

Update on NHS Foundation Trust Authorisation for The Shrewsbury and Telford Hospital NHS Trust



1. Introduction

The Government has made clear that all NHS providers must become authorised as NHS Foundation Trusts by 2014. In future NHS Trusts will not be able to exist in their current form, and will either need to become NHS Foundation Trusts in their own right or see the management of their services merged with another organisation or disaggregated between several other organisations.

We are ambitious about improving health services for the better. We passionately believe in the concept of local services for local people, and that we should become a Foundation Trust that is more accountable to the communities we serve. The freedoms that FT status brings us will enable us to further engage with our local community and develop our services in the best interests of the populations we serve.

Given that NHS Foundation Trust status creates new accountabilities to local communities, it is vital that plans for establishing these Trusts have been influenced by those communities. Authorisation as an NHS Foundation Trust therefore requires Trusts to demonstrate that they have consulted on their strategy and their governance arrangements.

Our plan is to become an NHS Foundation Trust by 2014. We undertook a major public consultation on our plans for NHS Foundation Trust status in 2008. Since then we have continued to engage our patients and stakeholders on an ongoing basis in the development of our plans. This has included regular public briefings, members newsletters, workshops and events, focus groups, the “Keeping It In The County” consultation, attendance at local council and community groups, local joint committees, annual general meetings, our Patient Experience and Involvement Panel, patient workshops to develop our Quality Improvement Strategy, Listening Into Action staff conversations involving over 400 staff and a range of other activities.

Through this ongoing engagement we have continued to seek views and feedback that have influenced our plans and priorities and the way in which the NHS Foundation Trust will be run. Given the period of time since our initial consultation there is an argument that we should undertake a further period of formal public consultation. However, we are confident that this ongoing engagement means that our plans for Foundation Trust status remain valid and grounded, and we are seeking to invest our resources in continuing to build and develop this ongoing conversation rather than undertaking a further period of formal public consultation.

Through this paper and a presentation to the meeting on 1 June 2012 we are seeking feedback and support from the Joint Health Overview and Scrutiny Committee for this approach.

2. An overview of the FT application process

All NHS Trusts must pass rigorous tests of their “fitness for purpose” before becoming an NHS Foundation Trust. Through these tests, Monitor (the independent regulator of NHS Foundation Trusts) must be confident and able to provide assurance to Parliament that we are legally constituted, financially sustainable, well-governed and locally representative.

This gives assurance that the Trust can be given the additional freedoms of NHS Foundation Trust status whilst continuing to deliver national NHS priorities to NHS standards and to respond to local needs.

