

Q&A NMUHT Application for Foundation Trust Status

Consultation process

	OSC QUESTION	TRUST RESPONSE
1	Please outline the consultation process and ways in which you are trying to reach people	<p>We launched our three-month public consultation on becoming an NHS foundation trust on 22nd October 2007. The consultation will close on the 13th January 2008.</p> <p>We are printing 25,000 copies of a 16 page consultation document, which describes what an NHS foundation trust is, the benefits of becoming a foundation trust and our proposed membership and governance arrangements. The document includes a response form, with nine questions, asking people for their views.</p> <p>The consultation document will be translated into Turkish, Polish, Albanian and French, (these are the top four languages spoken by people who use our services). The translated versions of the document will be available on our website (which has a foundation trust section) for people to download. The English version of the consultation document has statements in all four languages, instructing people to contact a freephone helpline number or send an email if they would like to request a version in their language. We will also make the consultation document available in Braille or on audiotape if requested. This is stated in the document.</p> <p>This document will be sent by post to the home addresses of patients living outside of Enfield and Haringey. It will also be sent by post to all the community and voluntary sector groups in Enfield and Haringey, as well as GP practices and pharmacies, local councillors and the Primary Care Trusts.</p> <p>The link workers at the hospital will take the translated documents onto the wards and encourage patients to complete the response form.</p> <p>We will be sending a consultation campaign email to 60,000 people, including Enfield and Haringey residents, patients living outside Enfield and Haringey and local welfare organisations. This email will take people directly to an online version of the consultation document, with the opportunity to fill out the response form online. It will also promote the opportunity to sign up to become a member of the trust using an online membership application form.</p> <p>We will be sending a consultation document to every member of staff and also to staff who work for contractors, such as Medirest, who provide the hospital's</p>

Q&A NMUHT Application for Foundation Trust Status

		<p>catering facilities and MITIE, who provide the cleaning service.</p> <p>Members of the executive team will be giving presentations at all the key meetings that take place at the hospital, such as the open staff meetings, joint staff side committee meetings, PPI steering group and medical staff committees. At every meeting the opportunity to ask questions will be made available.</p> <p>We have made a 3-minute film that showcases the hospital and explains why we are applying for foundation trust status. This film is available to view on our website and we have recorded the voiceover in both English and Turkish. We will also play the film in our outpatient and A&E departments and have produced versions with both English and Turkish subtitles for this purpose.</p> <p>We are holding a number of public meetings across Enfield and Haringey, in venues and at times that are accessible to the public. Interpreters speaking Turkish, Polish, Albanian and French will be available at two of these events. With the understanding that public meetings are rarely well attended, we are looking at providing incentives to encourage people to attend. For example, inviting a member of Tottenham Hotspur to attend the event at THFC, inviting a local author to attend the event at Alexandra Palace, and providing free complementary therapy taster sessions. The meetings will be publicised via the local press and in the consultation document.</p> <p>We will also be attending other meetings, such as a job fair at Edmonton Leisure Centre on 2nd November 2007 and the Voluntary Sector Health and Social Care Group Meeting at Community House on 5th December 2007, as well as carers groups, older adults groups, youth groups and ethnic minority groups meetings.</p> <p>We are also meeting with stakeholders and other partner organisations including Enfield and Haringey Overview and Scrutiny Committees, Enfield Primary Care Trust, Haringey Teaching Primary Care Trust and NHS London.</p>
2	How will you demonstrate that the consultation process has involved all sections of the local community?	The consultation document response form and online response form both ask people for details of their age, gender, ethnic background and whether or not they have a disability. This will enable us to monitor whether the people who are responding to the consultation are representative of the communities we serve. If we identify sections of the community who are not

