



HAVE YOUR SAY

FOUNDATION TRUST CONSULTATION DOCUMENT
JANUARY - MARCH 2012



CONTENTS

Welcome	3
About our Trust	5
Our vision, values and goals	7
What is an NHS Foundation Trust?	9
Why do we want to become an NHS Foundation Trust?	11
How we will operate as an NHS Foundation Trust	13
Proposed name change	23
Getting involved	25
Next steps	26
Frequently asked questions	27





Mr Ken Jarrold C.B.E.
Chair



Fiona Myers
Chief Executive

A Welcome

from our Chair and Chief Executive

We are pleased to welcome you to our consultation document, which sets out an exciting new future for our Trust. Thank you for taking the time to read about our plans on how we will operate as a NHS Foundation Trust.

We need to evolve in response to the changing needs and expectations of our service users, carers, staff and partners. Becoming an NHS Foundation Trust will help us to do this.

One of the greatest and exciting differences of becoming an NHS Foundation Trust is that we have members. This provides us with the ideal opportunity to engage with our local communities to respond to local need.

Members will be elected to sit on our new Council of Governors, which will be responsible for representing the interests of our local communities, service users, carers, staff and partner organisations; bringing together a forum representing their interests.

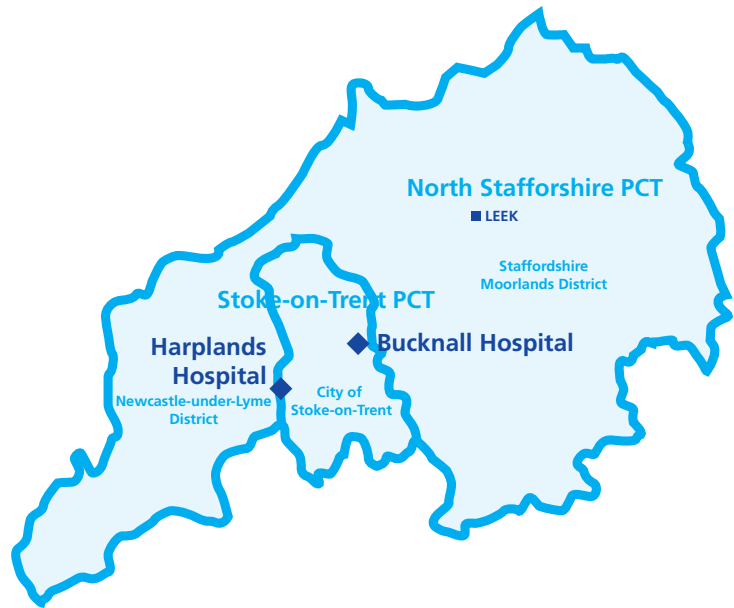
I hope that when you have read this document you will feel encouraged to share your views on our proposals by completing and returning the reply form. I would also welcome you to join our Trust as a member, so that you have the opportunity to engage and work with us in the future.

Our consultation runs from **Monday January 9, 2012 to Friday March 30, 2012**. Please complete the questions set out in this document and return your responses to us by 5pm on Friday March 30, 2012.

You can also comment on our proposals by visiting us at www.combined.nhs.uk, by phoning us on 0300 123 1535 ext 2025, by writing to the address on the back page of this document or by email to membershipoffice@northstaffs.nhs.uk



About our Trust



North Staffordshire Combined Healthcare NHS Trust was established in 1994. We provide mental health and learning disability care to people predominately living in the city of Stoke-on-Trent and in North Staffordshire.

We currently work from both hospital and community based premises and provide services to people of all ages with a wide range of mental health and learning disability needs. We also provide specialist mental health services such as Child and Adolescent Mental Health Services (CAMHS), substance misuse services and psychological therapies.

We serve a population of approximately 457,000 people from a variety of diverse communities and the area ranges from prosperous suburban communities to areas of severe deprivation in the city of Stoke-on-Trent and North Staffordshire.

We operate from over 30 sites with a workforce of approximately 1,500 full time staff and have a turnover of approximately £86 million.

Our Partners

Our main partners are the two local primary care trusts (PCTs) – NHS Stoke-on-Trent and NHS North Staffordshire within the NHS Staffordshire Cluster. The PCTs are to be replaced by two clinical commissioning groups in the near future, with whom we are already working.

In addition, we work very closely with the local authorities and the University Hospital of North Staffordshire NHS Trust, as well as with agencies which support people with mental health needs such as the North Staffs Users Group (NSUG).

We have also forged closer links with the two local universities; Staffordshire University and Keele University.