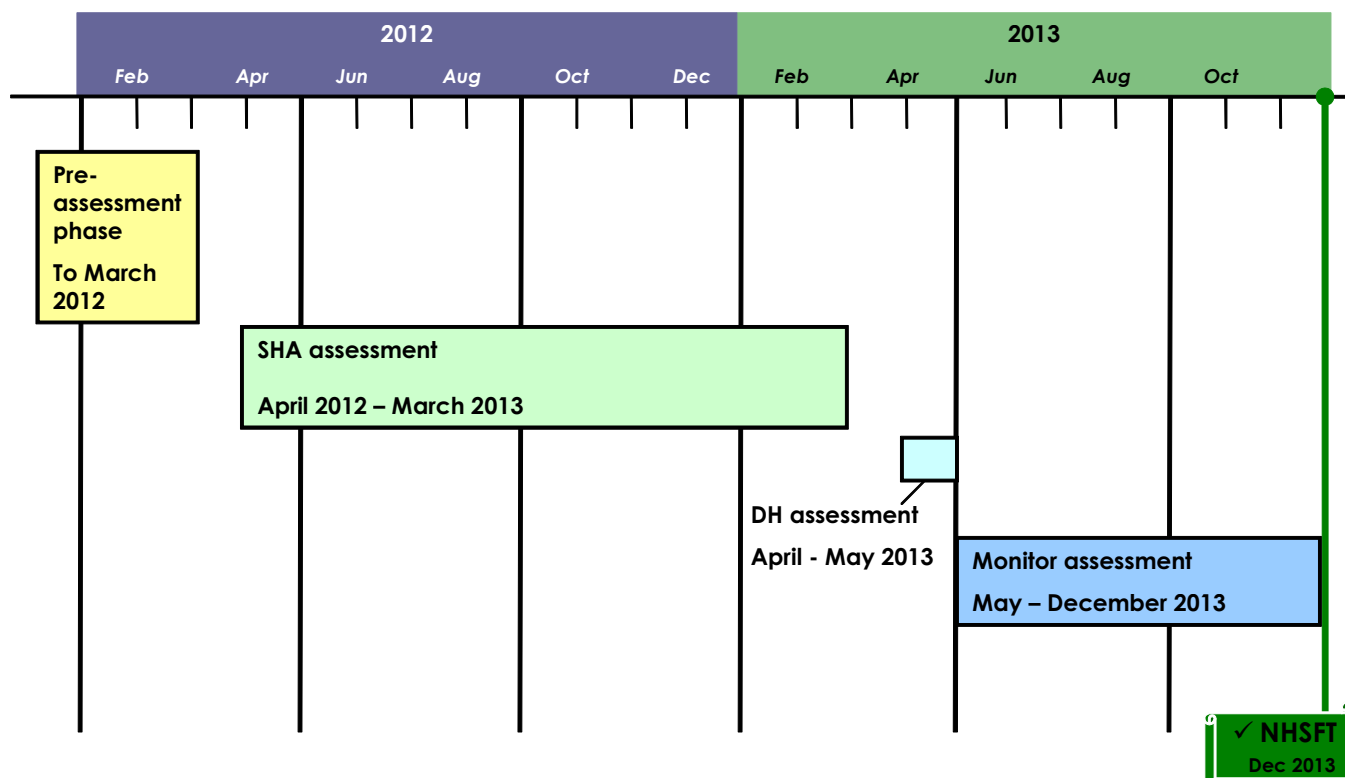
Before we can be authorised we must move through three distinct phases of an application and assessment process:

- **Strategic Health Authority (SHA)-led Trust Development Phase** – to prepare the Trust for the application process and Secretary of State support
- **Secretary of State Support Phase** – to determine whether the Trust is eligible to apply to Monitor for assessment
- **Monitor Phase** – to assess and potentially authorise us as an NHS Foundation Trust

Monitor’s involvement in the process starts once we have received approval from the Secretary of State for Health to apply for FT status.

Our timetable for moving through these phases is set out below:

Figure 1: SaTH FT trajectory



This timetable was agreed with the Strategic Health Authority and the Department of Health as part of a “Tripartite Formal Agreement” in 2011.

3. Key Requirements

As part of this application process the Trust will continue to develop our strategy (i.e. our plans for the future) and our governance arrangements (i.e. how we will be run). This development process has been influenced and shaped by the feedback we have continued to seek from our patients, communities and partner organisations

Whilst we undertook a formal public consultation ending in 2008, we viewed this as the start of an ongoing conversation with our communities rather than a standalone activity. Since then we have sought to build and develop our approach to engaging with our communities through a range of approaches.

This has included:

- regular public briefings
- members newsletters
- workshops and events
- focus groups
- the “Keeping It In The County” consultation
- attendance by directors and senior clinicians at local council and community groups
- roadshows and presentation for local joint committees
- the Trust’s annual general meetings (which will in future become our Annual Members Meeting when we are a Foundation Trust)
- our Patient Experience and Involvement Panel
- patient workshops to develop our Quality Improvement Strategy
- Listening Into Action staff conversations involving over 400 staff
- Newspaper advertisements
- Surveys to gather patient opinion (including the Inpatient Survey, Outpatient Survey, Friends and Family Test)
- Surveys to gather staff opinion (including the Annual Staff Survey and the Organisational Culture Assessment)

Overall we believe that we have significantly strengthened our ongoing engagement so that we can be increasingly confident that our plans are built on the feedback we receive in future. We look forward to strengthening this in future through a new Council of Governors with a majority of elected Public Governors (see Section 4).