Q&A NMUHT Application for Foundation Trust Status

		<p>engaging, we will target them in other ways (e.g. by asking to attend a relevant meeting).</p> <p>We will also be monitoring attendance at events by identifying the number of attendees, their ethnicity, their age and their gender.</p> <p>We will be ensuring that we attend a variety of community and voluntary sector group meetings, so that all sections of the local community have been reached.</p> <p>We will be sending media releases about the consultation and membership to the local ethnic press.</p> <p>We will be providing an article on our foundation trust application to magazines produced by community and voluntary groups and those produced by the councils and PCTs.</p>
3	How will their views be collated, analysed and acted upon?	<p>We will log all the formal and informal feedback that we receive, whether this is verbally at public meetings, by email, via the website or in hard copy.</p> <p>When the consultation period is over, we will analyse both the formal responses to the questions posed in the consultation document and other informal responses received.</p> <p>The responses will be categorised into those broadly in favour, broadly neutral and broadly opposed. This will include the main topics that attracted critical comment and those that attracted support will be identified. The general tenor of responses regarding the different areas of the foundation trust application, such as membership, Board of Governors, constituencies etc., will be analysed and recorded.</p> <p>The analysis of the responses will be written up and taken to the Foundation Trust Project Board, a formal sub-committee of the Trust Board. The Foundation Trust Project Board will then look at whether the constitution needs to be revised in light of the responses received and will prepare a response on behalf of the trust to address critical comments.</p> <p>We will respond in writing or via email to everyone who provides a formal response, to thank them for making the response and to let them know of any changes that have been made to the constitution as a result of the feedback received.</p> <p>The overall outcome of the consultation will be made available to the public via the local media.</p>

Q&A NMUHT Application for Foundation Trust Status

Accountability

	OSC QUESTION	TRUST RESPONSE
4	How will Foundation Trust status address the democratic deficit and increase accountability to local people?	<p>Foundation Trusts are set up as Public Benefit Corporations and are designed to address issues of lack of accountability of power where the public and patients may disapprove of trust policy but feel disempowered to change it.</p> <p>The Board of Governors will work with the trust's Board of Directors to ensure that everyone from members of the public, patients, carers, staff and representatives in the area the trust serves will have an opportunity to influence the range of services provided and the way the trust is run.</p> <p>Our governance proposals will bring greater democracy into future decision making and the trust's public consultation is the first step in the process. The outcome will inform the foundation trust's constitution.</p>
5	How will Governors and non-executives be elected/appointed and how will you ensure that membership reflects the diversity of the local community?	<p>Members will be able to stand for election as governors, and public and patient members will be eligible to be appointed as non-executive directors on the Board of Directors provided that they meet the criteria set out in the trust's constitution.</p> <p>Members of the Board of Governors, other than the appointed members, will be chosen by election. The number of governors to be elected by each constituency is outlined in our consultation document and is subject to change pending the outcome.</p> <p>Elections for the Board of Governors will be conducted in accordance with the Model Rules for Elections. There will be staggered terms of office for initial appointments.</p> <p>The initial appointment to the Board of Directors will follow rules in the NHS Act 2006, which says that the chief executive is appointed as chief executive and the chairman and non-executives of the Trust are appointed to the Board of Directors. The chairman and non-executive directors will be appointed for the remainder of their term on the Foundation Trust Board or 12 months, whichever is the longer.</p> <p>The governors will in future appoint the chairman and non-executive directors, enabling local ownership and maintaining local accountability.</p> <p>Our membership strategy outlines how the trust's membership will reflect the diversity of the local community.</p>

Q&A NMUHT Application for Foundation Trust Status

		<p>The strategy will be subject to an Equality and Diversity Impact Assessment, and the negative impact issues will be accommodated in the decisions and recommendations made within the strategy following the outcome of the public consultation.</p> <p>Demographic profiling is included in the strategy, in addition to a chapter dedicated to developing and building a representative body with accompanying targets. The Board of Governors will own the membership strategy and monitor progress. It is expected that our membership strategy will change over time to continue to reflect the membership community needs.</p>
6	<p>What influence will local Governors and non-executives have on what, where, and how services are provided?</p>	<p>Governors elected from the membership community as well as appointed people from partner organisations and key stakeholders make up the Board of Governors. The majority of governors are to be elected from the public and patient constituencies.</p> <p>The Board of Governors will be responsible for representing the interests of the local community in the strategic planning and stewardship of the foundation trust. However, the Board of Governors will not be responsible for the day-to-day, operational management of the trust that will come under the remit of the Board of Directors.</p> <p>The Board of Governors will enable local residents, staff and key stakeholders to influence decisions about spending and the development of services.</p> <p>The chairman, non-executive directors, chief executive and executive directors make up the Board of Directors.</p> <p>Non-executive directors, as part of the Board of Directors must be able to demonstrate that they have 'had regard' to the views of the governors in drawing up their forward plans, this includes what, where, and how services are provided.</p> <p>Non-executive directors are also expected to bring independent judgment, they will question the executives so that the Board of Directors can make sound and well-informed judgments and act as a corporate team.</p>

