

*cc: Greep, Lewin, Horne*

## FOUNDATION TRUST PUBLIC CONSULTATION MEETING

**WEDNESDAY 30 JULY 2008 2.30 PM  
BEVERLEY LEISURE CENTRE**

**Present:** Stephen Greep, Chief Executive  
Pauline Lewin, Director of Facilities  
Tim Horne, Head of Marketing  
Carla Ramsay, Foundation Trust Manager

*12:00*  
*15* members of the public in attendance

Mr Greep ran through the Foundation Trust public consultation presentation and then took questions from the audience, which are summarised here:

- Q1: What are the real advantages of a Foundation Trust?  
- They are the flexibility and freedom for a Trust to focus on local health needs and the changes in reporting and regulation. Foundation Trust status is a mark of quality for a well-run, well managed organisation to then focus on quality of care and be free from the Department of Health and the Strategic Health Authority.
- Q2: On page 6 of the public consultation document, it states 'we cannot apply unless we have your support'. Is this true?  
- Yes.
- Q3: How will you assess the degree of support?  
- The support for the application is manifested through membership. Without the 4,500 members, we cannot apply to be a Foundation Trust.
- Q4: Will this assessment be made public before the application?  
- The number of members will be made public.
- Q5: On page 9, there is a section 'What if we don't become a Foundation Trust?' Have Trusts which have not applied or failed in their application 'gone under'?  
- It is Government policy that all acute Trusts are in a position to apply for FT status in the next 2-3 years. We are applying as it is Government policy and It is not known what will happen in the future to those Trusts who are not Foundation Trusts?
- Q6: On page 7, the last statement in the first paragraph, could you give an example of 'being able to develop hospital services based on what is needed in our area, and make them quickly.'  
- It is in the public domain that we are currently purchasing the Nuffield Hospital on the Castle Hill Hospital site. The current process is that we put together a Business Case, which went to the Strategic Health Authority and then to the Department of Health for review and approval, and added some months on to the purchase. If we were a Foundation Trust, we would put together the Business Case and, if the Governors were in agreement, we would then proceed with the purchase.
- Q7: On pages 15, you give a list of changes over the next five years that cannot be made without Foundation Trust status: 'concentrate on the quality of medical, surgical and maternity care, continue to keep up our very high standards of cleanliness, make further improvements to our buildings?' – Is this strictly true?  
- It's the degree to which we are able to meet our plans without Foundation Trust status. For example, we were told by the Department of Health earlier this year

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that nationally the number of Matrons had to increase nationally. Whatever individual opinion of Matrons might be, it might have been better for a Trust to have used the money for more front-line nurses. However, we as a Trust had to comply with the Department of Health and spent upwards of £300,000 on more Matron posts. As a Foundation Trust, we could have chosen not to employ more Matrons and use our money in the way that we would choose to benefit our patients the most. Foundation Trust status means our ability to deliver according to local needs is greatly enhanced.

- Q8: On page 17, there is a chart of benefits of Foundation Trust status. How long would you be required to maintain Government targets as a Foundation Trust?
- All Foundation Trusts are required to maintain Government targets
- Q9: Would these Government targets be superseded by different local targets as a Foundation Trust?
- We will still continue to meet Government targets, but we could set additional local targets if we wished.
- Q10: Will the Nuffield Hospital continue to operate as a private hospital after the purchase?
- No. it will be a NHS facility. Although this is not yet completely agreed, we envisage moving Breast Surgery and ENT services into the Nuffield when the purchase is complete. The Classic Hospital in Anlaby is still a private hospital in our area. Our purchase of the Nuffield Hospital had to be considered by the Strategic Health Authority in terms of whether this would be removing competition and thereby limiting patient choice in the area, which it ruled the purchase would not.
- Q11: If the Trust becomes a Foundation Trust, who owns the hospital?
- It will be the same as present: the hospital buildings are the Trust's assets for public benefit. They are publicly owned. This will be the same as a Foundation Trust.
- Q12: Please could you give us the evidence that FT status will give a better quality of care?
- A Foundation Trust must still comply with national targets and NHS standards of care, but we will be able to make changes locally according to health needs in this area. Foundation Trusts are very well-run organisations; the independent regulator, Monitor, is focussing more and more on quality of care. We know from National Patient Surveys that our patients think the standard of care we offer is good; 98% of patients said that the care they received was either 'excellent', 'very good' or 'good', which was over the national average, as well as 48% of patients saying their care was 'excellent, again, well over the national average. We want to be a well-run organisation, which is what Foundation Trust status will mean we have achieved.
- Q13: From these patient surveys, what was the response rate and wouldn't only people who were satisfied return them?
- The response rate was approximately 58%. The survey is conducted nationally by an independent organisation and a specific number of our previous patients are contacted at random to complete a survey. We know that from other work we have done for patients' views that there is a still a perception of hospitals as dirty, but we know as a Trust we have one of the cleanest hospitals in the country. We have invested a lot in our cleaning services and we are a national exemplar hospital to the rest of the country; other Trusts visit us to see how we manage our cleanliness and why our infection rates are so low.