As we move closer to our NHS Foundation Trust application, one option to demonstrate our engagement would be through a further period of public consultation. However, we would prefer to invest NHS time and resources in continuing to build and strengthen our wider network of engagement so that we have capacity and capability for the future. We believe that the programmes that we now have in place bring much richer and more grounded feedback than a further consultation specifically relating to NHS Foundation Trust status.

We welcome feedback from the Joint Health Overview and Scrutiny Committee on this proposed approach.

3. Stakeholder engagement

We plan to be **an engaged and engaging NHS Foundation Trust**. This includes having at the heart of our Constitution a new Council of Governors including Public Governors (elected from our patients and communities), Staff Governors (elected from our employees) and Partner Governors (nominated from partner organisations).

We have previously discussed and consulted widely to determine the geographical coverage of our public membership constituencies, our staff membership and the “classes” (or sub-constituencies” within this, and which organisations should nominate appointed Governors to the Council of Governors.

Our consultation ending in 2008 provided valuable feedback, and since then we have continued to review, refine and refresh these plans using various forums to shape the constitutional arrangements including Board Development Days, Hospital Executive Committee, Patient Experience Group, Trust Negotiating & Consultative Committee, Stakeholder Steering Group, Operational Delivery Group and Directors meetings. External meetings have also taken place with key stakeholders including Local Overview & Scrutiny Committees, Cabinet meetings of principal authorities, Local Involvement Networks, Shropshire Chamber of Commerce, Shropshire Partners in Care, Shropshire Enterprise patient/user groups and voluntary groups.

3.1 *The Foundation Trust Constitution*

The Constitution of every NHS Foundation must be based on Monitor’s ‘*Core Model Constitution*’, but adapted to suit local requirements. It defines composition of the Foundation Trust including the name of the Trust, its principal purpose, powers, membership and constituencies, the composition of the Council of Governors, and the model rules for the election of governors from the public membership.

Our first draft Constitution was developed following a formal public consultation which ended in early 2008 and then refreshed again over a ten week period in 2009 with a further refresh between March and May 2012. During our formal consultation there was 99% support from respondents for our application. The main opposition related to concerns about the concept of NHS Foundation Trusts, which is a matter of national policy rather than local discretion. Indeed, since that original consultation the Government has made clear that all NHS Trusts must become NHS Foundation Trust.

Issues raised during that consultation, in our subsequent refreshes and through our ongoing engagement with patients and other stakeholders and informed the continued evolution of our Constitution. For example:

- Since the original consultation there has been the change to unitary authority status in Shropshire, and we have continued to review our public sub-constituencies within Shropshire to reflect the local joint working arrangements within the authority
- The Powys sub-constituency was amended to additionally include Beguildy, Knighton and Llangunllo wards. As a result our overall public constituency now includes Telford & Wrekin, Shropshire, the Montgomeryshire wards within the county of Powys and additional Beguildy, Knighton and Llangunllo wards.

In 2012 we have also established a new **Stakeholder Conference** as a quarterly forum to bring together a broad range representation of local stakeholder groups to influence our plans and priorities. This will continue to influence our strategy and governance going forward, with this role becoming formalised through the new Council of Governors once we are authorised as an FT.

Through all of these channels of communication, we have again invited views on:

- **Our strategy and vision for the future:** Our current strategic plan is based on the central organising principle of "Putting Patients First". This simple phrase makes us think about what really matters so that we can focus our time, our skills and our resources where it will make the best possible impact for our patients. We continue to welcome ideas and suggestions for what should feature in our future plans. Our latest Annual Plan is due to be considered by our Trust Board on 31 May 2012 and an oral update will be presented to the Committee. More information is also available from our website at www.sath.nhs.uk/about-us/mission.aspx
- **Our governance arrangements and constitution:** Our Constitution sets out how the NHS Foundation Trust would be run, and includes a Council of Governors with a majority of public governors elected from the communities we serve in Shropshire, Telford & Wrekin and mid Wales. More information about our proposed Council of Governors can be found in Section 3.3. The current draft constitution is available from our website at www.sath.nhs.uk/about-us/nhsft/constitution.aspx

Over the three distinct periods of public consultation, and through our ongoing engagement, we have welcomed ideas and suggestions for any changes and amendments for our proposals about how the NHS Foundation Trust is run. We established a dedicated FT Membership Office and email address (consultation@sath.nhs.uk) to provide a direct and convenient point of contact to enable the Trust quickly and effectively deal with all enquiries relating to the FT application. Most recently, we have also been consulting with our stakeholders on views for a suitable name for us as a Foundation Trust. (ensuring that Monitor guidance and contractual obligations have been considered).