Q&A NMUHT Application for Foundation Trust Status

Local Partners

	OSC QUESTION	TRUST RESPONSE
7	How will you balance the needs of your organisation with the commissioning requirements of PCTs and Social Services?	We will look to ensure, as now, that the objectives of the trust are consistent with those of the PCTs, Social Services and other key stakeholders, putting the patient at the heart of clinical care developments and recognising that there are limited resources within the health community.
8	What opportunities will there be for new and existing partnerships to help you deliver more comprehensive services in innovative and flexible ways?	We are continually looking at how to develop our current partnerships further. An example of how the trust has progressed this thinking is in the innovative and unique partnership with Great Ormond Street Hospital (GOSH) that enables our patients to benefit from the world-class expertise and input from GOSH clinicians. We will continue to assess how best we can provide first class services to patients, and how best we can do that.
9	How will liaison with primary care improve and expand?	<p>The foundation trust will have governor representation from both Enfield PCT and Haringey Teaching PCT to strengthen links and to work collaboratively with PCTs, in the best interests of their local health communities.</p> <p>Liaison with primary care will improve and expand by building upon our existing work re LDP, service changes and future commissioning intentions and close joint planning with PCTs to ensure workload projections are robust and capacity can be flexed in advance.</p> <p>The foundation trust will also be required to enter into legally binding agreements with both PCTs. The PCTs buy locally relevant services. These contracts will set out the number and type of services that the foundation trust will provide. If an NHS foundation trust wants to change its services, it must consult the PCTs that pay for those services.</p> <p>The Board of Governors will be assessing evidence of changes to our services resulting from working in partnership.</p>
10	When will the users see a difference?	<p>The pace and impact of changes depends upon the scale of changes being implemented. Users will start to see a difference in terms of improved communication with the commencement of the public consultation. However, regardless of the trust's application to become an NHS foundation trust, the organisation is committed to improving services to our local community, patients and users will continue to see positive differences.</p> <p>The Board of Governors will be responsible for</p>

Q&A NMUHT Application for Foundation Trust Status

		representing the interests of the local community in the strategic planning and stewardship of the foundation trust, this will include helping the trust prioritise improvements and expansions. They will also be responsible for communicating with other foundation trust members.
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Advantages of being a foundation trust

	OSC QUESTION	TRUST RESPONSE
11	Please outline the greater financial freedoms you will have to invest in services and improve premises for patient care	<p>We will be able to support investment in services and improve our premises through the retention of surpluses and borrowing.</p> <p>The trust, through its governors and members, will be able to liaise directly with its main stakeholders to ensure investment is focused on supporting the health care needs of its resident population. A foundation trust's ability to borrow is limited by detailed guidance from Monitor, the regulatory agency appointed by the Department of Health.</p>
12	What services have you identified, and why would foundation status allow you to develop these services which cannot be met within existing arrangements (Health Scrutiny has undertaken a detailed review of Stroke services and therefore it would be extremely helpful if you could provide an in-depth answer to this particular service)	<p>Achieving foundation trust status will enable the trust to become even more responsive to local requirements. This will enable us to respond faster than other trusts that are constrained by the bureaucratic processes of the centrally managed NHS.</p> <p>The provision of acute care (of which stroke services form a part), maternity and paediatric services, as well as specialist medical and elective services are all key to the ongoing strategy of the Trust which we are keen to develop.</p> <p>The Trust Board will be discussing stroke services on 6th November 2007 and we will be delighted to talk through the details with the OSC at the meeting scheduled for November.</p>
13	<p>Your Consultation Question 1 asks what people see as the most important issues for the Trust to focus on?</p> <ul style="list-style-type: none"> • Cleanliness • Translation/interpretation • Patient transport • Availability of services 	<p>The issues list for the trust to focus on in our consultation document was arrived at by looking at themes raised by patients, carers and staff through existing feedback channels and the patient/staff survey. We are interested in establishing priorities from the point of view of public, patients and staff via the public consultation.</p> <p>We are tackling these issues as they have been identified but are keen to ensure that we are focussing appropriately on those issues and asking whether there are other issues that we should prioritise by the Trust</p>

