



Join Us -

Together we can make

a difference

**NHS Foundation Trust Consultation Document** 

January - March 2012

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"I believe being a Foundation Trust will mean more local accountability over services and finances through the participation of local people who mostly benefit from the services offered by the Trust. It should mean more flexibility in the type and scope of services to reinforce the good progress made in cancer and heart patients' treatment" - Judi Thorne, Member





Introduction

We are seeking to become an NHS Foundation Trust by the end of February 2013. This document sets out our plans to become an NHS Foundation Trust. It describes who we are

- **\*** what an NHS Foundation Trust is
- 👫 why we want to become one
- 👫 our plans for the future
- How we will govern ourselves

Most importantly, this document asks for your views and asks you to consider joining us as a member. As a patient, a carer, a member of staff, one of our partners or a member of our local community, what you think matters and we want to hear from you.

We hope you find this information interesting and informative. There is a feedback form for you to give us your views on page 13 and a membership form if you would like to join us on page 15. Or you can:

visit our website at www.plymouthhospitals.nhs.uk

**\*\*** phone 0845 155 8207

Our consultation runs until Tuesday 27 March 2012. Please let us know what you think before then so we can ensure your views help us shape the way forward. Thank you for your time.

Please join us - together we can make a difference.

This document can also be provided inother formats including large print, audio and the following languages: Polish, Bengali, Cantonese, French, Kurdish, Arabic and Farsi. If you would like an alternative format please contact 0845 155 8207, email pressoffice.phnt@nhs.net or write to:

Foundation Trust c/o Communications Office Level 7 Derriford Hospital PL6 8DH



# About us



## Who we Care for

Our Trust provides comprehensive hospital and specialist healthcare to people in the South West Peninsula. We offer a full range of general hospital services to around 450,000 people in Plymouth, North and East Cornwall and South and West Devon. These include emergency and trauma services, maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties.

We also work within a network of other hospitals to offer a range of specialist services. These are provided to a population of between 700,000 and two million depending on the type of care needed:

- Hidney transplant
- Heancreatic cancer surgery
- Heurosurgery
- **Cardiothoracic surgery**
- Here Bone marrow transplant
- H Upper Gastro-intestinal surgery
- Hepatobiliary surgery
- H Neonatal intensive care and high risk obstetrics
- Heastic surgery
- Here transplant evaluation
- **H** Stereotactic radiosurgery

As a Trust, we have 907 beds, around 5,200 whole-time equivalent staff and a planned turnover of £383m for 2011/12.

## Your Regional Specialist Teaching Hospital Trust

We also provide comprehensive training and education for a wide range of healthcare professionals. The Trust is developing rapidly as a centre for research in partnership with the Peninsula College of Medicine and Dentistry, which is one of the top achieving medical schools in the country in a number of areas and has its headquarters on the Derriford campus.

The Trust works in partnership with the Universities of Plymouth and Exeter to assist in the delivery of courses for the Faculty of Health and Social Work. With university campuses in Plymouth, Exeter, Truro and Taunton, along with teaching facilities in Bristol, the Faculty of Health and Social Work is one of the largest providers of nursing, midwifery, social work and health professional education and training in the South West.

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"I became a member because I want to influence policy and development for the benefit of hard-to-reach groups and hold the Board to account for their decisions" – Krzystof Vere-Bujnowski

## Our Plymouth 'Spirit of Discovery'

Every treatment we deliver is based on research and the only way we will improve outcomes for patients is by doing more research. This is why we believe research is so important.

In 2009 the National Institute for Health Research set a target of doubling the number of patients recruited to portfolio studies in a five year period. As a Trust, we have already exceeded this target, with the number of patients recruited into studies up from 2,048 in 2008/09 to 4,679 in 2010/11.

We almost doubled the number of patients (1,414) recruited into interventional studies in 2010/11. Plymouth Hospitals' recruitment into these complex studies is exceptionally high compared with other Trusts.

We are a successful partner in the Peninsula Collaboration in Applied Health Research and Care (PenCLAHRC). The fundamental objective of PenCLAHRC is to improve health outcomes for patients and the public through the translation of patient-focused research.

## Working Hand in Hand with the Military

We have a longstanding and excellent relationship with the Ministry of Defence. Around 240 trained and trainee personnel work alongside NHS colleagues helping care for patients in our hospitals and units. These military personnel are drawn from all three services in the Defence Medical Service. Many of them bring unique experiences and knowledge from their deployments and this, in turn, benefits Plymouth Hospitals NHS Trust and our patients.

