

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Public Consultation Response and Evidence of Staff Engagement and Involvement

BACKGROUND

1. Name of Applicant Trust: Southampton University Hospitals NHS Trust

2. Area served by Trust

The Trust is a major acute regional teaching hospital providing services at Southampton General Hospital, the Princess Anne Hospital, Countess Mountbatten House and a number of community hospitals in the region. We provide a wide range of secondary and tertiary health services for Southampton and South West Hampshire (a catchment population of 500,000). Our specialist tertiary services are provided to patients much further afield from West Sussex down to Devon and Cornwall. We are also the regional hospital for patients from the Isle of Wight and the Channel Islands.

3. Contact details of the person responsible for the public consultation:

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ABOUT THE PUBLIC CONSULTATION

4. Dates of the public consultation:

The twelve-week public consultation started on Monday 15th October 2007 and concluded on Monday 7th January 2008.

5. Media used for the public consultation document:

The following media were used to support the public consultation:

- Full consultation document (with reply-paid feedback form and envelopes) in hard and electronic copy.
- Web-based consultation document with supporting copy and online feedback form.
- Summary consultation document (with reply-paid tear-out feedback form) in hard copy.
- Versions of both documents in seven foreign languages and large print were publicised but none were requested.
- An audio-tape and CD version was distributed to support groups for people with visual impairment (sight impaired support groups advised against braille as audio tapes were preferred).

Our PPI Forum scrutinised the full consultation document on our behalf before it was published and made several helpful comments that led to us making a number of changes. For example, using language that would be easily understood and a lay out easy to follow for the public.

A number of key stakeholders agreed to be champions of our application and made supportive comments that were published in our consultation document. Our champions were:

- Ram Kalyan, founder of Unity 101, the South's only asian and ethnic radio station.
 - Richard Schofield, head-teacher of Redbridge Community School
 - Mike Lawton, founder of Lawton Communications Group Ltd
 - Alan Whitehead, MP for Southampton Test
 - John Denham, MP for Southampton Itchen
 - Roy Stubbs, Chair of Southampton Hospital Radio
 - Professor Bill Wakeham, Vice-Chancellor of the University of Southampton
 - Tony Broomes, development officer, Southampton African Caribbean Centre
 - Annette Davis, Southampton City and Region Action to Combat Hardship
 - Peter Marsh-Jenks, Chair of Southampton City Council's Public Health Scrutiny Panel
 - Dr Redwan El-Khayat, Chair of the Muslim Council of Southampton
- The Trust held five public meetings, one drop-in event and 9 public information stands to actively communicate its application to become a Foundation Trust. These were as follows:

Date	Venue	Event type	Time	Numbers attending
15/10/07	Southampton General Hospital	Public Meeting (Launch)	1800-2000	31
06/11/07	Southampton General Hospital	Board Meeting in Public	1030-1230	4
22/11/07	African Caribbean Centre, Southampton	Public Meeting	1100-1200	1
03/12/07	Masonic Hall, Lymington, New Forest	Public drop-in event	1800-2000	6
13/12/07	Southampton Voluntary Services	Public Meeting	1800-2000	2
17/12/07	Crossfield Hall, Romsey	Public Meeting	1800-2000	9
06/12/07	Southampton Breast Imaging Unit, Princess Anne Hospital	Information Stand	1000-1300	Approx 10 documents distributed
07/12/07	Southampton General Hospital	Information stand	1000-1600	Approx 15 documents distributed
11/12/07	The Eaterie/Cyber Centre, Southampton General Hospital	Information stand	1000-1600	Approx 20 documents distributed
14/12/07	Princess Anne Hospital main reception area	Information stand	1000-1600	Approx 40 documents distributed
17/12/07	Breast Imaging Unit, Princess Anne Hospital	Information stand	1000-1300	16 documents distributed
19/12/07	Royal South Hants main reception area	Information stand	1000-1600	Approx 40 documents distributed
21/12/07	Southampton Eye Unit	Information stand	1000-1300	Approx 10 documents distributed
04/01/08	Southampton Eye Unit	Information stand	1000-1300	Approx 10 documents distributed
07/01/08	Civic Centre, Southampton	Information stand	1000-1600	Approx 250 documents distributed

In addition to these events, presentations and talks were made to a range of community, voluntary and public interest groups in Southampton City, the Greater Southampton area and across Hampshire including:

