

TRUST BOARD IN PUBLIC	Date: 30th October 2013	
	Agenda Item: 4.3	
REPORT TITLE:	FOUNDATION TRUST CONSULTATION DOCUMENT – FINAL DRAFT	
EXECUTIVE SPONSOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT AUTHOR:	Eloise Clarke Head of Communications	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	FT Project Board 3.10.13 Trust Board Seminar 25.10.13	
Purpose of the Report and Action Required:		(√)
This report provides the Board with the final draft of the Foundation Trust public consultation document which will be used in our 12 week statutory consultation. The Board is asked to approve the report.	Approval	√
	Discussion	
	Information	
Summary of Key Issues		
This report provides a final draft of our public consultation document to be presented to the public and key stake holders on journey towards Foundation Trust (FT) status and the FT Communication Strategy which has previously been approved by the FT Project Board.		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Objective 4 – Become a sustainable, effective organisation.		
Corporate Impact Assessment:		
Legal and regulatory implications	The Trust is required to conduct a 12 week statutory public consultation.	
Financial implications	Development of a financial plan will be required to support the FT application.	
Patient Experience/Engagement	Improving patient experience and engagement is at the heart of our FT application.	
Risk & Performance Management	Is an essential part of the FT application process.	
NHS Constitution/Equality & Diversity/Communication	The FT application process will give the Trust a greater opportunity to show how it meets the requirements of the NHS Constitution and Equality legislation.	
Attachments:		
Final Draft of the FT Public Consultation document & FT Communications Strategy		

TRUST BOARD REPORT – 30TH OCTOBER 2013 FOUNDATION TRUST CONSULTATION DOCUMENT – FINAL DRAFT

1. Introduction

Surrey and Sussex Healthcare NHS Trust is on a journey to become an NHS Foundation Trust by spring 2015. Some successful engagement and communication has already taken place with internal and external stakeholders around our foundation trust application, but more work is needed. The endorsement of patients, the public, key stakeholders and our staff are essential to the success of our application.

The application process for Foundation Trust status is a complex and challenging process and is only the beginning of a developmental journey. Our engagement activities need to culminate in the recruitment of a large membership, and our communications need to both support the on-going process to ensure our members and staff remain engaged, as well as keeping users, carers and stakeholders informed.

The aim of our communications strategy is to deliver effective engagement and communications to help the Trust achieve foundation trust status by 2015.

The main objectives are:

- To gather evidence of the Trust informing and listening to our staff and members of the public about our foundations trust ambitions and proposals, through a targeted statutory 12 week consultation process.
- To recruit a membership of 9,000 (including 3,500 staff) people, ensuring that our members reflect a proportional representation of the communities we serve.
- To establish channels for on-going communications with our membership and the future Council of Governors.

2. Public Consultation

The attached FT Communications strategy outlines our plans for undertaking the public, staff and stakeholder consultation.

Also attached is the final draft of the public consultation document which will be made available to members of the public, patients and key stakeholders during the 12 week public consultation. A similar brochure will also be produced for staff.

3. Recommendation

The Board is asked to note the consultation strategy which has been approved by the FT Project Board and approve the final version of the FT Public Consultation document.

Gillian Francis-Musanu
Director of Corporate Affairs
October 2013

Becoming a Foundation Trust

Communications Strategy 2013 - 2015



Introduction

Our aim is to become a foundation trust by spring 2015. Some successful engagement and communication has already taken place with internal and external stakeholders around our foundation trust application, but more work is needed. The endorsement of commissioners and the support of stakeholders and staff are essential to our application being successful.

Staff are expected to be clear about the priorities of the organisation and its vision and values in preparation for the initial assessment by the Trust Development Authority (TDA) and Monitor. The TDA is the organisation tasked with supervising the performance and development of NHS trusts, and approving the foundation trust application to Monitor. Monitor is the independent regulator of NHS foundation trusts and they will undertake the final assessment of our trust's application.