## **Our Hospitals and Centres**

We provide services for patients at the following main sites as well as through clinics at other local hospitals and care centres:

## Herriford Hospital

We offer the widest range of hospital based services in the Peninsula. What sets our Trust apart from the majority of acute hospital trusts is both the scope and scale of the services we offer on one site.

Derriford has a high volume outpatient department with almost 470,000 attendances planned for 2011/12 and a busy emergency department, with around 91,000 patients expected during 2011/12. More than 48,000 people pass through the main entrance of Derriford in a week.

## **H** The Royal Eye Infirmary (REI)

The REI provides a full range of diagnostic facilities incorporating orthoptics and optometry. The building is 108 years old and no longer ideal as an eye hospital. The Trust currently leases this building and has started to transfer services to Derriford Hospital. In October 2010, urgent eye care outside of normal working hours and care for patients needing overnight stays moved to Derriford. Plans are being drawn up for all ophthalmology to be moved to Derriford Hospital during 2012.

## H Child Development Centre

Developmental services for young children are provided at the Child Development Centre, Scott Business Park.

## H The Plymouth Dialysis Unit

Patients needing treatment for renal failure are now cared for in state-of-the-art, purpose-built facilities that they helped design. Easily accessible and offering significantly more space, especially around each of the 29 treatment stations, the new unit is based in Eaton Business Park and replaces the hub haemodialysis unit previously located within Derriford Hospital.

He Trust also manages community midwifery services and a Radiology Academy.



## **Reasons to be Proud**

The dedication and commitment of our staff to giving high quality patient care means that we already have much to be proud of.

We are in the best 10% nationally for low mortality rates, according to Dr Foster, an independently run health information specialist.

Our patients are very satisfied. In the National Inpatient Survey 2010, commissioned by the Care Quality Commission, 91% of patients rated their treatment and care as 'excellent', 'very good' or 'good', and 98% of patients said they were treated with respect and dignity while they were in hospital.

Independent inspectors from the Care Quality Commission reported that we treat our patients with dignity and respect when they visited us in the spring and summer of 2011.

We are an exemplar site for: Venous Thromboembolism (VTE) - the collective name for deep vein thrombosis and pulmonary embolism.

Diabetes care in which we are a national exemplar for helping to prepare people with diabetes for surgery so that it can safely be carried out as a day case procedure, without needing admission.

The use of standardised theatre safety checklists, sharing our knowledge and expertise with hospitals around the country.

We are award-winning

Our Infection Control Team won a Patient Safety Award for their work to prevent surgical site infections in 2011.

Our Information and Communications Technology team won a 2011 E-Health Award for their innovative work to develop a new Risk of Admission Patient Alert system.

We are nationally recognised as delivering excellence in Oesophago-Gastric Surgical Cancer Services.

We are among the best performing hospital Trusts in the country for the number of patients we are able to treat as day cases, avoiding them having to stay overnight if they don't need to.

Our consultants are among national leaders, including one who is President of the Royal College of Obstetricians and Gynaecologists and another who is President of the Society of British Neurological Surgeons.

We are one of the best hospital Trusts in the country for the number of patients who attend their appointments, with a low rate of patients who Did Not Attend (DNA).

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What is an

NHS Foundation Trust?

In July 2010, the NHS White paper, Equity and excellence: Liberating the NHS, set out the Government's intention to support all NHS Trusts to become NHS Foundation Trusts.

NHS Foundation Trusts are based on the same fundamental values as other NHS hospitals, bound by the NHS Constitution, offering care for all, freely available where people need it.

## Part of the NHS family – what stays the same:

- Maintaining the NHS principle of care for all free at the point of need this will be their core function
- H Continuing to employ NHS staff
- H Treating NHS patients, free of charge
- Here Bound to the same quality standards as other NHS organisations
- # Subject to independent inspections, e.g. by the Care Quality Commission

## What's different about an NHS Foundation Trust hospital?

- Here are public benefit corporations involving the public in the way they are run.
- They have members who are local people who decide they want to play a part in the future of the NHS Foundation Trust.
- They have a Council of Governors, made up of patients, staff, local people who are elected by members, as well as Governors appointed by partners and stakeholders.
- NHS Foundation Trusts have financial freedoms which means they can borrow and use surplus cash to reinvest in new services, equipment and innovations.
- They are not subject to central Government management instead there is an independent regulator, Monitor, to ensure compliance with strict governance and financial rules.