Date	Interest Group	Venue	Event type	Numbers attending
16/10/07	Age Concern Hampshire	Guildhall, Winchester	Age Concern Hampshire AGM	approx 300
19/10/07	Carers Together	Woodley Village Hall, Romsey	Carer/user group meeting	29
24/10/07	Regents Park Ladies Club	Tanners Brooke Middle School, Southampton	Regular meeting	26
29/10/07	Carers Together	The Maltings, Alton	Carers Together AGM	Approx 120
05/11/07	Choices Advocacy (for those with Learning Disability)	Croxley house, Millbrook	Regular meeting	8
10/11/07	'Head Way' (Support Group for those with/recovering from traumatic brain injury)	Totton	User group Meeting	8
21/11/07	SUHT volunteers	Lecture theatre SGH	Meeting	49
30/11/07	Hampshire Patient and Public Involvement and PALS Network	Tom Rudd Unit, West End, Southampton	Regular meeting	7
03/12/07	Joint Hampshire Overview and Scrutiny Committee	Castle, Winchester	Public Meeting	16
04/12/07	Mental Health Forum	Southampton Voluntary Services	Carer/user group meeting	8
05/12/07	Older People's Forum	St Michael's Church, Archers Road, Southampton	Regular meeting	Approx 40
05/12/07	MS Society	Mencap Centre, Portswood	Carer/user group meeting	15
05/12/07	Neo natal support group	Princess Anne Hospital	'User' group	7
06/12/07	Southampton City Council Public Health Standing Scrutiny Panel	Civic Centre, Southampton	Public Health Standing Scrutiny Panel	25
06/12/07	Breast Imaging Unit	Princess Anne Hospital	Public engagement	21
07/12/07	Central South Coast Cancer network	Oakley Road, Southampton	Patient/carer user group	Approx 15
14/12/07	SUHT PPIF	St Denys Church	Public Meeting	8

Other consultation activity

Activity
Full summary documents (with reply-paid response form) were issued to every GP in Hampshire and the Isle of Wight and subsequently posters and summary documents were issued with 250 practices receiving 30 summary documents each.
Advertising space was secured in the Southern Daily Echo, Lymington Times and Romsey advertiser to outline the benefits of Foundation Trust status and highlight the public meetings that were organised.
Radio interviews with the CEO of SUHT were broadcast on radio stations with a wide reach across the South of England (Wave 105FM and Original FM) as well as more local stations (Radio Hampshire and Radio Solent).
Two press releases were issued, one announcing the launch of the consultation and one to publicise our public meetings.
An in-house team of staff and volunteers visited outpatient areas to promote the consultation and recruit members.
Summary documents, posters and covering letters were issued to Pharmacies and libraries in Hampshire
Speaker request forms were distributed to various patient and voluntary groups in the area offering opportunities for Trust staff to speak at meetings.
A feature on the consultation, highlighting the web address of our foundation Trust web site, was placed in a newsletter distributed to more than 3000 voluntary groups across Hampshire (via Community Action Hampshire).
Summary documents and request for speaker forms were distributed with Southampton Voluntary Services (SVS) Newsletter to all SVS member groups (500+).
Summary documents and a covering letter were issued to 500 recent service users living in the Isle of Wight
Summary documents were issued at a full meeting of the South East of England Regional Assembly.
A leaflet drop of summary documents was organised to residents of streets surrounding the main campus at Southampton General Hospital.
Summary documents were placed on every meal tray given to patients (1100 beds) on two different days at Southampton General Hospital
A dedicated section of the Trust's internal and external web pages were created to support the consultation and an online feedback form and membership form were available through these pages.
A Foundation Trust section was included in the October and November edition of "Connect" a popular magazine for staff and patients that is freely available in news-stands across the Trust.

Staff Engagement

Staff engagement began prior to the consultation to give staff an opportunity to contribute to our plans for the public consultation and to contribute to our proposals.

In the first instance, the Trust Board decision to apply for Foundation Trust status was covered in the Chief Executive's bulletin issued by email to all users in July 2007. From that point onwards, an update on the application has been included in all monthly CEO bulletins. A further communication to all staff by email in July announced the changes being made to the executive team in readiness for Foundation Trust status.

From July onwards, the Foundation Trust application was covered in every Core Brief, our monthly team briefing mechanism that cascades down from senior managers to all staff.

In early October, dedicated pages were created on the internal Trust web site with feedback forms.

A discussion took place with the staff partnership forum prior to the consultation and presentations and meetings were held with union representatives on six separate occasions. The Local Negotiating Committee were also involved and a discussion took place on two occasions at their monthly meeting which was attended by both the Medical Director and the Director of Communications and Public Engagement.

A staff guide to becoming a Foundation Trust was posted to the home address of every member of staff to ensure comprehensive awareness of the application and how to have an input into the hospital's plans.

