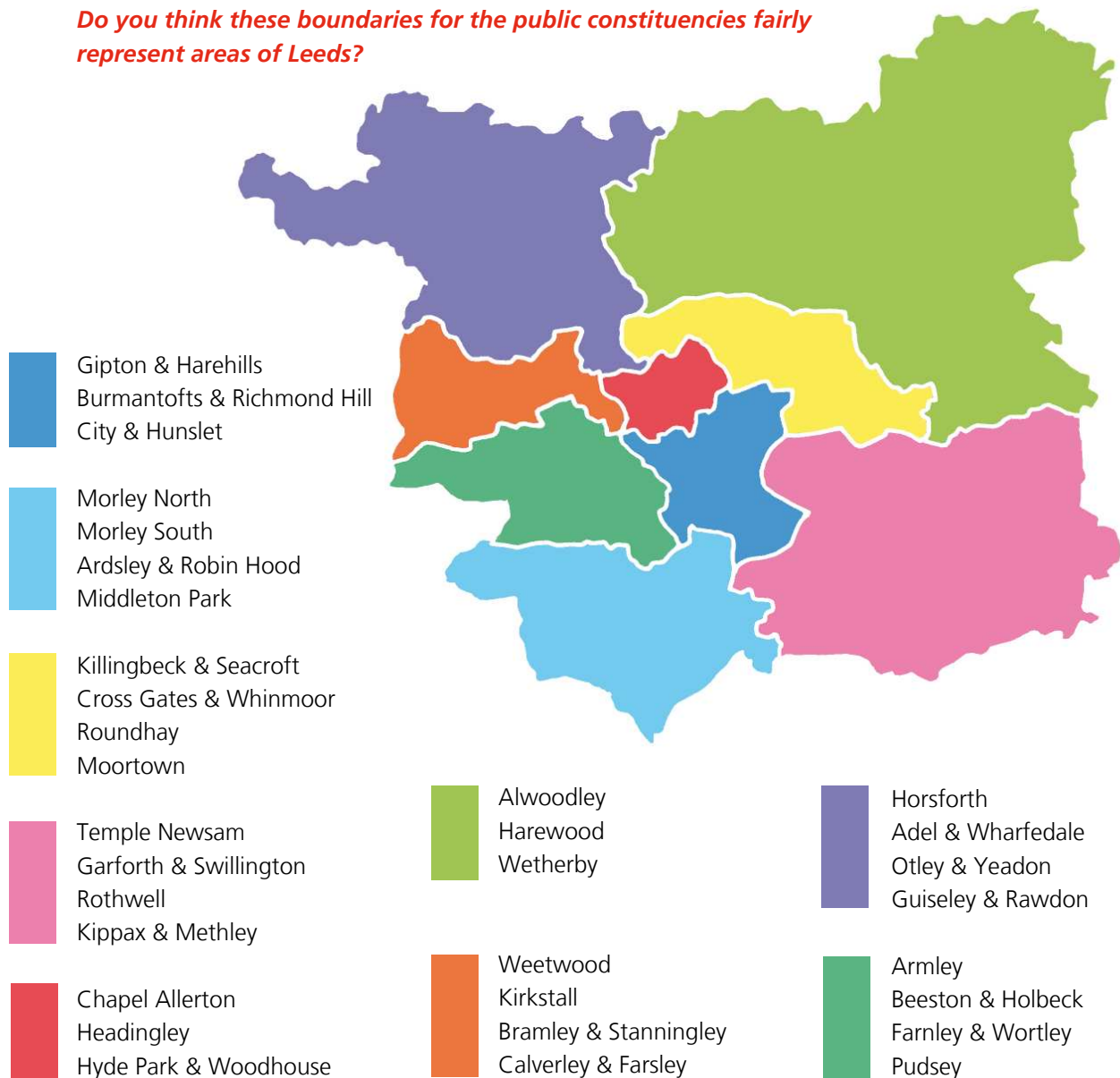
**The map shows the way the constituency boundaries are drawn (they follow local authority electoral ward boundaries but include more than one ward in each constituency). Our constituencies will be made up of the following wards:**



J. R. Butterfield

Laura Sokocyk  
(Student Nurse)

*Do you think these boundaries for the public constituencies fairly represent areas of Leeds?*



## what the changes will mean

***There will also be constituencies outside Leeds as we are a major Trust with regional and national specialties:***

- ◆ **1 constituency** covering people outside Leeds in the wider Yorkshire and Humber area, electing 2 Governors
- ◆ **1 constituency** covering the rest of England electing 1 governor