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"The Trust must be shown to be "owned" by its members. Ownership can be in many forms: input with policy; feedback from members on the services provided; an outlet for grievances and concerns. But above all, the Trust must be a significant part of the community" – Leonard McCoy, Member

## Summary of differences between NHS Trusts and NHS Foundation Trusts

NHS Trusts (as we are now)	NHS Foundation Trusts (FTs) (as we want to be)
Employ NHS staff treating NHS patients on the basis of clinical need, free of charge.	Same, but with more freedom to introduce changes, ability to make decisions faster, more control over finances.
Must meet all national NHS targets; method of achieving them sometimes dictated.	Must meet all national NHS targets but more flexibility on best approach.
Regulated by the Care Quality Commission for clinical quality and safety and subject to inspection.	Exactly the same.
Managed by NHS South of England, a clustering of three Strategic Health Authorities: South West, South Central and South East Coast.	Regulated by Monitor, the independent regulator of foundation trusts which ensures FTs are legal, run well and financially sound.
Standardised user involvement.	Patients, former patients, members of the local community, staff and other stakeholders have more direct input into the Trust's strategy and direction via the Council of Governors, which has statutory powers.
Plans for major new projects can take some time to be agreed.	Monitor can approve plans more quickly if it agrees plans are sound financially; others can be decided by the FT itself.
Any financial surplus can only be spent subject to wider NHS approvals.	FTs have greater financial independence and our Board can decide on how to invest any surpluses for the benefit of patients.
Board make-up: Non-executive directors appointed centrally. They are part-time directors who oversee the management team and challenge where necessary in the broader public interest.	The Board remains. Patients, former patients, members of the local community, staff and other stakeholders have more direct input into this appointment process through the Council of Governors which is elected by members.
Staff involvement.	Staff have direct influence through their elected representatives on the Council of Governors, supplementing other means of engagement.

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Why do we want to become an NHS Foundation Trust?

We want to become an NHS Foundation Trust, so that we can:

## H Develop even better ways to work with our patients, our staff and our supporters

By becoming a membership organisation, we will be involving more people in the way we work and our plans for the future. Our members will vote for the Governors they want to represent them on the Council of Governors. The Council of Governors will have a real say, thereby helping us better involve patients, families, staff and other partners much more closely.

## Have more freedom to develop our services

We will gain financial freedom, including the ability to retain surpluses we make and the right to borrow if necessary. This increased financial flexibility will allow us to invest more in research, innovation and facilities so that we can achieve our aim of leading with excellence and caring with compassion.

## H Remain an independent standalone hospital, within the NHS family

Plymouth Hospitals NHS Trust is a large and successful healthcare provider and we believe it should remain so. Becoming an NHS Foundation Trust will ensure that Plymouth Hospitals NHS Trust remains an organisation in its own right and continues to deliver healthcare for the benefit of the people we serve as a local and specialist healthcare provider.



## **Our Foundation Trust Journey So Far**

We are excited by the opportunity NHS Foundation Trust status gives us. We are in a good position, not least because we are fortunate to have had the support of our governors and members-in-waiting since 2008. As part of our preparations for our previous NHS Foundation Trust application, elections to the Council of Governors took place. Although our 'governors' have no formal role, we have worked with them over the last three years to develop links with committees and groups to facilitate a voice for members in the day to day running of the Trust.

We have systematically engaged with our members and 'governors', working with them to ensure that the patient's voice is heard across a range of issues; from developing our Patient Promises to contributing to a longer term strategy for the Trust, and from interviewing candidates for the role of Chief Executive to helping to define our Quality Account.

We established a Members Forum to act as a focal point for membership; it has two prime functions: to act as a conduit for the provision of topical information to and from members and to give members the opportunity to question senior staff on issues of concern.

We believe that we will be an even better hospital Trust by involving people and being more responsive. But don't take our word for it. Here is what our 'governors in waiting' have to say:

" It is essential that we become an NHS Foundation Trust, as we are the largest Trust in the south west offering specialist services and we should be controlling our own destiny. Becoming a Foundation Trust will give us more autonomy to plan and invest in research and innovation, which undoubtedly improves patient care and outcomes." 'Governor in waiting' Consultant Thoracic and Oseophago-Gastric Surgeon Joe Rahamim





"I have been actively involved as a 'shadow governor' for the past two years and thoroughly enjoyed being able to use my skills and talents within Derriford. As a 'governor in waiting', I listen to the views of the community and am able to feed them back in a meaningful way.