Engagement events at which staff had an opportunity to question the executive team included:

Date	Event type	Venue	Time	Group	Numbers attending
02/07/07	Core Brief	Heartbeat Education Centre	1300-1400	Senior managers and others	Approx 50
03/09/07	Core Brief	Heartbeat Education Centre	1300-1400	Senior Managers and clinicians	Approx 50
01/10/07	Core Brief	Heartbeat Education Centre	1300-1400	Senior managers and clinicians	Approx 50
03/10/07	Staff Partnership Forum	Eye Unit seminar room	1100-1200	Staff side representatives from 7 unions	17
29/10/07	Open staff workshop on FT	Hugh Greenwood Lecture Theatre	1100-1200	Wide range of staff	38
01/11/07	Core Brief	Heartbeat Education Centre	1300-1400	Senior Managers and clinicians	54
06/11/07	Team brief	Distribution and stores meeting room	1000-1100	Distribution and stores staff	12
07/11/07	Open staff workshop on FT	Hugh Greenwood Lecture Theatre	1300-1400	varied	40
07/11/07	Staff Partnership Forum	Southampton General hospital	1100-1230	Staff side representatives of various unions	12
07/11/07	IDEAL staff meeting	Education Centre	1200-1300	Staff in the education department	Approx 30
07/11/07	Open staff workshop on	Hugh Greenwood	2000-2100	Estates staff	1

	FT	Lecture Theatre			
13/11/07	Finance staff	Southampton General Hospital	0930-1030	Income generation team	8
13/11/07	Open staff workshop on FT	Heartbeat Education Centre	1030-1130	varied	75
15/11/07	Open staff workshop	Heartbeat Education Centre	1100-1200	Varied	36
16/11/07	Neurosciences Senior Medical Staff Briefing	Neurosciences Seminar room	1230-1330	Consultants	16
21/11/07	Staff representatives	Union Office	1200-1300	Union reps	15
22/11/07	Taplins nursery staff	Taplins nursery	1330-1430	Nursery staff	8
27/11/07	Divisional meeting	Block 3 SGH	0930-1030	Division 5 Ops managers	5
03/12/07	Core Brief	Heartbeat Education Centre	1300-1400	Senior managers and clinicians	Approx 50
05/12/07	Staff Partnership Forum	Ground floor Meeting Room	1100-1300	Union representatives	20
05/12/07	Open staff workshop	Heartbeat Education Centre	1300-1400	Varied	4

The Trust hosted a successful stakeholder event in the evening on Monday 15th October at Southampton General Hospital to launch the public consultation. This was advertised in the local press and through posters across the Trust. The organisations represented at the meeting included: Winchester and Eastleigh Healthcare NHS Trust, Southampton City Primary Care Trust, Basingstoke and North Hampshire NHS Foundation Trust, Southampton Voluntary Services, Carer's Together and Hospital Radio. The launch was advertised in the local press and open invitation given for members of the public to attend.

After presentations from the SUHT CEO, Medical Director, Director of Nursing and chair of the Staff Partnership Forum, John Elliott, there was a helpful question and answer session that allowed the audience the opportunity to participate in the evening.

6. Number of formal responses received

The formal responses received are summarised in the table below:

Type of Response	Numbers
Hardcopy, using proforma provided as part of the consultation exercise	192
Others in hard copy, letters etc	4
Via web site	2
By email	18
By telephone	5

Verbally at meetings comprising:	
- staff	41
- patients/public/interest groups	94
Total	356

7. Pattern of responses to the public consultation (demography and geography)

Some 20,000 copies of the summary document and 1,000 copies of the full document were distributed during the consultation process.

The full document was distributed directly to our stakeholders and partners including primary care trusts and acute hospital trusts across the South of England region and the Isle of Wight, the South Central Strategic Health Authority, Hampshire Partnership NHS Trust, South Central Ambulance NHS Trust, MPs, local authorities and councillors, local universities, and all patient and public involvement forums in the South Central Strategic Health Authority area. In addition, every GP practice in Hampshire and the Isle of Wight received a copy of the full consultation document together with a supply of the summary document.

Distribution of the summary document was as follows:

Audience/Location	Numbers
GP surgery waiting rooms	30 to every GP surgery in Hampshire and the Isle of Wight
Pharmacies	20 copies to every pharmacy in Southampton, Eastleigh, New Forest and Test Valley
Libraries	20 copies to every library in Southampton, Eastleigh, New Forest and Test Valley
People from across the South of England who had registered to become members during a previous application.	6,500
Outpatient clinics at the Trust	1,000
Patient meal trays at Southampton General Hospital	2,000
Recent patients from the Isle of Wight	500
Member organisations of Southampton Voluntary Services	500
Charities associated with the Trust	50

A spoken word version of the summary consultation document was produced and distributed through a support group for the visually impaired connected with the Southampton Eye Unit.

In order to raise awareness of the consultation, we secured coverage on local radio stations including Wave 105fm, Radio Hampshire, Original FM and BBC Radio Solent. Our Chief Executive was interviewed on Original FM, and Radio Hampshire broadcast an hour-long feature from the hospital to publicise the consultation. The combined reach of these stations covers an area stretching across the South of England from East Sussex down to Dorset.

The Southern Daily Echo ran five separate pieces of editorial about the consultation and we paid for advertising in local papers including the Daily Echo, Romsey

Advertiser and the Lymington Times, which promoted the consultation and the dates of our public meetings.

Our consultation and public meetings were also publicised across Hampshire and the Isle of Wight through the distribution of consultation documents and posters to all GP practices as well as libraries and pharmacies. We promoted the consultation at events in the North of Hampshire and through a mailshot to our Isle of Wight patients. In addition an article about the consultation was featured in a newsletter that is circulated to more than 3000 voluntary organisations across Hampshire.