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A member of the public gave a specific example of a patient environment from a recent appointment that should be looked at in terms of quality of decoration and as a suitable patient environment, which the Director of Facilities will do.

Q14: Will the staff still be employed by the NHS?

- Yes. The staff will still be NHS employees on NHS Terms and Conditions

Q15: What will happen as a Foundation Trust when the assets become the Directors'?

- The assets of the Foundation Trust will remain property of the NHS and will not transfer to Directors. Foundation Trusts are still public bodies and Trust assets are still public assets.

Q16: Will the Trust still have to send off a lot of statistics as a Foundation Trust?

- Yes. The burden is reduced but Foundations Trusts have to show they are meeting the required standard and will send this information to Monitor.

Q17: Why is the age for members set at 16 years of age?

- This is following national guidance. It's because members have a vote for Governors. It is felt that 16 is an age that mean our young people can be involved as members, but it is not too early an age so that voting does not become a meaningless exercise.

Q18: It seems that Governors are a key part of being a Foundation Trust. You need to start sessions with Governors very early on!

- We plan to run sessions for people interested in the Governor role after the public consultation ends in October and they will continue to receive training.

Q19: Could we become a Centre of Excellence as a FT?

- Yes, if we choose to.

Q20: I'm still not convinced about the need to become a Foundation Trust

- It is part of a whole gamete of Government policy. It comes after Government policy on patient choice in the NHS – to choose any NHS hospital for your care – after a standardised payment policy for NHS treatment, after significant improvements in waiting times and having local PCTs as the commissioners of NHS care in the area. After all this and standardising the finances and systems of the NHS, the one area left is quality of services and it is now envisioned that patients can choose by quality of service. There is a lot more published information on success rates, by individual surgeon, on particular procedures as well as information on the quality of care at a hospital. Foundation Trusts are part of that process to ensure choice by quality of care, as the finances and management systems are working well and are no longer the focus of a Trust.

Q21: Can I be reassured that the Consultant from whom I receive excellent care will still be in a position to treat my chronic illness and not be replaced by some less expensive option, such as an eastern European doctor working out of a polyclinic?

- Yes, you can be reassured so long as the consultant is in post with us.

General comment from the public in attendance that people want good, local care.

Q22: What about the quality of care in Foundation Trusts?

- FTs are not yet about quality of care. However, all Foundation Trusts have to meet the same NHS targets, such as 98% of patients seen, treated, admitted or discharged from A&E in 4 hours. This will not change as a FT, as it's built into the monitoring regime with Monitor, the independent regulator.

Q23: Would the relationship with local PCTs change with the increase in financial independence of Foundation Trust status?

- We are fortunate to have very good working relationships with Hull PCT, which provides over £200 million of the Trust's funding, and with East Riding of Yorkshire PCT. Our relationship could change if we want to develop services for patients outside of our normal catchment area or if a lot of patients from another area want to come to our Trust for treatment – you can envisage that a relationship with a PCT might change in that case.

Q24: In being able as a Foundation Trust to 'respond more quickly to local needs', would you envisage attracting patients from other areas?

- Yes, definitely, if patients choose to come to us.

Q25: Who have you chosen for your 6 Governors for Hull, 4 Governors for East Riding and 3 Patient Governors?

- The people in these posts have not been chosen. Members vote for who they would like as their Governors. We have only chosen the numbers of Governors, not the people.

Q26: I have read an independent report from the Audit Commission and the Healthcare Commission from June 2008, which concluded that there is no good evidence that Foundation Trusts are delivering higher quality care as a result of their Foundation Trust status.

- This is a recent report that shows some FTs are not performing in all aspects of quality of care, for example, the rate of patients having to be re-admitted to hospital after treatment is not good for Foundation Trusts.

General comment from a member of the public that Trusts must move forward and have to make the best of the opportunities being presented.

Q27: What is Plan B if there is a change of Government?

- A change of Government to a Conservative Government indicates that the rate of change will get quicker, rather than slow down or change to something different.

The formal part of the meeting then closed.