"I attend Board meetings and governor meetings, as well as sit on Committees such as the Charitable Funds and Hospital Transfusion, I have also taken part in senior staff appointments, which has allowed the members and local community to have a real voice in many areas.

"Foundation Trust status would allow us to continue to reflect the local interests and concerns of the Members; become more involved in guiding the strategic direction of the Trust, as well as taking responsibility for one of our primary roles as governors in waiting, that of holding the Board of Directors to account." **'Governor in waiting' Alison Malcolm** 

"Since being elected as a 'governor in waiting' I have learnt an incredible amount and gained a greater understanding of the Trust as well as an appreciation of the day-to-day challenges. I have been involved in a number of activities including the recruitment of key senior management posts which has been extremely interesting. I believe that Foundation Trust status is within reach and will allow us greater freedom and flexibilities in terms of how we deliver and develop local healthcare." 'Governor in waiting' Carolyn Bruce-Spencer "Becoming a Foundation Trust will give the public rights and opportunities to have their views heard about the provision of hospital services. Foundation Trust status creates channels for exciting public participation, and ensures hospitals are accountable to the local population. Patient involvement creates patient-centred care, which is good for patients. As a 'governor in waiting' I have contributed ideas from the patient perspective, highlighting what is good and bad, to influence change. My deepening understanding of broader issues gives me a greater awareness of all aspects of future provision of hospital care. I have met many senior staff to learn about essential Trust functions, and shared in discussions about developments in care. I have seen changes happen and realise that the opinions of 'governors', members and patients are valued. I have been part of the 'governors' panel three times when the Trust has appointed Executive Directors." 'Governor in waiting' Vera Mitchell



"This hospital is about to submit an application to become a Foundation Trust. This will enable all those with an interest to become involved in the way the hospital is run.

"Interested members of the public can enrol as members, who will receive information on activities within the Trust, they can also elect the Council Of Governors, or ultimately stand for election as Governors.

"The Council of Governors will have very wide reaching powers to hold the Trust to account. They will also act as a medium to relay views of members to the Trust.

"This ultimately means a Trust is run in accordance with the wishes of the members of the Foundation Trust. However the application will need your help; a three-pronged approach from the Trust Board, Governors and members will ensure a successful Foundation Trust. The outcome lies in all our hands and only by working together can it come to fruition." 'Governor in waiting' Ivor Vaughan

"I strongly believe Plymouth Hospitals should be a Foundation Trust to allow decisions to be made locally, influenced by the people who live here and use the services, as well as the staff who deliver them.

"As a 'governor in waiting', I have been able to gain an insight and receive training into the running of the hospital and the service it provides, as well understand the problems that need to be overcome. It has allowed us to begin to build a relationship and two way conversation between management and all the stakeholders involved. I hope we will have the opportunity to develop this further as a Foundation Trust to help provide the best service for everyone involved, one of which we can all be truly proud of." 'Governor in waiting' Pam Redgwell



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Pleas	se give u	s your views - together we ca	an make a dif	ference
	-	<b>s for the future</b> el is the most appropriate		
Question 1 Do you agree wit	h our pl	ans for the future?		
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Additional comments				
Question 2 Do you agree wit	h our ne	ew name?		
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Additional comments				
Your view of o	ur nlan	s for membership		
	-	el is the most appropriate		
Question 3 Do you agree wit	h our m	embership plans?		
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Additional comments				
	-	s for how we will gover el is the most appropriate	n ourselve	2S
Question 4 Do you agree wit	h the ma	ake-up of our Council of Go	overnors?	
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

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Why do we want to know about you? The following information will help us to ensure that we have consulted with representative members of the public who we provide services for.

My postcode is				
Gender	male fema	ale		
Date of birth				
Race, ethnicity ar	nd national group (ple	ease tick relev	ant category)	
White	Dual Heritage	Asian or Asian British	Black or Black British	Chinese or other ethnic group
White	White and black caribbean	Indian	Caribbean	Chinese
Irish traveller	White and black african	Pakistani	Somali	
Roma gypsy/traveller	White and asian	Bangladeshi	Other african	
Any other white background (please write in)	Any other mixed background (please write in)	Any other asian background (please write in)	Any other black background (please write in)	Any other ethnic group (please write in)
Disability				
Disabled	Non-disabled	l prefer not	to say	

Thank you for taking the time to complete and return this questionnaire and for the support you have shown to this hospital trust.