Groups representing BME communities were directly consulted and documents were distributed at an event run by the African-Caribbean Centre in Southampton as well as via faith groups. We consulted with a wide range of age groups including Age Concern and students undertaking work experience at the hospital.

We are confident that the distribution of our documents and posters, combined with our media work and public meetings have enabled us to engage with people across all areas of our public constituencies and this is reflected in the proportion of written responses received from each area (as shown in the table below):

Geographic distribution of responses by public constituency

Public constituency	% of responses
Southampton City	39%
New Forest, Eastleigh and Test Valley	41%
South of England	13%
Isle of Wight	7%

We feel that the responses we received represent the views of a wide spectrum of our stakeholders including our staff, patients, partner organisations, volunteers and many others. However, we still have ongoing work to do to ensure we hear the views of some of Southampton's BME communities and young people. Plans are in place to establish new links into these groups through a regular programme of community work.

ABOUT THE COMMENTS

8. Responses received from major stakeholders

Stakeholder	General View	Comments
Alan Whitehead MP for Southampton Test	Supportive and a champion of the application.	"I am pleased to support this application and I hope that people in this city and the wider regions will make the most of this opportunity to be involved and have a say in the future of their NHS"
John Denham MP for Southampton Itchen	Supportive and a champion of the application.	"Foundation Trusts have a reputation for being the top performers in the NHS and this application is an endorsement of the hospital and its

		highly dedicated staff. I am pleased to support the hospital in this process and would urge people to get involved and register for membership.”
Peter Marsh-Jenks, Chair, Southampton City Council Public Health Scrutiny Panel	Supportive and a champion of the application.	“It is good news for every-one who relies on our local NHS that, following concerted management action, SUHT is now on a sound financial footing that enables it to apply for Foundation Status.” Interested in ensuring that local people are effectively engaged. (Also see OSC response in Section 9)
Chris Evenett, Acting Chief Executive South Central Strategic Health Authority	Supportive	Expressed support for the name change of the trust.
Brian Skinner, Chief Executive Southampton City Primary Care Trust	Supportive	Would like to see us forging more productive links with the voluntary sector as a Foundation Trust.
Gareth Cruddace, Chief Executive Hampshire Primary Care Trust	Supportive	No significant comment
Mary Edwards, Chief Executive, Basingstoke and North Hampshire NHS Foundation Trust	Supportive	“Go for it!”
Bill Wakeham, Vice-Chancellor, University of Southampton	Supportive and a champion of the application	“Foundation Trust status will enable Southampton’s specialist and general hospital services to be far more responsive to the needs of local patients, giving the trust freedom to develop new ways of working that reflect local needs and priorities.” Supports the proposed change of name.
Mike Lawton, founder of Lawton Communications Group Ltd and a trustee of Wessex Heartbeat	Supportive and a champion of the application	“As a businessman I understand only too well the fundamental principle of giving customers exactly what they want. NHS Foundation Trusts will do just that.”
Sally Lyndskey, Chief Executive Business Southampton	Supportive	Keen to see the Trust develop closer links with the business sector in the region.
Southampton Voluntary Services	Supportive	Concerned about the ability of a single post holder to represent the wide scope of the voluntary sector.
John Elliott, Chair,	Generally supportive	Stressed need to ensure multi-

SUHT Staff Partnership Forum		stranded communication. (More comments to follow).
Local Negotiation Committee and Medical Staffing committee.	Generally supportive	Keen to see the timetable for elections be well-publicised among staff.
SUHT PPIF	Generally supportive	“A Trust representative gave an informative presentation on the Foundation Trust Status at the PPI forum Meeting in Public on 14 December 2007. In addition Foundation trust pamphlets were issued to all in attendance. The representative returned to the Meeting in Public on 16 January 2008 with satisfactory answers (to questions posed at the meeting on 14 December). The forum was satisfied that they had been consulted on progress to Foundation Trust status”
Tony Broomes, development officer at Southampton African Caribbean Centre	Supportive and a champion of the application.	“Afro-Caribbean’s need a voice to ensure their needs are met. We have different health problems and ailments like sickle cell disease, which predominantly affect black people. People making decisions about healthcare need to understand where we’re coming from.”
Annette Davis, worker at SCRATCH, a Christian charity that operates a variety of anti-poverty projects in Southampton.	Supportive and a champion of the application.	“People perceive that the South of England is a fairly wealthy area but there are pockets of poverty – particularly on estates and in inner city Southampton. I hope that as a Foundation Trust, the hospital will be able to recognise this and shape services according to need.”
Roy Stubbs, Chairman of Southampton Hospital Radio	Supportive and a champion of the application.	“Just as we ask patients for a record request to be played on the radio, so it will become possible for the Foundation Trust governors to ask the patients and staff what they require from our free national health service”
Richard Schofield, head teacher of Redbridge Community School in Southampton	Supportive and a champion of the application.	“Local people are far more responsive and aware of local need and are, at times, far more prudent about resource allocation than central Government – targeting resources to the area of greatest need.”
Dr Redwan El-Khayat, Chairman of the Muslim Council of Southampton	Supportive and a champion of the application.	“Foundation Trust status will enable greater participation in the future of health in Southampton. There’s more accountability to local people and the

	hospital will have more independence.”
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9. Other responses

