

**Briefing for Southampton City Council Health Scrutiny Panel  
Southampton University Hospitals NHS Trust  
Foundation Trust Application  
July 2011**

**1. What is a Foundation Trust**

- 1.1. NHS Foundation Trusts have a greater degree of managerial and financial freedom, which enables them to adapt services to meet the needs of their patients and the local community. They are 'public benefit corporations, with less central government control and more freedom to act locally. Hospitals that are already NHS Foundation trusts are recognised for stronger finances, better governance, patient focus and more innovation- which closely matches our own aspirations.
- 1.2. There is a greater emphasis on ensuring that staff, patients, carers and the public have a say in the way the hospital is run. NHS Foundation Trusts remain firmly part of the NHS, and deliver care according to the NHS principles.

**2. Why do we want to become a Foundation Trust**

- 2.1. We see achievement of Foundation Trust status as key continuing to drive forward our 2020Vision. We expect that becoming a foundation Trust will increase our local accountability, and support continued innovation to improve care for our patients support enhanced access, flexible capacity and investment according to patients needs. The new governance arrangements that being a foundation Trust brings will empower patients and carers to ensure that we provide services that are suited to their needs. The Foundation Trust framework facilitates community engagement.

**3. Membership**

- 3.1. Members are central to the model on which Foundation Trusts are based. Our Members Council has been in place since 2009 and serves as the link between the Trust and the community.

**4. Role of Members**

- 4.1. Our members hold a key role with a number of responsibilities. The Members Council is chaired by the chair of the Foundation Trust, and represents the interests of the local community and Trust membership. It has an advisory role providing views to the Trust Board of Directors on the future development plans of the hospital, and has a key role in consulting with members to find out their views.

**Our Members Council includes**

7 members who are appointed to the Members Council by the Trusts key stakeholders,  
4 members drawn from staff constituencies including a doctor, a nurse, wider clinical, and non clinical staff

13 Council Members drawn from public, patient and carer constituencies made up from:  
Southampton city-5 members  
New Forest, Eastleigh and Test Valley- 4 members  
South of England region- 3 members  
Islands- 1 member.

4.2. The full details of all the council Members can be found on our website: [members' council](#) and information about the Council members for Southampton City area is included at appendix A.





## **5. The Foundation Trust Application Process**

5.1. SUHT reactivated its Foundation Trust application on 31 March 2011. The application has been reactivated with full support from our commissioners, Strategic Health Authority and the Department of Health. The Monitor assessment process has included a detailed review with us of our 5 year business plan, financial, quality, and operational performance. This remains on schedule and appears to be progressing positively. However the final outcome will not be known until October 2011.

5.2. We will ensure that the health scrutiny panel remain informed about our application progress.

## The Council Members for Southampton City

From [www.suht.nhs.uk](http://www.suht.nhs.uk) website page:<http://www.suht.nhs.uk/AboutTheTrust/NHSFoundationTrust/MeetyourCouncilMembers/SouthamptonCity.aspx>

	<p><b>Rosie Bynam</b> I am currently a Specialist Practice Nurse with 45 years of nursing experience. I first came to Southampton General Hospital in 1968 and worked at the Wessex Neurological Centre as a Ward Sister. Then on F level, for 8 years before becoming a Community Health Advisor to the elderly. I also have been a volunteer, meeting and greeting patients at The Macmillan Centre once a week for the last 3 ½ years. I therefore have a long association with the Trust . I will bring to this role a wealth of experience with the welfare of the patient being paramount.</p> <p><b>Declaration of Interests:</b> None <b>Political Party:</b> None <b>Financial or other interest in the Trust:</b> None</p>
	<p><b>Pamela Aihie</b> I am a medical practitioner having recently retired. I have been part of the NHS all my working life with experience in most branches of medicine before specialising in Public Health and management. I am a resident of Southampton having joined my family here. I have been disabled for many years with a mobility problem so I have good experience of the NHS from the patients point of view. I feel I could put my knowledge to good use in the capacity as a member of the Council.</p> <p><b>Declaration of Interests:</b> None <b>Political Party:</b> None <b>Financial or other interest in the Trust:</b> None</p>
	<p><b>Sue Daniel</b> I have lived in Southampton for over 30 years. I'm married with three adult children and care for an elderly relative. My career has been in nursing, initially as a paediatric ward sister and later working in the community for the Primary Care Trust. I recognise the challenges that face an ever changing NHS in ensuring cost effective, timely and fair access to quality services for all ages, ethnicities and abilities. To this aim I am particularly keen to see more co-operative and joined up working between Hospital and community care. I welcome the opportunity to become an elected member.</p> <p><b>Declaration of Interests:</b> None <b>Political Party:</b> None <b>Financial or other interest in the Trust:</b> None</p>
	<p><b>Professor Colin Pritchard</b> After more than 40 years with the NHS, as Practitioner, Health Authority member and Professor in psychiatric social work, only when I became an emergency surgical patient did I really understand the patient's perspective! My current research spans cancer and neurological disease; 'patient-focused' outcomes related to understanding staff stresses that lead to patient risk in theatre, and, research that identifies the patient's agenda contributing to improved services. As an 'informed patient' I can ask the right questions and believe I would be a good representative for fellow patients and citizens, strengthening the patient's perspective as well as understanding staff pressures.</p> <p><b>Declaration of Interests:</b> None <b>Political Party:</b> Labour <b>Financial or other interest in the Trust:</b> None</p>