Membership Form

Please complete this form if you would like to apply to be a Member or express your interest in becoming a Member of the new NHS Foundation Trust.

Title Mr Mrs Ms Mis	s Dr Other
First Name	
Last Name	
Address	
Email address	
Daytime telephone number	
What is your preferred method for us to co	ntact you?
Email Post	Telephone
<ul> <li>I want to become a member</li> <li>I'm interested in becoming a Member me</li> </ul>	er, but need more information, please contact
For membership analysis	
Male Female	Date of birth
Ethnicity	
White British	Asian British-Bangladeshi
White Irish	Other Asian-Britsh
Other White	Mixed- White and Black Caribbean
Black British-African	Mixed- White and Black African
Black British-Caribbean	Mixed- White and Asian
Other Black British	Chinese
Asian British-Indian	Other, please state
Asian British Pakistani	



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DU	you		
	J		

Cornwall and Isles of Scilly		Devon	(excluding	Plymouth)	)
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Do you consider yourself to have a disability?

Please note the legal definition of disability includes: Physical disability or impairment; Sensory impairment - eye sight, hearing or speech; Learning difficulty eg dyslexia; Mental health; Long term or progressive health conditions eg multiple sclerosis, arthritis, HIV, diabetes or cancer.

Yes	No
-----	----

Have you been a patient of Plymouth Hospitals NHS Trust in the last three years?

Yes 🗌 No

Are you a member of any health related organisation or group?

Yes

s please specify .....

No

As a Member, would you be interested in:

- Receiving regular information
- Attending meetings or events
- Being involved in focus and planning groups
- Being sent information on how to stand for election on the Board of Governors

I am particularly interested in becoming involved in .....

I apply to be a member of the NHS Foundation Trust when it is formally established and be bound by the rules of the organisation and I give my consent to the processing of the information.

Signature .....

Date .....

I do not want my name and constituency to be viewed through the public membership register.

This data will be used only to contact you about the NHS Foundation Trust status or other health issues, and will be stored in accordance with the Data Protection Act – full details available upon request. Your details will not be shared with any third parties.

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Our mission and goals

## **Our Vision and Strategy**

Our Values, which we define the way we do things, are:

- **H** Putting Patients First
- H Taking Ownership
- **H** Respecting Others
- **H** Being Positive

## **Our Promises to our Patients**

Our patients are at the heart of everything we do. As part of our Patient Experience Strategy, we have developed a set of patient promises in partnership with nearly 1,000 patients, our NHS Foundation Trust members and 'governors in waiting' and our staff who gave their view of what good quality patient care should look like.

The promises that every member of our staff has to make come alive are:

- I will ... care for your compassionately and respectfully
- Herefore I will ... give you clear information and involve you in your care
- Here I will ... give you the best treatment I can when you need it
- Herefore I will ... make sure you are treated in a clean and safe environment

## **Our High Standards**

Safety and quality are at the heart of all the Trust's plans. We both want and need to set ambitious goals in terms of providing high quality patient care. As a Trust, we are already among the best performing hospitals for Hospital Standardised Mortality Ratios (HSMR), length of stay and rates for the number of patients who attend appointments and in the upper quartile for patients undergoing day surgery.

We have also received full Care Quality Commission compliance; positive dignity and nutrition reviews and very good patient survey results.

We aim to build on this and bring all of our services into top tier performance for safety, quality and productivity. We are committed to continuously improving the quality of our services by asking the following three questions:

- How good are our services?
- Are they improving?
- How do they compare?



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"I became a member because of my general interest in hospital services and patient care. Public views and input can often help to improve services or change practices" – Eunice Davis, Member

## **Our Vision**

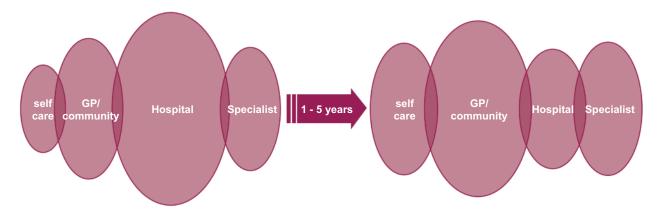
We want to provide healthcare services that patients and their families can trust and depend on. We want to be a major teaching hospital and healthcare provider, which is recognised as one of the best in the country. We will lead with excellence and care with compassion.