Apart from the major stakeholders listed above, a total of 29 other responses were received via letter, phone or email, together with 192 completed consultation feedback forms.

a. Overview and Scrutiny Review Process

As part of the public consultation we have engaged with the Public Health Standing Scrutiny Panel for Southampton City Council and the Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee. We received a full written response from this second body which also represents Southampton City.

OSC	Engagement	Outcome and issues raised
Southampton City Public Health Standing Scrutiny Panel.	<p>The Chief Executive of SUHT, Director of Nursing and Director of Communications and Public Engagement attended a meeting of the public health scrutiny panel in August 2007 ahead of application being launched</p> <p>Peter Marsh-Jenks, the panel's chair, agreed to be a champion of our application and appears in our full consultation document.</p> <p>A copy of the full consultation document issued to all members and was discussed at a meeting on 6th December when the Chief Executive of SUHT and Director of Communications and Public Engagement attended.</p>	<p>Covered questions related to:</p> <ul style="list-style-type: none"> • Methods of securing community involvement • The design of the public constituencies • The financial decision-taking in a Foundation Trust • Infection control and the priority it is given • The cost of public consultation • The historic deficit of the Trust • Holding of surplus and contingencies • Using money for pump-priming of schemes
Hampshire Joint OSC	<p>The Chief Executive of the Trust and Director of Communications and Public Engagement attended a meeting of the Joint Hampshire</p>	<p>A formal written response was received indicating that:</p> <ul style="list-style-type: none"> • Members are broadly supportive of our proposals for foundation status and in particularly our wish to excel across a number of

	OSC on the 3 rd December.	<p>specialist service areas, building on a national and international reputation.</p> <ul style="list-style-type: none"> • Members consider it important to balance the way in which local people use and access more generalist services provided by the Trust, or ensure that suitable alternative options are in place. • Members ask that the Trust gives careful consideration to the way in which it will continue to work with other health and social care providers operating across the catchment area of the Trust. • The document was clearly set out and brief with a focus on governance arrangements. • Members would like to know the numbers and science behind the design of our public constituencies and their share of the Members' Council.
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10. Other responses:

Excluding the responses included above (in section 8), we received the following responses:

	Broadly in favour	Broadly Neutral	Broadly opposed
Responses via feedback forms	189	1	2
Responses via email, phone, letter, other	13	11	5
Responses at public events/meetings	6	87	4
Total	208	99	11

TRUST'S RESPONSE

11. General Tone of Responses:

The general tone of responses was positive with significant support for the Trust's service vision and its emphasis on improving the patient experience. Many of the Trust's existing services were singled out for praise and the notion of involving the public more closely through the recruitment of members and election of Council Members was well supported.

Where respondents were less favourable about our plan they generally expressed concerns about the privatisation of the NHS or the cost of becoming a Foundation Trust. There was also some concern about how the Trust would be able to demonstrate it had become more accountable locally and some cynicism about the freedoms Foundation Trust status would bring.

12. Topics attracting critical comment and our response

Issue	Trust's Response
<p>Becoming a Foundation Trust is the first step towards the privatisation of the NHS. (source: SUHT staff, volunteers, members of the public)</p>	<p>The Trust has emphasised that although Foundation Trusts are 'business-like' in the way they operate, they are not private businesses.</p> <p>Monitor will regulate our capacity and capability to provide the hospital services that we have committed to in our contracts with NHS primary care trusts.</p> <p>The Trust has explained that a strict limit is placed on the amount of income a Foundation Trust can earn from treating private patients.</p> <p>FTs place great emphasis on their role as 'public benefit corporations', meeting the health needs of the local community and being directly accountable to the public through the Members' Council.</p>
<p>Appropriateness and length of the proposed name: University Hospital Southampton NHS Foundation Trust. 53% of respondents to this question fully supported the change. 16% said they did not support it and 31% suggested it could be shorter, more regional, be a plural rather than singular (i.e. Hospitals) or proposed a different name. (source: SUHT staff and public)</p>	<p>The Trust will be required to include "NHS Foundation Trust" in its name and must also indicate what kind of hospital it is therefore scope for reducing the length of the name is minimal. Given the support it has received, the Trust will adopt the new name on authorisation.</p>
<p>As a Foundation Trust, the Trust will no longer be obliged to offer staff the Terms and Conditions laid out in Agenda for Change? (source: SUHT staff)</p>	<p>The Trust issued a response to staff stating that as a Foundation Trust we will continue to be part of Agenda for Change, the nationally agreed pay reforms. These were introduced at the Trust after a lot of hard effort and terms and conditions will not change as a result of the hospital achieving Foundation Trust status.</p>
<p>The cost of the application and membership will take funds away from patient care (source: SUHT staff, public)</p>	<p>Foundation Trusts are required to be significantly more robust in their financial management and this in itself will deliver financial efficiencies that we believe will exceed the cost of applying to become a Foundation Trust.</p> <p>There is an ongoing cost (estimated at around £180,000) attached to running a Foundation Trust membership office, and we believe this is a worthwhile investment given</p>