**Val Thorpe**

My name is Val Thorpe I am married with three grown-up children. I believe the NHS does a great job, however, it could improve in certain areas. I would like the opportunity to help work toward change. For instance I would like to see a return to single sex wards. I would like to see better care for the elderly, I have witnessed both lack of nourishment and ill thought out home assessments. I have had personal experience of losing a loved one to MRSA. I would like to see a zero tolerance approach adopted to save lives.

**Declaration of Interests:** None

**Political Party:** None

**Financial or other interest in the Trust:** None

Further information about Monitor  
Taken from Monitor website [www.monitor-nhsft.gov.uk/](http://www.monitor-nhsft.gov.uk/)  
From 'Guide to Monitor' published 8<sup>th</sup> March  
2010

## What is Monitor's role?

There are three main strands to our work:

### 1. Determining whether a trust is ready to become an NHS foundation trust

The Secretary of State for Health recommends to Monitor NHS trusts that are ready to enter our assessment process.

We then undertake a thorough and independent assessment of each NHS trust, looking at three important criteria:

1. Is the trust well governed?
2. Is the trust financially viable?
3. Is the trust legally constituted?

When our assessment is complete, Monitor's Board decides whether or not to authorise the applicant as an NHS foundation trust. A list of current applicants is available on our website: [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk).



We are  
concerned  
with how the  
board is running  
the trust.

### 2. Ensuring that NHS foundation trusts comply with the conditions they signed up to

Monitor is responsible for monitoring the performance of NHS foundation trusts. We do not hesitate to intervene when problems occur, which an NHS foundation trust cannot resolve on its own.

Once authorised, all NHS foundation trusts are subject to their terms of authorisation – a detailed set of requirements they must operate within. These are available for each NHS foundation trust in the foundation trust directory on our website. All of the rules and regulations we apply to foundation trusts are set out in our *Compliance Framework*, including how we will intervene if an NHS foundation trust breaches, or risks breaching, its terms of authorisation.

Monitor's primary focus is on the governance of foundation trusts – we are concerned with how the board is running the trust and how it is cooperating with other bodies, for example its commissioners.

# How we regulate NHS foundation trusts

**We operate a risk-based regulatory system, which means that we intervene when we have concerns, but do not interfere with the day-to-day management of trusts that are performing well.**

Each year, all NHS foundation trusts are required to submit their rolling three-year plans to Monitor. The plans set out what improvements the trust intends to make to its services, including priorities for how they intend to improve the quality of care they provide, a three year financial forecast, and whether the trust has identified any potential risks that will affect compliance with its terms of authorisation during the next twelve months.

Once we have analysed these plans, we assign two risk ratings to each NHS foundation trust. The risk ratings indicate our view on whether or not the NHS foundation trust is at risk of breaching its terms of authorisation. The categories of risk rating are:

- **governance:** is the trust being sufficiently well managed to deliver high quality services, is it meeting national targets and core standards set by the Government, and is it delivering all of the services it has a legal obligation to provide (under contract with its commissioners); and
- **finance:** whether or not we have any concerns about the financial performance of a foundation trust.

These categories are broad enough to cover a diverse range of issues that could affect the overall performance of an NHS foundation trust. In assessing governance risk ratings, Monitor will also consider other relevant information, such as significant trends in complaints and evidence of other patient safety or critical concerns.

During the course of the subsequent twelve months we monitor each NHS foundation trust's performance against its annual plan. All risk ratings are updated every three months to reflect our latest assessment of the trust and are published on our website and in quarterly reviews, which also provide a snapshot of performance issues across the NHS foundation trust sector.

We work with a network of organisations to ensure we have access to a broad range of information on NHS foundation trust performance and expert advice. The Care Quality Commission, as the regulator of clinical quality, has primary responsibility for reviewing the quality of care across the NHS, and provides information to Monitor which we use to inform our views on governance within existing foundation trusts and applicant trusts.