

**Foundation Trust
Post Consultation Report
October 2007**

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Introduction

This report describes the process and outcome of the formal consultation process, which ended on 29 September 2007 as part of the application for the Whittington Hospital NHS Trust to become an NHS Foundation Trust.

Engagement with partners and stakeholders has been a key feature of the application process and this report demonstrates that:

- Robust public consultation has been undertaken;
- Staff and stakeholder involvement has been actively sought and has resulted in changes to governance arrangements.

When read with IBP Appendix 6 (Membership Strategy), the organisation demonstrates its continued commitment to expand and progress the wider cultural change and social responsibility required to operate as an NHS foundation trust

1. Background

1.1 Name of applicant Trust

The Whittington Hospital NHS Trust

1.2 Area served by the Trust

The Whittington provides acute general hospital care to the residents of Islington and West Haringey, a catchment population of around 300,000. The Trust also receives a significant number of referrals from Camden, Barnet and Hackney, and is the main provider of acute services for the two prisons within Islington. There is considerable diversity in terms of ethnic mix and economic status, ranging from areas of great affluence to some of the highest deprivation levels in the country. North Islington is generally deprived with nearly 30 per cent of the population from ethnic minority communities. West Haringey is more affluent but contains some pockets of considerable deprivation and draws 20 per cent of its population from ethnic minorities.

1.3 Contact details of person responsible for the consultation

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2. About the public consultation

2.1 Dates of public consultation

Started	Finished
Monday 29 July 2007	Saturday 29 September 2007

2.2 The consultation documents

- 5,000 copies of the full consultation document in hard copy;
- 120,000 foundation trust application summary leaflets including membership application form in hard copy;
- Web based full consultation document (including online reply form);
- Web based summary consultation document;
- A short film describing the foundation trust application, consultation and foundation trust membership, and an outline of the future development of the Whittington;
- The consultation document was printed in English initially. The Trust committed to translation of the consultation documents in alternative formats on request such as audiotapes, large print and other languages;
- A translation was requested and provided in both Chinese and Spanish.

Of interest

- The “NHS Foundation Trust Status - find out more and have your say” website had 1771 hits;
- The “Becoming a member” link on the site had 442 hits;
- The Consultation summary document had 309 hits;
- The full Consultation document had 326 hits;
- The “Have your say questionnaire” consultation response had 253 hits;
- The short film provided on the website received 857 hits.

2.3 Use of the media

- Press release informing of the Trust’s preliminary application;
- Press release informing of Trusts approval to proceed to preparatory application;
- Press release on launch of the public consultation and informing of the membership campaign;
- Advertorial in newspapers giving a summary of the foundation trust and details of consultation and membership recruitment – also translated into Turkish;
- Advertorial informing public of trust open event and annual general meeting and again giving details of consultation and membership recruitment.

2.3.1 The newspapers targeted during the media campaign included:

- Ham and High Express, Hampstead and Highgate, Broadway, Wood & Vale and Marylebone editions;
- Hornsey Journal;
- Muswell Hill Journal;
- Islington Gazette;
- Camden Gazette;
- Camden New Journal;
- Islington Tribune;
- Evening Standard.

The combined circulation of the local newspapers above (excluding the Evening Standard) is 314,203.

- Turkish translation of the advertorial placed in a Turkish newspaper with a readership of 40,000.

2.3.2 Other media

The chief executive gave interviews outlining the Whittington Hospital’s FT application and details of how to apply to be a member on the following mediums:

- Radio 5 live;
- London tonight – BBC TV London.

2.4 Public meetings

The Trust attended meetings with the following community groups at their community centres:

Venue	Numbers of members of public
Chinese Community Centre - Islington	16
Chinese Community Centre - Camden	46
Chinese Community Centre - Haringey	2
PPIF general meeting	10
PPIF committee	6
African Caribbean Leadership Council – Haringey	3
Iranian and Kurdish Women’s Rights Association	1
Pensioners Action Group - Haringey	18
Islington Pensioners Forum	25
Wood Green Assembly	36
Whittington League of Friends	10
Haringey Age Concern	2
Total	175

Each of these events was attended and facilitated by Board Directors or Deputy Directors.

The Trust organised an open event that involved specialist staff representing their service and giving information to patients and public about health, disease, care management and the foundation trust application. This event attracted approximately 450 local people of which 120 signed as members on the day. A series of lectures were given on the day, and this included a public meeting about foundation trusts and membership that was attended by 10 members of the public.

The Trust’s annual general meeting was held during the consultation and this focused on the foundation trust application, membership application and the benefits of wider governance. The meeting was attended by 21 members of the public.