Q&A NMUHT Application for Foundation Trust Status

	<ul style="list-style-type: none"> • Infection control • Disability awareness • Waiting times <p>How was this list arrived at and why cannot the Trust tackle these issues without the need to become a Foundation Trust?</p>	Board.
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Financial

	OSC QUESTION	TRUST RESPONSE
14	The current Trust still has a cumulative deficit of £12.9 million that has built up over the last 5 years. How will this deficit be recovered?	<p>We have a robust plan to recover the deficit. We made a small surplus in 2006/2007 and are expecting to deliver a £3 million surplus in 2007/2008. Substantial strengthening of the trust management team has led to significant improvements across the trust.</p> <p>This plan has been recognised by the SHA and approved.</p>
15	The current £111 million PFI will be paid back with a 35-year loan. Will the responsibility of this loan fall to the new Foundation Trust and its Governors?	<p>The PFI agreement will be the responsibility of the Trust over the duration of the contract. This will not be altered by the move to foundation status. Our financial plans going forward take into account the changes in cost relating to the PFI.</p> <p>These plans were reviewed and signed off by the SHA and Department of Health.</p>

Relationship with Scrutiny Panels

	OSC QUESTION	TRUST RESPONSE
16	In what ways can the relationship between the Trust and Scrutiny be further developed? (The Local Government & Public Involvement in Health Bill 2007 is expected to come into force by April 2008 and will extend the role of Scrutiny with Foundation Trusts)	<p>The Local Government & Public Involvement in Health Bill 2007 sets out plans to abolish PPI Forums and the CPPIH, they will be replaced by Local Involvement Networks (LINKs). We understand that the Bill includes significant duties for the Local Authorities, including ones relating to community strategies, Local Strategic Partnerships, Local Area Agreements and duties of Overview and Scrutiny Committees.</p> <p>We welcome the opportunity to work closely with the OSC and LINKs to explore opportunities for developing relationships further.</p>
17	How will you ensure	We are clear that we are operating within a framework

Q&A NMUHT Application for Foundation Trust Status

that Scrutiny is informed of any potential substantial variations?	that has scrutiny as an integral part of any change process. We would expect the panels to be involved in any relevant variation as early as possible.
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Relationship with LINKs

	OSC QUESTION	TRUST RESPONSE
18	<p>The Local Involvement Networks are to be established in April 2008. The purpose of LINKs is to provide a stronger voice for people in the planning, design, commissioning and provision of health and social services. How will the Foundation Trust work with them?</p>	<p>The Department of Health is currently consulting on the regulations that will accompany the new LINKs. The legislation updates and strengthens the duty on NHS bodies, of which the North Middlesex University Hospital as a foundation trust would be part, to involve and consult local communities about changes to services. LINKs will make reports and recommendations, and refer issues to local councillors. It will provide a one-stop-shop for the community to engage with care professionals and vice versa.</p> <p>The trust is following these developments closely; it currently works closely and constructively with the PPI Forum and PRF and expects to continue to be able to do so with LINKs when established.</p> <p>The trust recently appointed a full-time PPI Officer who will work closely with the Foundation Trust Project Board and Board of Governors, once established, to ensure that LINKs is integrated into our planning, design and health service provision.</p>

5 November 2007