This communications and engagement plan will continue to be developed to support this work. However, staff engagement and communications activities must not be seen just as a response to assessment by the TDA or Monitor, but forming part of on-going communications and engagement good practice. It is also a key part of our on-going membership engagement.

Applying to become a foundation trust is a complex and challenging process and this is only the beginning of a developmental journey. Our engagement activities need to culminate in the recruitment of a large membership, and our communications need to both support the on-going process to ensure staff and members remain engaged, as well as keeping users, carers and stakeholders informed.

Aim

To deliver effective engagement and communications to help SASH achieve foundation trust status by April 2015.

Objectives

- To gather evidence of the Trust informing and listening to our staff and publics about our foundations trust ambitions and proposals, through a targeted 12 week consultation process.
- To recruit a membership of 9,000 (including 3,500 staff) people, that reflects a proportional representation of the communities we serve.
- To establish channels for on-going communications with our membership and Council of Governors.

Our audiences

Internal communications and staff engagement

Communications and engagement with internal stakeholders requires as much emphasis and effort as those with external stakeholders. Internal stakeholders are defined as all staff employed by SASH, temporary and bank staff, non-executive directors, and ultimately governors once the foundation trust is established.

The NHS Constitution highlights the importance of engaging and involving staff, requiring organisations to: *“Engage staff in decisions that affect them, involve them in improving the service they provide and empower them to provide better and safer care”*.

Staff should support and demonstrate the Trust’s values in their everyday work, and understand its strategic objectives and their role in delivering them, both as individuals and within teams. They must also be confident about articulating these to others, particularly service users and carers, but also to other external stakeholder groups.

Nationally it is estimated that one in four people gain their impression of the health service directly from friends and family who work in the NHS, and these impressions last. What our staff say about SASH has a huge influence over our reputation in the community because many staff live locally and are also patients or carers themselves. If staff understand the importance of being a foundation trust and the role of the membership, they will be more likely to encourage their friends and family to enrol.

Successful engagement is an on-going process that involves developing a continuous dialogue with staff so they feel they are empowered to contribute and influence decision making.

Effective, accessible mechanisms need to be in place to enable this to happen and they must be tailored to meet the needs of specific staff and internal stakeholder groups.

External communications and stakeholder engagement

The Trust’s external stakeholders include individuals, groups and organisations affected by, or involved, or interested in, what we are doing as an organisation and what we are trying to achieve. The Trust’s stakeholders are very diverse, both in terms of the level of interest/engagement, whether they are supporters or detractors, and in their level of influence. Even within specific stakeholder groups, attitudes are not uniform and vary from issue to issue, from borough to borough, and range from supportive to antagonistic, presenting SASH with complex, relationship management challenges.

To deliver stakeholder communications and engagement successfully, the Trust must develop a clear understanding of the views and behaviours of its stakeholders and work with them in an open and equitable way to develop relationships where there is mutual

understanding based on trust. This involves developing and maintaining relationships through regular engagement and consistent communications.

Stakeholder communications and engagement must be considered integral to all programmes and campaigns. Effective systems must be in place to identify current and future stakeholders and to capture information about their attitudes, preferences and behaviours. This will then be used to influence opinion and to increase understanding, and in turn help inform the Trust's behaviours and responses.

Note: once recruited, members will be classed as neither internal nor external, but instead sit in their own category called 'Members'. The Council of Governors, once elected, will sit in the 'internal' audience category.

See appendix 2 for full listing of audiences.

SASH Values

Going through the foundation trust process will ensure we are clinically and financially stable and help us deliver what we value most:

- **Dignity & Respect:** *we value each person as an individual and will challenge disrespectful and inappropriate behaviour*
- **One Team:** *we work together and have a 'can do' approach to all that we do recognising that we all add value with equal worth*
- **Compassion:** *we respond with humanity and kindness and search for things we can do, however small; we do not wait to be asked, because we care*
- **Safety & Quality:** *we take responsibility for our actions, decisions and behaviours in delivering safe, high quality care*

SASH Strategic Themes

Our foundation trust application includes a five year Integrated Business Plan (IBP). The IBP describes our strategic plans and our objectives, and how we will achieve them.