2.5 Other meetings

Additional meetings were held with key stakeholder groups; these included:

Meeting	Number of meetings	Attendance
Joint PCT meeting	1	15
Islington Overview and scrutiny Committee	1	17
Haringey Overview and scrutiny committee	2	11
Joint Consultative Committee (JCC)	3	21

2.6 Consultation document distribution

The consultation document was distributed to partner and stakeholder organisations. All in all, over 440 organisations were contacted including the following:

- Islington PCT;
- Haringey Teaching PCT;
- Camden PCT;
- Barnet & Enfield PCT;
- Camden & Islington Mental Health and Social Care Trust;
- The Royal Free Hospital NHS Trust;
- UCLH Foundation Trust;
- North Middlesex University Hospital NHS Trust;
- HMP Holloway;
- HMP Pentonville;
- University College London;
- Middlesex University;
- All local GP practices;
- Local health centres;
- Local faith groups and community leaders;
- Local churches, mosques, temples and synagogues;
- Voluntary organisations;
- Public libraries;
- Leisure centres;
- The Patient and Public Involvement Forum (PPIF);
- 400 Sickle cell and thalassaemia association members.

Many organisations agreed to display the summary consultation document and these were duly provided.

2.6.1 Professional canvassing

The Trust appointed a professional canvasser who discusses the foundation trust application one to one with patients and public attending the Trust on a daily basis. From the approximately 50 contacts that the canvasser makes each day she recruits as members an average of 25 people, with another 15 membership postal responses from people who take the documentation away for reading and consideration.

2.6.2 The staff ambassador scheme

The Trust recruited staff to act as staff ambassadors trained to undertake the face-to-face contact with patients and the public. The staff ambassadors fall into the following groups:

- Clinical staff managing wards and departments who have direct contact with patients;
- Staff living within the catchment of the public consultation who discuss the foundation trust application and recruit public members within their networks outside contracted working time under an incentive scheme.

2.6.3 Summary document leaflet drop and mail out

Staff volunteered to undertake summary leaflet drops within their local communities – over 3,500 summary leaflets were distributed in this way.

First outpatient letters and responses to compliment and complaint letters have summary leaflets enclosed as a mail out. Over 20,000 summary leaflets were sent to people in this way during the consultation.

2.6.4 Foundation trust displays

Displays about the foundation trust consultation were put in patient areas and the hospital website provided information about and links to information about the foundation trust consultation and membership application.

3 Responses received

3.1 The number of responses to the consultation are detailed as follows:

Public and Patient Responses received	Number
Hardcopy patient and public responses	10
On website	10
By email	3
By telephone	5
By fax	0
By text	0
Verbally at public meetings	29
Total	57

Responses were largely in line with the Trust's geographical area.

Age, gender and ethnicity were not collected in the consultation documents, but have been collected in the Trust membership applications

91 members of staff submitted written responses.

3.2 Overview and scrutiny involvement

Both Islington and Haringey overview and scrutiny committees were sent a letter informing them of the application process inviting them to request the Trust to attend any of their meetings. Both requested that the Trust attend and this was duly arranged, both meetings being given formal presentations by the Director of Strategy & Performance.

The Trust has received a written response from Islington and Haringey Borough Councils in support of the Trust's foundation application. Both Councils welcome the opportunity to be involved in the Council of Governors.

3.3 About the comments

Name	Broadly in favour	Broadly neutral	Broadly opposed	Main issue raised
NHS organisations				
Islington PCT	✓			Support Whittington FT status application. Would like to see more GP representation on the <i>Members Council</i> .
Haringey TPCT	✓			Support Whittington FT status application.
Royal Free Hospital	✓			Opportunities for joint ventures and increased collaboration.
OSCs				
London Borough Islington	✓			Would like to see more borough representation on the <i>Members' Council</i> . Would like to see <i>Members' Council</i> involved in all areas of Trust's business. Concerned about the costs of maintaining the membership and resources being taken away from clinical services to fund this administrative process.
London Borough Haringey	✓			FT status will bring a more open and transparent decision making process and greater public involvement through the <i>Members' Council</i> .
Local MPs	✓			No issues raised. Supportive of the Trust's proposals. Some have signed up as members.
JCC	✓			Some concern as to how the staff class breakdown in the staff constituency will be representative of the wide diversity of staff within each class.
Staff Meetings	✓			Positively in favour of more formal staff representation through the <i>Members' Council</i> . In favour of minimum age being 14. Some concern as to how the staff class breakdown in the staff constituency will be representative of the wide diversity of staff within each class. There was a formal request for a representative of midwives on the <i>Members' Council</i> .
PPIF	✓			Broadly supportive of proposals. Would like minimum age for membership to be more than 14 years old.
Voluntary organisations				
The Whittington Friends	✓			Broadly in favour. Will be interested to see how the <i>Members' Council</i> remains independent enough to challenge Board of Directors. Concerned about the costs of maintaining the membership and resources being taken away from clinical services to fund this administrative process.