Public Governors from outside Leeds will represent some 30 % of our patients who come from outside the immediate area for which the Trust provides specialist services

*Do you think this is the right number of public constituencies and Governors?  
Do you think there are parts of the local community or partner organisations that are not represented?*

*Do you think we should have separate groups specifically representing patients?  
If so, how might we break them down into smaller groups?*

### Appointed Governors

Some Governors will be appointed to the Council and will not have to stand for election. Appointed Governors will represent our partners:

- ◆ **NHS Leeds (Leeds Primary Care Trust)**  
- 1 appointed governor to represent the organisation that is our main health community partner

- ◆ **Leeds City Council** - to represent our main non-NHS local health community partners
- ◆ **Leeds University Medical and Dental Schools** - to represent teaching and research interests

We are required to have representatives from these bodies. In addition we may also appoint other Governors. We are proposing to appoint Governors representing:

- ◆ **Leeds Metropolitan University**, as one of our partners in the education sector
- ◆ **Leeds Partnerships NHS Foundation Trust**, as health partners providing services for people with mental health and learning disabilities
- ◆ **Leeds Chamber of Commerce** - 1 appointed governor to bring additional expertise from the strong commercial sector in Leeds and to foster links with the business community
- ◆ **Voluntary sector representation** - 1 appointed governor to represent voluntary groups in the city
- ◆ **Yorkshire Forward** - the regional development agency - 1 appointed governor to represent the interests of the organisation leading wider economic and social development in the region
- ◆ **The hospitals' Staff Side Council** - 1 appointed governor to (the Chair) to represent

*Do you think these proposals for appointed Governors are right?*



*"Everyone was very pleasant. It took us longer to get here than we had to wait for our appointment"*

*Margaret Lumby and Brenda Foster*

*In summary, the structure of Governors we are proposing is below:*

### Elected Public Governors (Public)

**18 public Governors** from 9 constituencies representing Leeds residents and patients who use our general hospital services as well as some specialist services; constituencies will be made up of groups of neighbouring local authority electoral wards

**2 public Governors** from the Yorkshire and the Humber region representing residents and patients outside Leeds who may need to use our specialist regional services

**1 public Governor** from the rest of England representing residents and patients who may need to use our specialist national services

### Appointed Governors

**9 appointed Governors** one Governor representing each of the following organisations:

NHS Leeds (Leeds Primary Care Trust)  
Leeds City Council  
Leeds University  
Leeds Metropolitan University  
Leeds Partnerships NHS Foundation Trust  
Leeds Chamber of Commerce  
Voluntary sector organisations in the city  
Regional Development Agency  
Staff Side Council (Chair)

### Elected Staff Governors

**1 governor** representing medical and dental staff

**2 governors** representing nursing and mid-wifery staff

**1 governor** representing other clinical staff

**1 governor** representing non-clinical staff

### Restrictions on Governors

There are legal restrictions that apply to people who wish to become Governors. We are proposing that people can not become a Governor if any of the following apply:

- ◆ Convicted of any offence with a sentence of imprisonment (whether suspended or not) for a period of more than 3 months
- ◆ Bankrupt and not discharged
- ◆ Subject to a Sex Offender Order
- ◆ Convicted of assault against a member of NHS staff
- ◆ Subject to any order restricting access to NHS staff or premises
- ◆ Currently a full member of the Trust Board of Directors
- ◆ Dismissed from an NHS post for performance or behavioural reasons in the last two years
- ◆ Currently a member of the Local Authority Scrutiny Committee
- ◆ No longer a Member of the Trust
- ◆ Currently Governor of another Foundation Trust (people can be Members of more than one FT but may only be a governor on one FT)

*"The beautiful surroundings take you away from a clinic setting"*

Duncan Brier  
(Health Care Support Worker)

*Do you agree with these restrictions on who can become a Governor?*

## what the changes will mean

### Board of Directors

The Board of Directors will be made up of Non-Executive Directors and Executive Directors and will include a Chairman and a Chief Executive. Non-Executive Directors will be in the majority. The current Chair and Non-Executive Directors will continue in their current posts when we are approved as a Foundation Trust. Once their term of office ends, future appointments will be made by the Council of Governors.