3.2 Foundation Trust Membership

The total FT membership currently stands at 12,761 members (7306 public and 5455* staff members). Public membership exceeds our current target (which is 1% of the eligible population within our catchment area). Staff membership currently represents 96.7% of the total substantive workforce.

The Trust aspires to an engaged, active and representative membership from both the general public and staff in terms of geography, age, gender, disability, ethnicity, faith, sexual orientation and socio-economic groups. A comprehensive register of the NHS Foundation Trust membership has been developed to support us to achieve this. The establishment of an FT Membership Office not only ensures good support and communication with members but will also support the future Council of Governors.

Public membership

Membership of the Trust is open to those members of the public and patients residing in our public constituency who are over 14 years of age (members must be 16 years of age to stand for election to become a Governor). Some NHS Foundation Trusts have tertiary or specialist services covering a much wider catchment, but given that over 99% of the Trust's patient referrals come from our public constituency we feel that a separate patient constituency is not required.

We also recognise that different members may require different levels of engagement. As a member, individuals can choose to have as little or as much involvement as they wish; although these tend to fall into three main groups – members who wish to be kept informed, be engaged or be active.

The benefits and rights of all members include:

- Taking the opportunity to declare their support for the work of the Trust and receiving regular newsletters about the hospital and other services its provides
- Being consulted on future development of our services

- Participation in surveys, events, health lectures, special interest groups, workshops, focus groups and behind the scenes tours.
- Having access to their Public Governor who represents their local area and will bring views from the area to the Trust.
- Vote or stand for election as a governor

The Foundation Trust membership office has over the past 6 months continued to develop ways for members to become involved with the Trust. The Trust now has an ongoing programme of engagement activities for Foundation Trust members, but it is also important that we continue to recruit new members, particularly in under-represented areas.

A membership recruitment action plan is being developed as part of our Membership Strategy for 2012-2015. This sets out our targets for the future, for example to expand our public membership base to 10,000 people with a particular focus on recruiting from sectors of our communities that are currently under-represented

A summary of the main phases of our public membership strategy are set out below:

- **Establishing Membership Arrangements and Commencing Recruitment:** The first phase of membership recruitment focused on establishing membership arrangements and beginning to recruit members as part of the consultation process. This led to over 3700 members who were broadly representative of the area we serve in terms of age, gender, geography and ethnicity. Under-represented areas at the end of phase 1 include Bridgnorth, Oswestry, Powys and members under the age of 50. These areas have been targeted as part of our membership recruitment.
- **Building membership to 1% of catchment and increasing representativeness:** This phase of membership recruitment sought to build a public membership of at least 1% of our total catchment (5000 public members) that was broadly representative of the communities we serve (in terms of age, geography and ethnicity). Over the summer of 2009, a Foundation Trust consultation review and refresh was held where members and stakeholders were contacted to comment on the Trust's proposed governance arrangements in the light of any changes since the original consultation.
- **Building and sustaining membership:** The current phase of membership recruitment builds on our existing membership. A Foundation Trust Membership and Engagement Manager was appointed in January 2011 to further develop this phase of the process, supported by a Membership Officer. Members have been contacted quarterly through newsletters for their views and involvement. In order that our membership feels informed and involved, it is essential that we ensure that our communication with them is timely and relevant. A further public consultation 'refresh' undertaken between March and May 2012. We fully acknowledge that strong communications with our membership is essential to the success of engaging and involving staff and public members in the activities of the Trust. Currently the Trust uses and is further developing a wide range of methods to ensure that its membership is kept informed.