Name	Broadly in favour	Broadly neutral	Broadly opposed	Main issue raised
Pensioners Forum		✓		Views expressed that FT status is the start of privatisation of the NHS. Some confusion about the difference between membership and <i>Members' Council</i> .
Pensioners Action Forum		✓		Mixed views expressed some concern about foundation trust status being the start of privatisation.

3.4 General tenor of responses in regard to consultation issues raised

All the comments received in response to the consultation have been helpful in assisting the Trust Board to finalise its decisions relating to governance arrangements. The general comments from the responses were supportive of the Whittington Hospital and its future direction and application for foundation trust status. There were no real critical comments made in relation to the governance arrangements, although there were some views expressed which showed variation in consideration of some of the governance arrangements. These specific issues will be covered in the following sections.

3.5 Main topics that attracted critical comment, and the Trust's response

3.5.1 The proposed title for the '*Members' Council*'

There appeared to be confusion about the difference between membership and the '*Members Council*', and this confusion was expressed by people at various meetings. The confusion made people reluctant to apply for membership, as they were concerned about the amount of time and responsibility this would take up. Following explanation and an understanding of the difference they would then sign as members.

The Trust Board considered this issue and made the decision to change the name of '*Members Council*' to Council of Governors. This name change has since been used by the Trust's canvasser and has led to an increased understanding of the difference between the roles of member and governor.

3.5.2 Post code areas included in the public constituency

The Trust predominantly serves the communities within Islington and Haringey; both boroughs were included within the public constituency boundary.

However, patients from surrounding boroughs also attend the Whittington. When choosing the original boundaries of the public constituency the Trust analysed referral flows from GPs by postcode from outlying boroughs. Where 50 percent or more of any GPs' referrals came to the Whittington, those postcode areas were included within the public constituency boundary. This resulted in the original postcode areas from Barnet, Camden and Hackney being chosen.

During the consultation the Trust received comments during meetings and during canvassing for membership from people who lived in postcode areas outside of the boundary. Additionally, people from outside the boundary registered an interest in applying for membership.

The Trust Board considered the issue of the public constituency boundary. Whilst the Board were keen to ensure as wide a membership as possible so that people have the opportunity to both become more involved in the life of the Trust and stand for election as Governor, the Board recognised the implications for membership management.

An analysis of the number of current member applicants by postcode was undertaken. Approximately 10 per cent of the applicant members are from postcodes outside of the current boundary, many of which live in postcodes contiguous with the current boundary.

In recognition of the anticipated changes in patient flows in the future and to ensure that people who are interested in being members of the Whittington FT are not disenfranchised, the Board agreed to include some new postcode areas within the public constituency. These new postcodes are as follows:

Table 1: New post code areas included in the public constituency

NW1	N3	E8
NW2	N9	E9
NW3	N12	EN5
NW4	N13	EN4
NW6	N14	
NW7	N18	
NW8	N20	
NW9		
NW11		

3.5.3 The Whittington Promise

Alongside the strategic objectives, the Trust is focussing on developing itself as a brand, and embedding the five-point 'Whittington Promise' for all users of its services. These have been arrived at following consultation with patients and staff, and make a commitment that:

- We will have a clean hospital;
- We will be welcoming and caring;
- We will be well organised;
- We will give the best possible treatment when people need it;
- We will tell those who use our services what is going on.

Implementing the 'Whittington Promise' forms an integral part of the Trust's goal to deliver excellent services and to become the hospital of choice for local people. Performance monitoring of its progress takes place at regular intervals via patient surveys.

During the consultation members of the public were keen that the 'Whittington Promise' included a point about listening to patients. The NHS at a national level has recently carried out consultation to ask what is important to patients. Patients said the following:

- Get the basics right;
- Fit in with my life;
- Treat me as a person;
- Work with me as a partner.

The Trust is responding to the feedback from the consultation by reviewing the promises made to ensure the 'Whittington Promise' contains the correct priorities, is meaningful to our service users and staff, and reflects what patients want from the Trust and its staff.

3.5.4 Representation on the Council of Governors by staff

The composition of the staff constituency included the following staff classes:

- Doctors – one seat;
- Nurses and midwives – one seat;
- Other Clinical staff – one seat;
- Non-clinical staff – one seat.