	<p>the benefits of involving the public in the improvement of the hospital. Patients and the public will be able to give their views more easily so that we can design services around them. We also have a means of sharing important public health messages about preventing illness more widely in the community.</p>
<p>Concerns that the Monitor would not have sufficient power to act if the hospital was being badly managed. (source: SUHT staff)</p>	<p>Every Foundation Trust is issued with Terms of Authorisation that are published on the Monitor web site. This sets out the conditions the hospital must meet to continue operating as a Foundation Trust and the Board of Directors of the Trust will be accountable for the prudent management of the Trust.</p> <p>Monitor also publishes a risk rating for every Foundation Trust showing how it is meeting its obligations in the Terms of Authorisation regarding finance, governance and mandatory services. There will be close oversight by Monitor of our compliance in these areas.</p> <p>On the rare occasions that a Foundation Trust fails to meet its financial targets Monitor has considerable powers to act and ultimately could remove the Board of Directors.</p>
<p>Concerns that Southampton City is under-represented on the Members' Council.</p>	<p>During the consultation we explained that the number of Council Members for each public constituency is directly correlated with the number of patients coming to the hospital from that area.</p>
<p>Concerns that there will be enough transparency and accountability in the system (source: patients and public, PPI Forum)</p>	<p>Once it is elected, the Members' Council will need to work with the Board of Directors to establish a transparent means of measuring the effectiveness of the new governance arrangements.</p>
<p>Worries about whether the hospital would actually be able to resist a national decision that it should provide certain services if it didn't wish to (or vice versa). (SUHT PPIF)</p>	<p>SUHT would be consulted on any such decisions and be given a full opportunity to participate in discussions about the future direction of travel.</p>
<p>Some questions about the nature of financial decision-taking within a Foundation Trust i.e. will unprofitable services be dropped? (source: SUHT staff, public)</p>	<p>As a public benefit corporation the hospital will continue to have a highly developed sense of public duty in relation to the local community. The profitability of a service is not the only important factor – but as a Foundation Trust we would be required to know which services were operating at a loss and be confident that we could compensate for that in other areas of our portfolio.</p>
<p>The authorisation of a single organisation to represent the interests of the voluntary</p>	<p>Ongoing discussion with the voluntary sector umbrella organisations reached an</p>

sector would not be sufficient to adequately represent the interests of both the urban and rural communities. (source: voluntary groups)	agreement that they would not appoint a Council Member to represent the sector, but that we would commit to stronger involvement including signing up members from the sector.
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13. Areas attracting support locally:

There was widespread support for the greater involvement of patients and the public in decision taking at the hospital.
The greater commitment to link with the community through voluntary groups has been supported.
Our service vision and particularly its focus on improving the patient experience has experienced significant support throughout the consultation.

14. General tenor of responses:

Membership	<p>The response to membership was positive including our proposals for opt-out membership for staff and opt-in for public. Respondents welcomed in particular their chance to have a say in their hospital and to get involved in decision making.</p> <p>We will look to the Members' Council to continue developing the membership body in the future.</p>
Members' Council	<p>Respondents have been supportive of our proposals for configuring the Members' council with many enquiries about how to stand for election.</p> <p>Staff had some questions about how staff Council Members will work with the union representatives within the Trust. This area of discussion is being taken forward in the Staff Partnership Forum.</p> <p>The voluntary sector has concerns about their ability to find a representative of the entire sector who would be able to reflect the full diversity of it. The Trust agreed in discussion with the voluntary sector to represent their interests through the public constituency with a commitment from the Trust that its Members' Council will consult the sector directly where appropriate.</p> <p>There were some comments about how Council Members will be compensated for their time and the accessibility of their meetings.</p>