Our strategic themes are to provide:

Excellence, and locally based services, that are sustainable and affordable (clinically and financially).

SASH Objectives

In order to deliver these strategic themes our key objectives for 2014/15 are to deliver hospital services within a well-led organisation, that are:

- Safe
- Effective
- Caring
- Responsive to people's needs

Key messages

- Delivering safe, high quality healthcare – keeping the quality and safety of patient care is our priority above all else
- Treating people with care and compassion is never compromised
- Being a FT will put us at the heart of our communities
- As a FT we are accountable to our local community, patients and staff
- FTs firmly remain part of the NHS
- As a FT we must deliver on national targets and quality standards, but we can decide how they achieve this with greater freedoms to enter into joint ventures with other organisations
- The FT process is an opportunity to improve our links with local people

Methods

Internal campaign

Staff will be automatically enrolled as members unless they opt-out. We need to make sure staff understand the importance of becoming an FT, both in terms of the future of our organisation, as well as the benefits for them and the organisation. Staff need to understand the role they play in helping us achieve our FT ambition, what being a member means to them and be able to confidently communicate about the benefits of being an FT and how to get involved, to their patients, friends and family.

Staff also need to be encouraged to stand for election as one of the staff governors.

Channels:

- Distributed staff leaflet/booklet
- Roadshows (SB working on dates)
- Information stall outside the restaurant and Boots at lunchtimes with a Quiz and a prize – linked to Roadshows
- Digital Information Screens (reviewed regularly, advertise roadshow dates)
- Screen savers (linked to digital screen messages)
- All staff meeting: 15 Nov ESH, 13 Dec Crawley
- Senior Leaders meetings – toolkit to disseminate information to staff: 21 Nov ESH

- Intranet (link to page from ebulletin and FAQs)
- FT champions in each department – to answer questions and dispel myths
- Helpline number - for concerns, good ideas and questions: Mercy Kusotera x 1864
- SASH Window (staff magazine): Oct issue small article, Nov issue front page,
- Payslip messages (card insert)
- Table talkers in restaurant: link to Roadshow dates
- CEO attending team meetings: SB to confirm dates

External campaign

Stakeholders need to be made aware of our FT ambitions, and why this is the best option for their local NHS Trust. External stakeholders fall into one of two categories:

- Members of the public, including patients, and local groups with an interest in health
- Partner organisations including Clinical Commissioning Groups, GPs and local authorities

We need to encourage local people, including patients and carers, to enrol as members, maintain their interest in the Trust, and stand for election as governors. Our partner organisations need to understand the importance of us becoming a foundation trust, and the benefits to the whole health community. Several of our partner organisations will be asked to nominate governors to sit on the Council of Governors.

We need to ensure a constant stream of positive information about the Trust is being spread across our local area, and wider area, to ensure our membership are confident in joining a performing and professional organisation.

Channels:

- GP/Cllr/MP event: 6 Nov 2013 Hot Topic event
- Distributed consultation booklet – sent to stakeholders
- Distributed Consultation booklet summary / easy read leaflet – partner organisations waiting rooms/public areas
- Community events – market stall type information events with health checks available - timetable of at least one event in each constituency
- Community events – stalls at organised events – Christmas markets, Christmas light switch-ons, pantomimes
- Stalls in shopping centres and in the Main and East entrances
- Digital Information Screens in hospital and GP surgeries
- Website
- Twitter