There was some concern expressed by the midwives as a group, and four allied health professionals, as to how the staff class breakdown in the staff constituency will be representative of the wide diversity of staff within each class. Midwives requested a separate class with a seat for a midwife Governor, as did the allied health professionals for the other clinical staff class.

The Board considered this request. The Board were informed that midwives constitute approximately 6 percent of the staff at the Whittington, and 18 percent of the nursing and midwifery staff group. The Board did not agree this proposed amendment as the proportion of staff that would be represented by such a change would constitute a minority of the class originally proposed, and a proportion of the staff body as a whole. Midwives can stand for election into the 'Nurses and Midwives' class of the staff constituency.

In relation to the allied health professionals, the Board did not agree this proposed amendment. The Board felt that there was a lack of clarity around the proposed amendment and that any further division would fragment and not enhance the original configuration of the staff constituency, again creating inequity of minority representation.

3.5.5 Representation on the Council of Governors by GPs and local councillors

The initial composition of the Council of Governors included one GP from both Islington PCT (IPCT) and Haringey TPCT and one local councillor from each of the London Boroughs of Islington and Haringey.

Both IPCT and the LB Islington requested that the number of representative from each organisation was increased.

Following consideration the Trust Board agreed that the one local councillor from the LB of Islington was sufficient to represent the Borough Council on the Council of Governors. Further public representation would come from the ten elected public governors.

The Trust Board agreed that as the Whittington's strategy is to be a hospital of choice for local people and to proactively engage with GPs and GP commissioners to develop new pathways of care for patients, it was appropriate that there were more Islington GPs on the Council of Governors. The Board considered that in order to ensure the correct balance of representation on the Council of Governors, requiring a majority of patient and public Governors, a stakeholder seat

should be transferred to become a seat for an additional Islington practice based commissioner (PBC) GP. The Board therefore agreed that as there were other formal roles of partnership and engagement with HMP Holloway and Pentonville, the seat that was proposed for the prisons on the Board of Governors would convert to an additional Islington PBC GP seat.

3.5.6 Foundation trust 'movement'

A theme emerging from the meetings with public was that people were concerned that the foundation trust movement is the start of privatisation of the NHS.

Trust representatives stressed the fact that foundation trusts remain firmly within the NHS and provide care under NHS principles. Information was given relating to the regulation of foundation trusts' private patient activity and its capping at 2002/03 levels to preventing foundation trusts from growing private patient activity.

People who were concerned were encouraged to join as foundation trust members and to consider election to the Council of Governors so that they could become involved in any future decisions about private care.

3.6 The main areas attracting support

3.6.1 Membership

Most respondents were in favour of membership and felt that the constituencies were correct and reasonable. A theme emerging from the meetings with public and staff held was the additional opportunity for people to become more involved in the Whittington through membership.

3.6.2 Governance

Most respondents believed that the wider membership and the fairly elected Council of Governors working along side the Board of Governors provided a more transparent governance structure, and one that is more accountable to local people.

3.6.3 Opt out system for members of staff

Staff were broadly in favour of the Whittington's staff membership opt out scheme.

3.7 General tenor of response to specific issues

Issue	General response
Membership	Broadly in agreement, however membership should be widened to enable representation of all the areas the Trust serves.
<i>Members Council</i>	Confusion over title and difference between membership and ' <i>Members' Council</i> '.
Board of Directors	The Trust's proposals received no comments.
Elections	Viewed as a fair and democratic method for electing the Members' Council. Some staff expressed the view that any member of staff should be able to vote for any member of staff standing for election, regardless of staff class they were representing.

Issue	General response
Constituencies	Broadly in agreement with the proposals.
Boundaries	Public constituency should include more postcode areas and the boundary should be moved to include more geographic communities that use the Trust.
Constitution	Not included, although governance questions within the consultation covered some aspects of the constitution.
Age limits	The majority view was to support the Trust's proposal on a minimum age for membership of 14 years and over.
Youth representation	See above.
Staff representation	Some staff expressed a view for more staff Councillors.
Vision	Broadly in agreement with the proposals.
Transitional arrangements	Not included.
HR strategy	There was generally a good response to the HR strategy. Themes that emerged were that the Trust was a good employer but that staff would like more flexible working arrangements and training opportunities. The Trust is now developing the 'Whittington Employment Promise' to ensure both staff and organisation priorities are consulted on and agreed to ensure the Trust remains a great place to work.
Communications	Many people said that they wanted information as members on a once yearly basis only. The open event was very well received and people expressed a wish for more such events for members.
Any novel suggestions	Having some form of loyalty scheme for members.