Board of Directors	There was no significant comment about our plans in this respect but some concerns about how the Members' Council would interact with the Board and challenge their decisions. We will continue to clarify the different roles of the Board of Directors (developing strategy, setting budgets and running the hospital) and the Members' Council (advising on strategy and guardianship on behalf of the community)
Elections	While there were many enquiries about how to stand for election, there were no strong views expressed about the process for holding elections.
Constituencies	There was widespread support for the design of our public constituencies although some questioned the proportion of Council Members given to Southampton City. Some felt this was too small and others too large.
Boundaries	There was little comment on this issue during formal consultation. However, membership recruitment revealed that limiting the outer boundary of the public constituency to the South of England is too restrictive to allow all of our patients to join. Given this and the move to national choice for patients, the Trust has decided to expand this constituency to the "Rest of England and Wales". This will ensure our membership can include all of our patients.
Constitution	There were some questions asked about the process by which the Members' Council could challenge the Board of Directors and how the Members' Council appoints the Chair and Non-executive directors.
Age limits	The age limit of 16 has been fully supported but some have asked that we pay special attention to ensuring we attract enough younger members. The Members' council will be given a key role in leading the engagement of younger people in the hospital.
Youth Representations	We have received many suggestions during the consultation for how to engage younger people by working with sixth form colleges and schemes such as the Duke of Edinburgh Awards Scheme.
Staff representation	The creation of four classes of staff membership along the lines of professional bodies has received broad support. Our Staff Partnership Forum has asked for strengthened communication and involvement of their members in the key decision-making forums of the Trust. The

	Trust has agreed a number of measures to take this forward.
Vision	<p>The service vision has been extremely well supported throughout the consultation. Of the people who commented on this issue, 76% fully supported it and 2% opposed it. The rest added comments that we should include a commitment to promoting public health messages and place more emphasis on serving our local population.</p> <p>Some respondents also felt that the vision should specifically mention some additional services (outside our six defining services), most notably orthopaedics, ophthalmology, mental health and elderly care.</p> <p>The SUHT PPIF asked why men and teenagers are not mentioned when Women and Children are. The Trust Board will consider the need to develop an approach for properly recognising the specific health needs of these two groups of patients.</p> <p>There was a concern that we should strive for excellence in every service we offer, not just our defining services.</p>
HR strategy	The HR strategy has been generally supported with some comments that have been incorporated into later drafts. There have been many comments and questions about the Trust's commitment to staying with the Agenda for Change Terms and Conditions when we achieve Foundation Trust status and we have communicated our ongoing commitment to this.
Communications	<p>The consultation asked how we could best communicate our service vision. The three most popular responses were (in order) local TV, radio and the newspaper.</p> <p>We also asked how respondents would most like us to keep in touch with them as members. The three most popular answers were by newsletter, email and meetings.</p>
Novel suggestions	<p>Staff suggested that the Members' Council form a committee to look at the green agenda at the hospital and the minimising of waste. We have agreed with this and will ask the Members' Council to pay it urgent attention.</p> <p>Another suggestion was that we develop some benefits and discounts for members.</p>
Other issues	

15. Is there anything else about the public consultation exercise and outcome that you would like to let the Secretary of State or Regulator know?

Our application has been well received and has the support of the vast majority of our stakeholders.

The public consultation was an extremely valuable exercise and we formed many new relationships, particularly with the voluntary sector. We wish to continue to build on these new relationships which we consider will be mutually beneficial in the future.

“It is great that the hospital is getting more involved with the local community and is prepared to listen to what we have to say”.

Quote from a member of the Mental Health Forum.

A clear message emerged that our community is eager for us to communicate effectively with them about a whole range of issues related to health care.

As a result of early feedback we reviewed our membership application form making it simpler for people to complete. We are also looking to see how mailings or communications to one household can be achieved where this has been requested (instead of mailing twice or more to the same address). In addition, following expressions of concern that the six defining services referred to in the consultation documents would take priority and mean more general hospital services would suffer, the Integrated Business Plan (IBP) was revised to reassure people that existing services would continue and be developed. This would be in collaboration with our Primary Care Colleagues where appropriate.

We have succeeded in attracting just under 13,000 public members (as of February 2009) and look forward to welcoming more as our application progresses.

Whilst not part of our formal consultation, we would wish to highlight that a stakeholder reference group has been set up with membership from our local PCTs, Voluntary Groups and PPIF together with key staff from the Trust. The group first met on 16 January 2008 with a commitment to meet a further 3 times.

16. Contact details for the person who will be available to answer detailed queries on the public consultation and provide copies of any responses required for further scrutiny:

Alison Ayres, Director of Communications and Public Engagement
Trust Management Offices, Mailpoint 18
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD
Tel: 023 8079 6241 Mob: 07789 868598
Email: Alison.Ayres@suht.swest.nhs.uk

17. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHSFT application? Where has staff

dialogue and views influenced the broad HR 'Strategy', which in turn supports the service development plans and organisational goals for the trust?

Initial meetings were held with staff in our operating divisions during May and June 2007 to collect a wide range of views on what was important to them in shaping the HR strategy. A draft of the HR strategy was issued to the five operating divisions at around this time for comment.

All aspects of the staff experience strategy have been developed through consultation and feedback and an early draft of the full HR Strategy was presented for comment to the Staff Partnership Forum and Standing Committee of the Medical Staff Committee in July 2007. Further updates were made before a third draft was considered in November 2007.