Both the Trust website and intranet have a dedicated section for all developments relating to our Foundation Trust application. We will use this and other methods of communication to inform our membership of up and coming events, ways that members can become more actively involved with the Trust (e.g. Volunteering, being a representative) and how individuals can feedback about the Trust services. There is also clear signposting to the electronic FT membership application form.

Ahead of NHS Foundation Trust authorisation we are seeking to move from a traditional Annual General Meeting to an engaging Annual Members Meeting. Our next meeting in September will be open to all members of the Trust and will be widely advertised via the Trust's Communications Team. Alongside displays, events and activities for members the event will incorporate the formal AGM at which the Board of Directors will present the Annual Report and Annual Accounts.

3.3 NHS Foundation Trust Council of Governors

A central mechanism for ensuring that NHS Foundation Trusts are more accountable to local communities is through the Council of Governors. The Council of Governors brings patients and staff to the heart of decision making in their local NHS, giving them important statutory powers to oversee and shape the delivery of local healthcare. Whilst the Board of Directors will continue to be accountable for the day-to-day running of the services provided by the Trust, the Council of Governors will have a vital role in holding them to account to ensure that the decisions they make are in the best interest of the communities they serve within the resources available to them.

The development of the Council of Governors must meet a few core rules set out by Monitor and in legislation:

- The Chairman of the Trust chairs both the Board of Directors and the Council of Governors
- There must be a majority of elected public or patient governors
- There must be staff governors
- There must be at least one Governor nominated by the appropriate local authority
- There must be at least one Governor nominated by the relevant university (where appropriate, e.g. where the Trust has teaching status in partnership with a University Medical School)

Based on feedback from our communities and this guidance we have proposed a Council of Governors comprising:

- 16 public governors elected from 5 public sub-constituencies
- 5 elected staff governors elected from 5 employment classes
- 5 appointed governors including one governor from each of our three main local authorities, a governor from Keele University and a governor from Staffordshire University

Elected Public Governors will represent their communities and will be drawn from five sub-constituencies, with the number of governors proportional to the population both now and in the future:

- central Shropshire – 3 public governors
- Montgomeryshire and north east Radnorshire – 2 public governors
- northern Shropshire – 3 public governors
- southern Shropshire – 3 public governors
- Telford & Wrekin – 5 public governors

Public members will be eligible to stand for election as a Governor from age 16.

Staff governors elected from five employment classes based on professional groups (e.g. nurses and midwives).

Partner governors nominated from key partners including local authorities and universities.

Subject to continued achievement of milestones on our journey to authorisation as an NHS Foundation Trust, our first Governor elections would take place during 2013.

4. Conclusions

The Trust serves a wide range of stakeholders across a large geographic area. We feel we can ensure, through our membership and in future, Council of Governors, that the interests of our stakeholders are represented.

We have consulted widely regarding the constitutional issues associated with Foundation Trust status. We have an active and engaged membership which has been involved with all aspects of the Trust's proposals for the reconfiguration of hospital services. We participate in patient engagement meetings and openly invite members of the public to participate in activities such as health lectures and hospital tours.

Our Foundation Trust Constitution aims to achieve a balance between the Council of Governors and the Board of Directors, enabling both to work together to realise the new opportunities that Foundation Trust status will bring, while allowing the executive leadership the freedom it needs to act quickly on key decisions. In order to achieve this we have ensured that our governance arrangements are appropriate and robust for a Foundation Trust.

As a Foundation Trust, we will not be directed by Government but will be accountable to our local communities through the establishment of a membership body and Council of Governors; our commissioners through contracts; the Care Quality Commission through the legal requirement to register and meet the associated standards for the quality of care provided; and Monitor, as our regulator. We must also lay an annual report and accounts before Parliament.

This will be complemented by the vital role of local bodies such as Health Overview and Scrutiny Committees, Community Health Councils (in Wales), Local Involvement Networks and, in future, Local HealthWatch.

We aspire to continue to develop and build our engagement with our communities and seek support from the Joint Health Overview and Scrutiny Committee to continue this process rather than undertaking a further period of formal public consultation on plans for FT status.

Last updated 23 May 2012.