Information for the Secretary of State / Regulator

The number of written / formal responses received was small in comparison to the number of consultation documents distributed across the catchment area.

During the public meetings the Trust spoke to over 500 members of the public. Very few of those had any understanding of what a Foundation Trust was and required an explanation. Most people took the consultation document away with them to read further before making any comment. This accounts for the low number of formal responses at public meetings.

Throughout the consultation the Trust has implemented its membership recruitment campaign. To date (31 October 2007) this has achieved applications from 1,974 public and patient members, which the Trust believes, demonstrates the public support of its intention to become a Foundation Trust.

Contact details for further details and provision of copies of responses for further scrutiny:

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4 Staff engagement, involvement and wider culture change

5.1 How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHSFT application? Where have staff dialogue and views influenced the broad HR 'strategy', which in turn supports the service development plans and organisational goals for the Trust?

- All staff had the opportunity to see the Trust's FT Presentation;
- Staff were briefed by managers on the Trust's intentions and application to become an NHS Foundation Trust. This process continued throughout the consultation period;
- All staff, including temporary staff, had a copy of the summary consultation leaflet sent to them with their payslips;
- Volunteer staff have also been informed of the Foundation Trust process;
- Regular updates were provided from the Chief Executive and the FT Project Team;
- Information published on the Trust Website and Trust Intranet.

5.1.1 Staff meetings

Date	Meeting	Numbers attended
28 June	Chief executives briefing pre launch of consultation	32
11 July	General managers meeting	7
12 July	Medicine Divisional Board Meeting	12
25 July	Staff consultation leaflet goes out to all staff with pay slip	
26 July	Chief executive staff open meeting	28
2 August @ 17.30 and 19.00hrs	General staff meeting	7
15 August	Outpatient staff meeting	5
17 August @ 08.00 hrs	General staff meeting	8
23 August	Discharge planning team	3
18 September	Therapy staff meeting	51
26 September	Open event FT meeting	4
26 September	AGM – FT discussion	20
27 September	Chief executives meeting	14
Total		191

5.2 How did (and for the future 'how will') the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in its broadest sense?

- Through staff meetings;
- Union Meetings;
- Specially designed training programmes;
- For the future, there will be regular newsletters and updates from the Trust on its service developments and delivery to all staff and partners;
- Further details on future staff engagement is set out in section 8 of the Trust's Integrated Business Plan.

5.3 How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussions been analysed from a cost/benefit perspective and integrated into the service development plans outlined in the Business Plan?

The Trust established a new clinical directorate structure five years ago to ensure that clinicians were involved in the strategic planning for the organisation. Each specialty has a clinical lead who is responsible for ensuring that the specialty considers emerging health policy when determining service development and investment opportunities.

At the next level, clinical directors are appointed to jointly manage with a general manager the specialties within their clinical division. Job planning is undertaken by general managers and clinical directors, and commences with each specialty undertaking a collective job plan to ensure consideration is given to strategic planning for each service and to identify the resources required for future service improvement. Clinical directors are full members of the Hospital Management Board, and the Medical Director is an executive director on the Trust Board.

During the planning stage for the future development of the Whittington site and services, clinical user groups were established and clinicians form part of these groups. As the implementation of the modernisation and expansion of services continues clinicians will remain an integral part of the working groups.

5.4 How is the Trust developing/managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility, and playing a role in the wider community?

Much of the detail of the Trusts existing partnerships and joint ventures and how the Trust will continue to develop local networks with health care, social care and voluntary organisations is available in section 2 of the integrated business plan.

Additionally, as a Trust based in north central London, the Whittington continues to look at ways to enhance local recruitment and to encourage people in the local area to apply for jobs within the organisation. One way that it will continue to do this is through the Camden Job Shop which supports a cross-borough health employment partnership to significantly increase the take up of vacancies by disadvantaged, local, unemployed people.

The Whittington will continue to build on its work with Islington Borough Council to promote careers in health to 14-19 year olds. Staff 'ambassadors' across a wide range and levels of jobs

commit to educational activities aimed at giving students an insight into the types of occupations available within the NHS; events may include delivering talks to students at schools and giving guided tours of their departments.

This approach will contribute towards a successful recruitment strategy and will encourage students into one of the health professions and help reduce vacancies in occupations where there is a shortage of suitable staff.

- 5.5 What is the degree of 'integration' of first-rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself?

Described in section 8 of the Trust's Integrated Business Plan.

- 5.6 How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?

Described in section 8 of the Trust's Integrated Business Plan.