Medical staff expressed anxiety about the potential for the role of the consultant to erode and wanted a more positive statement about our continued use of the 2003 contract. This was consequently included in the strategy. Medics also highlighted the need to improve our email communication access for all doctors and this action has subsequently been taken forward.

The development of Divisional Staff Partnership Forums was supported but there has been some debate among medical staff about whether this should be further devolved to the level of care group.

Longer-term workforce plans and the development of roles at Band 4 level was highlighted as an issue that the Staff side wanted to be fully involved in and the Trust has committed to this.

Staff have had ample opportunity to feed into the FT application through a variety of means. The Staff Partnership Forum itself was engaged very early on in the process and a representative of the FT project team attended on three occasions.

The email briefing system was used to ask staff for their comments and questions and staff were engaged face to face in numerous meetings outlined above in section 5.

18. 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?

The Trust has introduced a series of initiatives designed to encourage and facilitate a more open approach to staff engagement and participation. The Chief Executive runs two forums, one open to all staff and another just for line managers at which all the big issues affecting the hospital are openly and hotly debated. This initiative has proved to be very successful at engaging those staff who seldom have a chance to debate the key challenges and opportunities at the hospital with the most senior decision-maker.

At the same time the Trust's monthly Core Brief has been opened up to a much wider audience and managers on the invitation are encouraged to 'bring a friend' in a non-management role. In addition, the Chief Executive issues a monthly bulletin for all staff covering every aspect of the Trust's performance.

Divisions are now supported by their own HR managers to facilitate engagement and involvement and to make sure that HR issues are firmly represented in all decision taking at an operational level.

19. 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?

Clinicians were closely involved in the development of the Trust's 2020Vision strategy and the outlining of the organisation's defining services. This document was thoroughly debated at a Trust Management Board away day and each operating division has now developed its own strategy to fit with the vision.

The 2020Vision and its allied strategic objectives are therefore well reflected at Divisional level and the Executive Team have engaged Divisional Clinical Directors and Heads of Nursing, Directors of Operations and Care Group management teams around their five-year strategies, which have in turn fed into the service development plans outlined in the Trust's Integrated Business Plan (IBP).

The long-term workforce planning model was developed in October 2007 in consultation with HR, Finance and Divisional representatives and this also informed the IBP.

20. 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?

The Trust has worked hard to improve and strengthen its relationships with other healthcare organisations. There are regular meetings of Trust Executive Directors with PCT colleagues and joint working is taking place to address a range of issues such as demand management, reducing attendances at A&E, delayed discharges and the delivery of the 18 week target.

Southampton City Council has developed a Health and Well-being Strategy with significant input from the Trust and which addresses the provision of services for the population of the Greater Southampton area.

The Trust is an active member of the Cancer Network and has worked closely with partner hospitals to centralise services where appropriate (e.g. pancreatic cancer surgery) and localize where appropriate (e.g. chemotherapy).

We already work closely with organisations outside of healthcare including social services and are actively engaged with patient groups including a strong relationship with our PPI Forum. We are looking to ensure sound working relationships are built with the new Local Involvement Networks (LINKs) that will replace PPI Forum's and we have senior manager representation on the current working groups set up to help manage the transitional and new arrangements for LINKs.

Our progression to Foundation Trust status offers excellent opportunities to strengthen our role outside of healthcare as an employer, contributor to the local economy, polluter and education provider. We are currently developing a citizen's strategy to make progress in developing a robust understanding of our role in this wider sense.

The Trust is one of 10 NHS Trusts taking part in the Carbon Trust's first phase National Health Service Carbon Management Programme (includes all forms of waste reduction from energy, general and clinical waste, construction waste, transport, and any other sources of waste that lead to CO² emissions). The University of Southampton and the Southampton City Council are participants in similar programmes making Southampton one of the only multi public sector organisations within the Programme.

Sure Start Children's Centres provide integrated education, care, family support and health services and the Trust's Taplins Childcare Centre is part of this scheme.

21. 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.

The HR Strategy is one of the Trust's six enabling strategies, and six critical success factors were identified to ensure it enables the Trust to achieve its 2020 Vision. These critical success factors reflect national policy and guidance, in particular the Department of Health's 10 high-impact changes in Human Resources management. We have invested in the development of an HR Business partner model in each of our operating divisions and have evolved a new style of HR policies to reflect a move away from process and towards greater clarity about roles and responsibilities.

22. 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?

The Trust has strengthened its approach to Personal Development Plans and appraisals and will use the Knowledge and Skills Framework (KSF) to further develop staff competencies. We can demonstrate a wide range of initiatives where staff have been able to develop new roles and skills to improve patient care including:

- Annual job plan reviews for Consultant Staff
- Developing the staff in Band 1-4 as part of the widening participation in education agenda, eg developing the Associate Practitioner Role using the KSF framework
- Positive recognition mechanisms that reinforce pride in high levels of commitment and achievement in the Trust, new schemes include:
 - Celebrating Success: Hospital Heroes
 - Ward of the Month award
 - Celebrating Volunteers contribution