The most important principle is that patients are able to receive the right care, in the right place at the right time. Together with other health and social care providers in this area, we are working to ensure that only those patients who need to access specialist expertise and facilities, come to hospital.

We are working with GPs and professionals in the community to change the way patients receive care. It is expected that our hospital and other services will see a decrease in the proportion of outpatient attendances and emergency patient activity but an increase in specialist activity. In addition, the introduction of new models of care, including better supported discharge, the ability to treat more patients as day cases will significantly reduce the amount of time patients have to spend in hospital.

We are working to ensure that our specialist doctors, nurses and therapists work beyond our hospitals or specialist facilities, closer to patients' homes, wherever possible. For example our diabetes team already help lead the care for diabetes patients in the community.

The changing shape of healthcare provision is illustrated in the following diagram:



It is expected that more care will be provided in the community and at home instead of in a traditional hospital setting. However, it is expected that very specialist hospital services will experience growth.



## **Our Five Year Plan**

This is based around four key aims:

- Achieving excellent patient outcomes
- Head Employing excellent people
- Developing excellent partnerships
- H Building on a reputation for excellent research and innovation

#### Excellent Patient Outcomes Maintain and improve the safety and quality of our core This will result in: hospital services and deliver excellent specialist care • Patients being treated in a modern, safe and clean environment which complies with all the regulatory standards and has an excellent score by the Patient Environment Action Team (PEAT) · Maintaining our excellent survival rates and being among the best hospital Trusts nationally for safety, quality and productivity measures • Our ophthalmology services moving successfully to a newly-designed and designated area in Derriford · Offering our trauma and orthopaedic care to more patients Being designated as a Major Trauma Centre by 2013 and performing as one of the best in the country · Improving our patient environment in the Birch Ward Isolation Unit for cancer patients · Continuing to be the specialist centre for the most premature and vulnerable babies (NICU level 3) · Helping provide better paediatric services in the peninsula Deliver care in the most appropriate setting for the patient -This will result in: right treatment, right time, right place · A better experience for all our patients • More care will be provided for patients outside of hospital · Successful working with other health and social care providers to ensure that services are available to meet the needs of older people · Minimising the number of people who are treated in hospital when they don't need to be · Fewer hospital beds are needed as more patients are treated as day cases and supported to go home as soon as they are well enough to Develop healthcare services that are led by doctors, nurses This will result in: and professional healthcare staff and well supported by good · Healthcare services which are designed around and for the managers patient • A good experience for patients, measured by good outcomes, high satisfaction levels and low numbers of complaints · Services which are high quality and cost-effective • Evidence of an entrepreneurial spirit which will ensure we are continually improving care for patients and leading in excellence



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## Excellent People

Review and change our workforce, where necessary, to ensure that we have the right people, in the right place at the right time to provide excellent patient care and support colleagues who do so

#### This will result in:

• A good experience for patients, measured by good outcomes, high satisfaction levels and low numbers of complaints

· All our groups of services (service lines) being of high quality and cost-effective

· All staff having appraisals and personal development plans

establishments, the Trust will continue to play a key role in influencing and delivering excellent professional training for

· Good, solid workforce and succession plans in place

· High-levels of workforce productivity which compare

favourably with national benchmarks • Through maintaining good relationships with educational

Provide clear and consistent leadership to highly motivated staff who take a pride in delivering the best possible care with kindness and compassion

### This will result in:

healthcare staff

• More than 90% of staff feeling confident in recommending this as a Trust to work at and be treated by

- Staff survey results that place us in the top 25% of all Trusts nationally
- Being able to attract, retain and develop talented people

## Excellent Partnerships

Develop good relationships and robust contracting This will result in: · A good experience and joined-up care for patients, arrangements with those who purchase services on behalf of patients measured by good outcomes, high satisfaction levels and low numbers of complaints

Engage governors, members and future Healthwatch in shaping and improving the quality of services to our patients

#### · Complete ownership, clarity and certainty on which services we are expected to provide and to whom

· Ensuring we can balance our books or deliver small surpluses to reinvest

This will result in: · Engagement from the Council of Governors and future Healthwatch which makes real change happen for the benefit of patients