- Patient letters – sent with appointment letters
- CEO weekly message /Surrey Mirror column
- Press releases / features
- Paid-for advertisement – announcing dates of community ‘health check’ events
- Helpline number for concerns, good ideas and questions: Mercy Kusotera x 1864
- Health Focus (likely to become membership magazine): winter 2013 issue – double page feature, spring 2014 issue – membership[update and Council of Governors election details
- GP newsletter (monthly updates)
- Table talkers in restaurant
- Health Scrutiny Meetings and other stakeholder meetings (timetable being developed)
- Board/public meetings and papers: 28 Nov 2013,
- Presentations to partner organisations (timetable being developed, slides developed)

Becoming a foundation trust - collateral

Design template/logo – to easily recognise our FT materials – developed

Banner/display – some developed, some ready by 7 Nov

Branded bags – on order

Information booklet for staff

Consultation booklet including tear-off membership form and feedback form – draft in final version

Membership leaflet – draft ready 7 Nov

Membership form – draft ready

Measuring success

- Staff membership: quantity and representation
- Public membership: quantity and representation
- Media monitoring: impact and positive/ negative evaluation
- Survey of staff and our publics’ understanding of FT
- Staff survey: engagement ratings
- Successful elections to the Council of Governors
- Nominations for all partner organisations

Appendix 1

Becoming a Foundation Trust - **FAQs**

What are NHS Foundation Trusts?

- Foundation trusts (FTs) are public benefit membership organisations free from central government control. They are regulated by the national regulator Monitor rather than the Trust Development Authority
- FTs remain part of the NHS
- Accountable to local people through Members & Governors
- FTs have to deliver on national targets and quality standards like the rest of the NHS, but they can decide how they achieve this. If FTs make a financial surplus they can invest this in local health services
- FTs also have more freedom to borrow for capital projects like new buildings

What are the benefits of being a foundation trust?

- Foundation trusts (FTs) are organised and governed in a different way to other NHS Trusts and as a result are more flexible.
- Have the freedom to decide how to organise services to best meet local needs
- Are accountable to their local community, patients and staff, who all have the right to become Members and to stand for election as Governors
- Are able to involve patients, staff and local communities and use their feedback and views at the heart of local services
- Can work more closely with partner organisations, including having partner governors on our Council of Governors, meaning we can grow and develop to meet the needs of our communities
- Can develop services to meet the needs of patients and bring new treatments to the bedside quicker

What does membership mean?

A foundation trust (FT) has a membership. Membership is free. Members are drawn from staff, patients and their families; and the general public. Members elect public and staff governors to represent them on the Governors' Council. The Governors' Council also has governors appointed by partner organisations (Local Authorities, CCGs, Healthwatch, etc).

Membership represents a new opportunity to comment on the long term strategy for the Trust, including how services are developed and delivered. It is a chance for local people and staff to support independence and excellence.

What is the role of the Council of Governors?

- The Council of Governors has various statutory duties including appointing the Chair and other non-executive directors, approving the appointment of the Chief Executive, receiving the annual accounts and appointing auditors.

- The Council of Governors holds the non-Executive Directors individually and collectively to account for the performance of the Board of Directors.
- Advise the Trust Board on the hospital's strategy and priorities, to make sure that we are tackling what's important for patients and their families.
- Helps to get members involved in the work of the hospital, and to recruit more members.
- Holds the organisation to account, by making sure that we do what we say we will do.
- Guards the values of the organisation, so we always put patients first
- Reflects and involves the users of our services and their families and thus help us to improve their experience.

What are our plans for Membership?

- Membership Strategy – 9,000 members
- 14+ and live in one of the following constituencies (electoral wards)
 - Mole Valley
 - Reigate & Banstead
 - Tandridge District
 - Crawley District
 - Mid Sussex
 - Horsham
 - Other areas (? TBC)
- Recruiting members now – Please sign up!
- Online recruitment www.surreyandsussex.nhs.uk/ft
- Membership forms available in the next few weeks

What are our plans for Council of Governors?