The role of the Trust Board of Directors will be similar to its current role which is to take overall responsibility for plans and actions intended to deliver our goals. Its main duties are:

- ◆ Set the organisation's strategic aims, ensure the necessary financial and human resources are in place
- ◆ Set and maintain the organisation's values and standards, ensure obligations to patients, the local community and the Secretary of State are met
- ◆ Take collective responsibility for adding value to the organisation by directing and supervising work to achieve the organisation's aims
- ◆ Provide leadership within a framework of prudent and effective controls which enable risk to be assessed and managed
- ◆ Review management performance

### *Do you agree with our proposals for the Board of Directors?*

### Role of Chairman

The Trust Chairman will lead both the Board of Directors and the Council of Governors. This important role will link the two bodies. The Chairman's role is to provide overall leadership and direction ensuring the complementary roles of Directors and Governors support the Trust's strategic aims.

### Transitional Arrangements

We want to ensure there is no disruption to services when we transfer from one set of management arrangements to another. We propose the transitional arrangements that best ensure a smooth transfer are:

- ◆ Current chair and Non-Executive directors will be appointed to the Foundation Trust Board of Directors for a minimum period of 12 months and until the end of their period of appointment as a maximum – (in accordance with legislation)
- ◆ The current Chief Executive and Executive Directors will be appointed to the Board of the Foundation Trust (in accordance with legislation)
- ◆ Elections for a Shadow Council of Governors will happen in 2010 to be supervised by a fully independent and accredited organisation.

### *Do you agree with our proposed transitional arrangements?*

### Elections

We are proposing that elections for Governors will be held in two out of every three years with around half of the elected Governors retiring each time. The length of time Governors are appointed will vary at the first set of elections to enable this cycle to happen in future years.

### *Do you agree that elections should be twice every three years, involving around half of the elected Governors?*

*"We were well looked after"*

*Timi Awopide and Kitanya George with daughter Funmilola and new baby*



*There will be many ways to find out more about our plans to become a Foundation Trust, including this consultation document and other information leaflets.*

We will hold public open meetings and various other events - look out for details on our website and in the local media.

We will attend as many meetings of organised groups as we can manage during the three month consultation period. If you are involved with a group and would like to invite us to attend to explain our proposals, please contact the Communications Team by e-mail [public.relations@leedsth.nhs.uk](mailto:public.relations@leedsth.nhs.uk) or by telephone on **0113 2064098**, or write to:

**Communications Team  
Leeds Teaching Hospitals  
1st Floor Trust Headquarters  
St James's University Hospitals  
Beckett Street  
Leeds LS9 7TF**

The answers to questions we are asking in this consultation document will feed into our new rules (Foundation Trust constitution) so that we take full account of local opinions as we become a Foundation Trust.

Please use the response form to say what you think about the specific questions highlighted on the pages you have just read. If you want to make any other comments you can also use the form opposite to do so.

If you would prefer to do this online please use the following link:  
[www.leedsth.nhs.uk/consultation](http://www.leedsth.nhs.uk/consultation)

The exact timescale for the change will vary depending on how quickly approval is given at different parts of the process. **The table below shows the approximate time frames:**

Oct - Dec 2009	12 week formal public consultation on governance proposals
Spring 2010	Trust publishes its response to feedback given during the 12-week consultation
October 2010	Formal application submitted to the Department of Health
Spring 2011	Earliest date when the Trust could be authorised to become a Foundation

### Becoming a member

**Use the form on our web site:**

[www.leedsth.nhs.uk/Membership](http://www.leedsth.nhs.uk/Membership) or complete and post the attached Membership form using the reply paid envelope enclosed with this leaflet, otherwise send to:

**Patient and Public Support Services  
Trust Headquarters  
St James's University Hospital  
Beckett Street  
Leeds LS9 7TF**

Or send an email to [public.relations@leedsth.nhs.uk](mailto:public.relations@leedsth.nhs.uk) with your full name, title, postal address, date of birth and details of your ethnicity, these are not essential but will help us to ensure our Membership is representative. We'll reply to you to complete the registration.

To receive a hard copy of our application form call **0113 206 6785** and we'll send a form out to you.



*"Easy access and good facilities for mums"*

*Zada Miah and Rushih Miah  
with son Hafiza and  
daughter Shakil*



### Response form *Please tick*

Overall, do you support our plans to become a Foundation Trust?

Yes  No  Any comment (please write on a separate sheet if you need to):

.....

.....

Do you think the proposed name properly says what we are about? [page 3]

Yes  No  Any comment:.....

.....

Do you have any suggestions you think we should take into account as part of our vision? [page 4]

Yes  No  Any comment:.....

.....

Do you support the proposal that staff Members automatically become Members unless they choose to opt out? [page6]

Yes  No  Any comment:.....

.....