· Representative and active members who continue to want to be involved in making a difference for our patients

## Excellent Innovation

Promote and expand our research and development activities

• Increased research and development opportunities
<ul> <li>More patients getting involved in clinical trials</li> </ul>
<ul> <li>Achieving a strong national reputation for research</li> </ul>

This results in:

- Empower our staff to innovate and lead their services
  - This results in:
  - · Services that are designed for and around the patient

· Constantly finding new and better ways to treat patients

The Trust is regarded as the provider of choice by patients



## **Our Challenges**

The Trust is aiming to achieve a breakeven financial result for 2011/12 by delivering savings of £31.3 million (around 8% of the Trust's budget). This is being done through improved efficiency, changing how we care for patients, for example ensuring that patients are pre-assessed for surgery on the day it is decided they need an operation rather than asking them to come back to the hospital for another appointment; reducing our salary costs and negotiating better value for goods and services.

Becoming more efficient and finding ways to save money whilst continuing to deliver safe and high quality care will continue to be a challenge in the coming years.

Our 'excellent people' aim is founded on the principle of getting staff with the right skills in the right place and at the right time to care for patients or support those who do. This means that we will continue to review and change our staffing numbers and mix of different professionals as required to meet the needs of patients.

We are committed to developing healthcare services that are led by doctors, nurses and professional healthcare staff and well supported by good managers. We recognise that we can only achieve our aims if we have high quality staff who are able and encouraged to take ownership of the services they provide. Our challenge is to create an environment and culture where staff can do that; where they feel valued, can influence change, contribute to better patient care, reach their full potential and feel proud of being part of Plymouth Hospitals NHS Trust.

question

Do you agree with our plans for the future?

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## **Our New Name**

We want to use this opportunity to change one very simple but important thing about our hospital Trust: our name.

We will change our name to include the words 'NHS Foundation Trust when we are authorised. We also want to include something else in our name: the word 'University'.

The Trust has developed and continues to develop as a centre for academic and research excellence, as well as our role in supporting high class multi-professional teaching and learning. We think this role is extremely important for the future.

Plymouth Hospitals NHS Trust is the largest hospital trust in the south west peninsula. It is a teaching trust in partnership with the Peninsula College of Medicine and Dentistry, the University of Plymouth and College of St Mark and St John who train health professionals.

We have strong links with these institutions. The headquarters of the Peninsula College of Medicine and Dentistry is named after our former chairman, John Bull, in recognition of the part he played in establishing the new medical school.

It is important that our role in education and research is reflected in our name.

We believe we should be called:

## **University Hospital Plymouth NHS Foundation Trust**





How we will be governed as an NHS Foundation Trust

	Mer	nbers	
Public	Patients	Staff	Those from our partner organisations

## **Board of Directors**

The Board is made up of Executive and Non-Executive Directors. The Board has to include:

- A chief executive
- A doctor
- A nurse
- A director of finance
- Non-executive directors

The Board of Directors is responsible for setting strategy, plans and budgets and running the organisation and its services.

The Chairman and nonexecutive members of the Board of Directors are appointed by the Council of Governors. The current Chairman and non executives directors are, by law, the first appointees to the new NHS Foundation Trust.

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## Chairman

The Chairman leads both the Board of Directors and the **Council of Governors** and is the key link between them. He or she is supported by the Senior Independent **Director and lead** Governor.

The Chairman will ensure that a cooperative and, when necessary, challenging relationship exists between the Council of Governors and the Board of Directors as well as between the executive and nonexecutive members of the Board.



## **Council of Governors**

Governors can either be elected members or nominated representatives from other organisations that the Trust works in partnership with.

The Council of Governors' role is to encourage genuine community involvement in the work of the Trust. It must also make sure that the Board of Directors is accountable to the community.

It is the Governors' responsibility to help members make an active contribution. They should represent the views of members at the Council of Governors and to the Board of Directors.

## **Our Members**

Six thousand members of the public signed up to become members when we previously pursued becoming an NHS Foundation Trust, back in 2007.

Our members are our patients, their families, our staff, patient support groups, our partners and those with a real interest in the services we provide.

We will ask all our existing members if they wish to continue to be members as we apply to become an NHS Foundation Trust again and we will invite others to join us.

We want our membership to continue to reflect all those who care about our services. There is no cost to join.