- Public and staff Governors must be an FT member and elected by the relevant membership constituency
- 15 public (including patients)
- 4 staff
- 9 appointed (from key partners e.g. LA, Healthwatch, CCGs)
- Hold elections for the elected governors in summer 2014, and set up a shadow Governor's Council in autumn 2014 prior to authorisation
- The Governor's Council and the Trust Board will have the same Chair
- Training, support & induction will be provided
- Council meets 4 times per year. Meetings will normally be held in public unless there is a specific reason to exclude the public.

- Public and staff members can stand for election a governor to be a governor.

What is the formal FT Governance Structure?

Foundation Trust

- Membership
- Council of Governors
- Board of Directors
- Executive Team
- Clinical & Non Clinical Divisions

The Council of Governors and the Membership are additional elements of the governance structure compared to a non-FT NHS trust.

What are the key dates in the FT Journey?

Milestone	Proposed Date
TDA to sign off detailed Programme Plan	October 2013
Independent reviews of Board Governance Assurance Framework and Quality Governance Assurance Framework	October 2013
TDA approval to proceed to public consultation	November 2013
Consultation Period (12 weeks)	21 November 2013 – 14 February 2014
Independent Auditor Historic Due Diligence Review Phase 1	November 2013
Submission of IBP, LTFM and supporting Appendices and strategies to TDA for readiness review	January 2014
TDA Readiness review (start of Stage 2)	February 2014
Independent Auditor Historic Due Diligence Review Phase 2	March / April 2014
Final Submission to TDA (Start of Stage 3)	July 2014
TDA approval to submit application to Monitor (end of Stage 3)	September 2014
Submission of FT Application to Monitor	1 October 2014

Monitor authorisation as a NHS Foundation Trust	1 April 2015

What happens if we don't become a foundation trust?

NHS policy is for all NHS trusts to be clinically and financially viable organisations.

For organisations that are not able to become an NHS Foundation Trust an alternative organisational form will be required, for example:

- Social enterprise
- Merger with a NHS Foundation Trust
- Management franchise with either an NHS Foundation Trust or a private organisation (such as the management of Hinchingbroke Hospital by Circle)

Remaining as a stand-alone NHS Trust is not an option.

If the NHS is so short of money, why are you changing the organisation?

To be eligible to apply to be a FT, the organisation must prove it is clinically and financially stable. It is government policy that all organisations must change to become foundation trust, or for organisations that are not able to become a NHS Foundation Trust an alternative organisational form will be required. Staying the same is not an option. Because we are performing well and have a proven track record, we are able to pursue the FT option. Although a lengthy and difficult process, we will emerge an even better organisation, and one that is better embedded into the local communities.

Why become a member?