Do you agree with the minimum age of 16 for Members? [page7]

Yes  No  Any comment:.....

.....

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. [page 8]

Yes  No  Any comment:.....

.....

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? [page 8]

Yes  No  Any comment:.....

.....

Is 3 years the right term of office for Governors? [page 8]

Yes  No  Any comment:.....

.....

Do you think our proposals for Governor roles will help us to deliver health care? [page 9]

Yes  No  Any comment:.....

.....

Do you think these are the right groups for staff constituencies? [page 9]

Yes  No  Any comment:.....

.....

Should volunteers be regarded as Members of staff? [page 9]

Yes  No  Any comment:.....

.....

Do you think these boundaries for the public constituencies fairly represent areas of Leeds? [page 10]

Yes  No  Any comment:.....

.....

Is this the right number of public constituencies? [page 11]

Yes  No  Any comment:.....

.....

Do you think we should have separate groups specifically representing patients? If so, how might we should break them down into smaller groups? [page 11]

Yes  No  Any comment:.....

.....

Do you think our proposals for appointed Governors are right? [page 11]

Yes  No  Any comment:.....

.....

Do you agree with these restrictions on who can become a Governor? [page 12]

Yes  No  Any comment:.....

.....

Do you agree with our proposals for the Board of Directors? [page 13]

Yes  No  Any comment:.....

.....

Do you agree with our proposed transitional arrangements? [page 13]

Yes  No  Any comment:.....

.....

Do you agree that elections should be twice every three years, involving around half of the elected Governors? [page 13]

Yes  No  Any comment:.....

.....

### Application to become a Foundation Trust Member

If you would prefer to do this online you can do so at: [www.leedsth.nhs.uk/Membership](http://www.leedsth.nhs.uk/Membership)

Title: .....

First Name: .....

Surname: .....

Full address: .....

.....

..... Postcode: .....

Date of Birth 

DD	MM	YYYY
----	----	------

Age (years) .....

Gender M  F

Home telephone number: .....

Mobile telephone number: .....

e-mail address **(this is the most effective way for us to contact you):** .....

Any special information requirements, e.g. other languages, Braille, etc

#### Your ethnicity

##### A White

- British
- Irish
- Any other white background

##### B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

##### C Chinese or other ethnic group

- Chinese
- Any other ethnic group

##### D Black or Black British

- Caribbean
- African
- Any other Black background

##### E Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Kashmiri
- Any other Asian background

Have you selected 'Any other ... background'? Please give us more details so that we can better understand your needs:

.....

#### Membership Interests (please tick any that apply)

- Open meetings and open days
- Surveys, Workshops and Focus Groups
- Volunteering
- Fundraising
- Consider standing for Membership of the Council of Governors
- Help develop better information for patients and carers
- Help to recruit more Members
- Be consulted on any changes to the constitution
- Help develop patient information
- Be consulted on any changes to the constitution
- Help develop patient information

Other (please give details):

.....

.....

#### Health interests

(please tick any areas in which you have a particular interest)

- Cancer
- Heart disease
- Children's health
- Men's Health
- Women's Health
- Older People's health and care
- Diabetes
- Surgical services
- Renal medicine
- Respiratory medicine

Other (please give details)


.....

.....

In compliance with current UK Data Protection legislation, any information you provide here will be kept secure, treated confidentially and used by the Trust only for the purpose of establishing and developing Foundation Trust status.

- Please tick here if you do not want to be enrolled automatically as a supporter or Member of the Trust when it changes to an NHS Foundation Trust
- Please tick here if you would like to receive more copies of this form
- NHS Foundation Trusts are required to publish a publicly available register of members. Please tick here if you do not want your name to appear on

**If there is a reply paid envelope with this leaflet please use it to return the consultation response form and / or the Membership application form. If there is no reply paid envelope please contact us on 0113 206 6785 or use a stamp to send it to Patient and Public Support Services at the address shown above (on the inside back cover). Thank you.**



"Caring for the people of  
Leeds and beyond  
past, present  
and future"

*Matrons - Sue Dodman, (left)  
Helen Christodoulides (centre)  
and Kath Oddy (right)*

If you would like more copies of this leaflet or a less detailed summary version, or if you would like more copies of the membership application form please contact:

**Patient and Public Support Services  
Trust Headquarters  
St James's University Hospital  
Beckett Street  
Leeds  
LS9 7TF**

or send an email to  
[public.relations@leedsth.nhs.uk](mailto:public.relations@leedsth.nhs.uk)

or call **0113 206 6785**