We believe that involving our staff gives them a greater say and a better chance to have a hand in our organisation's destiny. That's why we plan to make all our staff automatic members of our Foundation Trust unless they choose not to be and opt out.

## Who can become a member?

We would like anyone over 16, with an interest in the healthcare services we provide, to become a member of our new NHS Foundation Trust.

We will, of course, continue to listen to and liaise with our young service users, as we have been doing through our children's forum.

We are recruiting members before the NHS Foundation Trust is formally established. If you would like to become a member, please complete the form on page 15.

Members will be registered with the NHS Foundation Trust and all members' personal details will be kept confidential according to data protection requirements.

## Where are our members drawn from?

Members will be continue to be drawn from the three electoral areas made up of:

- H Cornwall and the Isles of Scilly
- H Devon (excluding Plymouth)

Staff members will be drawn from the following staff groups:

- H Admin and Clerical (A&C), Management, Hospital Chaplains and Estates
- H Nursing and Midwifery Services
- Hedical and Dental
- Health Professionals
- H Volunteers
- H Contracted Staff



"I became a member because I wished to be involved with Derriford's progress and continue to have an opportunity to be a 'critical friend'. I think we should become a Foundation Trust because it should give a voice to those people who 'use' Derriford and it offers users the ability to scrutinise the Board in a very public way" – **Sue Addy** 

## What do members do?

They can stand as Governors, elect Governors, give community views to Governors, receive regular information, attend meetings and events and give their opinions.

## Why would I want to join?

- You will be updated regularly on what is happening in the Trust
- You can become involved in activities, focus groups and plans
- \* You could positively influence plans for the development of the Trust and our services
- H's free to join
- You can stand for election to become a Governor or you can elect Governors to represent your views on the Council of Governors

Join us – together we can make a difference.

question **3** 

Do you agree with our membership plans?



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## **Our Governors**

Governors are members who are either elected to the Council of Governors or nominated to the council of governors if they are representatives from other organisations. Elections will be held as per our constitution, which will be available on our website. We expect that the Council of Governors will meet four times per year and that in between these full meetings, Governors will want to meet in smaller groups and with members.

## **Our Members and the Council of Governors**

question

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Constituency	Number of elected Governors
Public Constituencies (elected)	14
Plymouth	<b></b>
Cornwall	iii
Devon	<b>iii</b>
Staff Constituencies (elected)	6
A&C, management, hospital chaplains and estates	•
Nursing and midwifery services	i
Medical and dental	i
Health professionals	•
Volunteers	i
Contracted staff	•
Primary Care Trusts (appointed)*	3
Sentinel	i
Devon Comissioning Representative	•
Cornwall Comissioning Representative	•
Local Authorities (appointed)	3
Plymouth City Council	•
Cornwall Council	•
Devon County Council	•
Partnership Organisations (appointed)	3
Derriford Hospital League of Friends	•
University of Plymouth	•
Ministry of Defence Hospital Unit	•
Overall Total	29

\* Primary Care Trusts will be replaced by clinical commissioning groups which will take over representation once formally established as statutory bodies.

Do you agree with the make-up of our Council of Governors?

Your voice, your choice



If you would like to help us, you can:

## Give us your views

Please read through this information, or if you require it in a different format please let us know by calling 0845 155 8207, and then please complete the form on page 13 to tell us what you think.

## What will you do with my feedback?

We will record and consider all the comments made to us. Your views and comments will help shape the future direction of our NHS Foundation Trust, because we will consider all your feedback and use it to help inform our plans.

A copy of the summary of responses and outcomes will be sent to every person and organisation that replies to our consultation. We will publish these on our website.

## Join Us

Get involved in helping us improve our services for patients and speaking up for their many different and diverse needs. Become a member by filling out the form on page 15 and returning it to us in the prepaid envelope.

## Or you can

- visit our website at www.plymouthhospitals.nhs.uk
- phone 0845 155 8207

## Volunteer

We are always looking for people who can give a regular commitment for at least six months. To become a volunteer you will need to be reasonably fit and active, friendly, a good listener and committed to your voluntary role. In return you will find helping in your local hospital Trust services a very rewarding experience!

If you are interested, please contact Elizabeth Pollard, Volunteer Co-ordinator, level 5, Derriford Hospital, Plymouth PL6 8DH or email elizabeth.pollard@nhs.net

## Support us through fundraising

Find out more by visiting our website and following the 'Thinking about Giving' link.

Please join us - together we can make a difference