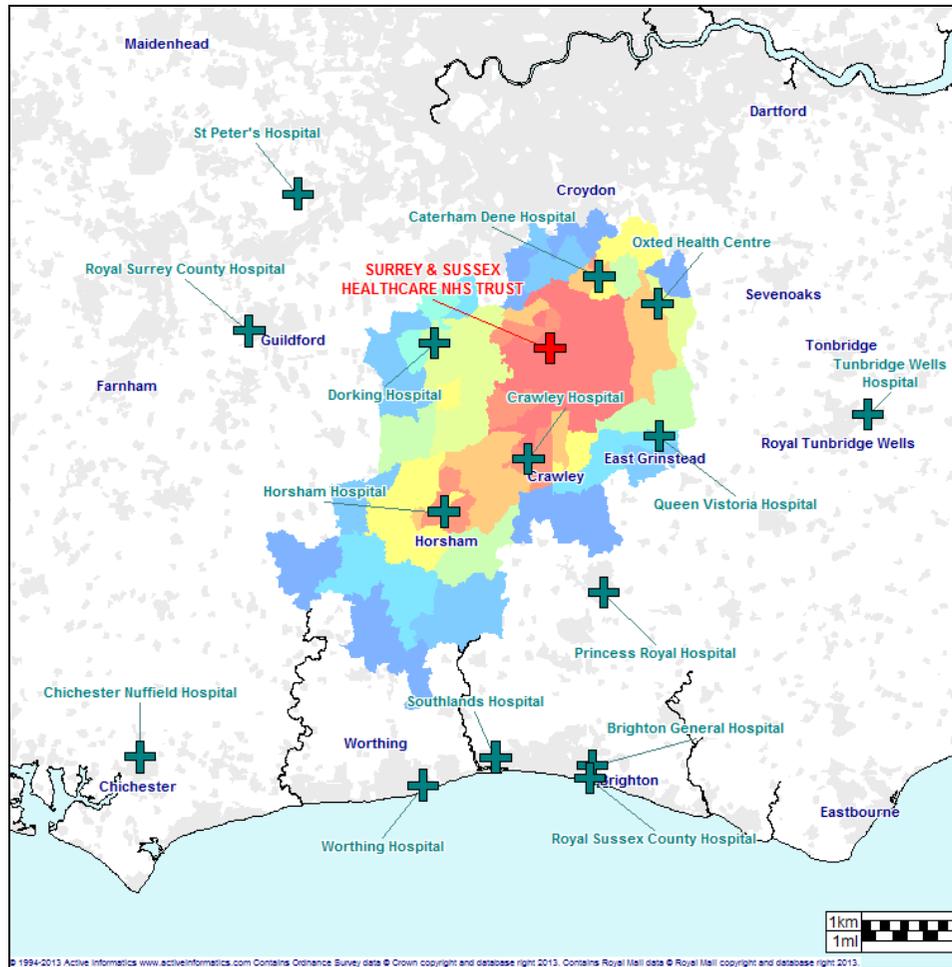
- You will receive regular information from the Trust
- You will be able to vote for your Council of Governors, who will represent your views
- You can stand as a Governor if you are over 16 years old
- You can join special interest groups for discussions, consultations and/or focus groups
- You can benefit from the Health Service Discounts scheme

Appendix 2

Becoming a Foundation Trust – **target audiences**

Internal	External
Staff	General public
- back office	Friends and family of staff
- clinical,	Patients
- Senior management	Carers/friends and family of patients
- Shift: evening and weekend only workers	Hard to reach: people with disabilities, young people, language?
- Crawley staff	Voluntary groups: informed, engaged, active
- Horsham staff	League of Friends: Surrey, Crawley, Horsham
- Caterham Dene staff	SASH Patients Council
- Temporary / Bank staff	GPs
Non Exec Directors	CCGs: East Surrey CCG; Horsham & Mid Sussex CCG; Crawley CCG; Surrey Downs CCG
Executive Team	Healthwatch: Surrey and Sussex
Members of the FT Program Board	Our local health and social care system: Epsom, Kingston, Royal Surrey County, Frimley Park, SECAMB, community providers,
Prospective and subsequently elected FT Staff Governors	Private health providers
Unions	Local Authorities: Reigate and Banstead Borough Council, Crawley Borough Council, Horsham District Council, Mole Valley, Tandridge District, Other areas (e.g. Croydon etc), Surrey County Council, West Sussex County Council (Health and Wellbeing Boards)
Volunteers of SASH	Surrey Health Overview and Scrutiny Committee and West Sussex Health and Adults Social Care Overview and Scrutiny Committee
FT Champions	Voluntary organisations such as Help the Aged and Family Carers/Patient groups
	The business community
	MPs

	The media: local, regional, national, broadcast, radio Redhill
	NHS England
	Trust Development Authority
	Care Quality Commission
	Monitor



Key	Range
Dark Blue	<10%
Blue	10%
Light Blue	20%
Cyan	30%
Light Green	40%
Yellow-Green	50%
Yellow	60%
Orange	70%
Red-Orange	80%
Red	90%
Dark Red	100%

Patient to Population Analysis

This map is based on three years' worth of patient data – 2009 to 2012. Each ward is coloured as per the range based on the percentage of the population who have been patients at the Trust.

The maps show the extensive area that Surrey and Sussex Healthcare NHS Trust draw patients from – influenced by the locations of the hospitals that form the Trust.

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Appendix 3

Becoming a Foundation Trust - **action list 2013 to 2014**

TASK	ACTION	AUDIENCE	TIMESCALE	LEAD	COMPLETED
Ensure access to information about FT and membership form	Develop webpages on www.sash.nhs.uk	External	August	GFM	Working on stage 2
Inform stakeholder organisations of FT, our progress and how to get involved	Develop presentation addressing FT FAQs for external audience	League of Friends (ESH) Healthwatch Others?	Sept	GFM	Working on timetable of events/mtgs
Establish branding for FT materials	Develop collateral templates	Internal and External	Sept	EC	Draft prep'd
Ensure compliance and evidence of raising public awareness	Write and print full suite of information: Full consultation document and a summary document/leaflet Membership leaflet Website pages Health Focus feature – Winter edition Adverts/article in local authority publications	Internal and External	Sept	EC	Consultation booklet in draft Health Focus feature in draft
Inform staff of FT progress and what it means for staff	Develop presentation addressing FT FAQs for staff Set dates for staff road shows Booklet/leaflet for staff Intranet pages	All staff meeting Other opportunities	Sept	EC	In progress
Inform GPs and CCGs of progress and how to be involved	CCG representation on Project Board Write article for GP newsletter Consultant visits to GPs Issue short IBP and request support for application (from CCGs)	External	Sept Spring 2014	EC/ GFM/ MW	

Ensure staff know the facts	Card inserted in payslips Screen savers Toolkit for managers on intranet – present at Senior Leaders meeting, Heads of Service to confirm staff been briefed Stalls in hospital at lunchtimes/quiz of knowledge	Internal	Sept	EC	Card made
Inform publics of FT and how to get involved	Develop professional display for stalls and road-shows and for display on digital info screens Build database of local groups/meetings dates	Internal and External	Sept	EC	In progress
Brief key stakeholders and staff	Invite to consultation launch event Meeting and presentations with key stakeholder groups	MPs, HOSC members, Local Authorities, Healthwatch, Volunteers, Porters, PALs, CCG Leads	Oct	VT	
Engagement event RE Care of the elderly	Briefing RE FT application and notice of consultation launch and showcase event RE care of the elderly	County Cllrs, GPs, lead clinicians	Oct	EC	In progress
Brief hard to reach staff	Present at Junior Docs meeting Present at domestics, catering staff meeting Present at nursing conference – (23 Sept) Present at All Consultants meeting	Internal	Sept/Oct	GFM	
Launch consultation	Decide target audiences Meetings schedule – interested groups and partner organisations Book/decide venues/locations/events Develop promotional materials – leaflet, display, posters, presentation	Publics* see consultation plan for more details about specific groups and actions	Nov	VT	Talking to CCGs for advice on best consultation venues/groups

Create 'noise' about consultation and membership	tweetathon, press releases, radio interviews, to launch consultation, update and end	Publics Media	Oct – Jan	EC	
Continue to raise profile of the Trust and improve reputation	On-going promotion of Trust good news through openings/ceremonies, awards, press releases, Health Focus, Digital Info screens, website	Publics Media	On-going	EC	
Elections to Council of Governors	Wide publicity to all members Support to potential Governors in drafting and publishing their manifestos	Members	Spring / summer 2014		

Appendix 5 – artwork



Putting people first
Delivering excellent, accessible healthcare

A flick of the putting people first logo
but with the last piece representing the trust



We don't like the nurse as she doesn't represent our staff (we don't wear caps) but the Members are the orange piece of the jigsaw.