Our Vision, Values and Strategic Goals

Our purpose: Working to improve the mental health and wellbeing of local communities

Our vision

- To provide patient-centred mental health, specialist learning disability and related services for people of all ages.
- To be the best in all that we do.
- To work in partnership to deliver services that promote recovery, wellbeing and independent living.

Our values

- Valuing people as individuals.
- Providing high quality innovative care.
- Working together for better lives.
- Openness and honesty.
- Exceeding expectations.

Our strategic goals

- Deliver high quality, person-centred models of care.
- Be at the centre of an integrated network of partnerships to provide a holistic approach to care.
- Engage with our communities to ensure we deliver the services they require.
- Be a dynamic organisation driven by innovation.
- Be one of the most efficient providers.

Clinical Strategy

Financial Strategy

Workforce Strategy

Estate Strategy

Customer Focus Strategy

IM&T Strategy

Governance Strategy

Innovation Strategy

Q1. Do you agree with our vision and goals?



What is an NHS Foundation Trust?



An NHS foundation trust is a new form of NHS organisation with a different legal entity to a NHS trust. It is a 'Public Benefit Corporation' which means that it has members, governors and directors with roles described in the NHS Act 2006.

NHS foundation trusts are regulated by Monitor, which is the independent regulator of foundation trusts.

Foundation trusts are not directed by the Secretary of State; therefore enabling them to have the autonomy to develop services in partnership with their local community, members and governors.

NHS foundation trusts remain firmly part of the NHS, subject to NHS standards, providing free care at the point of delivery.





Why do we want to become an NHS Foundation Trust?



What are the benefits of becoming an NHS Foundation Trust?

- New financial freedoms will allow us to retain and re-invest any extra money we earn in new services, based on service need;
- An enabler for long term planning;
- Local people will be at the heart of service development; our new Council of Governors will be responsible for representing the interests of our local communities, service users, carers, staff and partner organisations via a forum representing these people;
- Membership provides the opportunity for local people to get involved in developing plans for the future. The Council of Governors will have an important role in monitoring our performance, ensuring our compliance to external standards and frameworks as well as bringing innovation and efficiency into service delivery;

Are there risks associated with becoming an NHS Foundation Trust?

As a Foundation Trust, we will no longer be accountable to our regional Strategic Health Authority (SHA), which also means that we will no longer be financially supported by them.

Historically if a trust experiences financial difficulties, it has received additional funds from the SHA.

As an NHS Foundation Trust, we will not have access to that kind of financial support and we will be held to account for decisions taken.

What stays the same and what will be different when the Trust becomes an NHS Foundation Trust?

Same

- We will remain a high quality provider of services;
- We will remain part of the NHS;
- We will continue to provide the same range of services.

Different

- We will have a Council of Governors;
- We will have more financial flexibility;
- We will be more locally accountable;
- We will have a greater impact and influence in the local health economy as achieving NHS Foundation Trust status demonstrates we are a high quality provider of services;
- We will be regulated by Monitor (independent regulator of foundation trusts) rather than centrally directed by the Department of Health.

Our future plans

Over the next five years we will:

- Implement new models of care, caring for people in the community and closer to home;
- Inform and support people to make healthier and more responsive choices;
- Ensure that people who use our services receive a holistic package of care to meet their needs;
- Continue to build relationships with partners to ensure that people receive expert help as quickly as possible;
- Ensure staff are trained and have access to learning and development opportunities to enable them to perform in their role as effectively and efficiently as possible;
- Maintain and strive to improve our high standards of quality service delivery.

How we will operate as an NHS Foundation Trust



Membership

Membership is free and members can choose how much or how little they want to get involved with the Trust. Members can:

- Elect governors;
- Be eligible to stand for election to the Council of Governors;
- Receive information about the Trust;
- Help shape future plans by engaging in surveys, workshops, seminars, etc;

As a thank you for becoming a member, members will benefit from discounts from major retailers through NHS Discounts.

Members will not receive any special healthcare treatment as NHS patients; they will receive the same level of service as anyone who chooses not to become a member.

We are proposing that to become a member of our Trust, you must be at least 11 years of age. We believe that by recruiting members from 11 years of age enables representation from our younger service users and gives them the opportunity to influence the way they receive their services.

There is no upper age limit on membership or upper limit on the number of people who may register as members as long as they are eligible.

11 year olds will have voting rights but cannot stand for election to the Council of Governors until they are 16 years of age.

We are proposing to group membership into two categories, known as constituencies:

1. Public
2. Staff

Q2. Do you agree with our minimum age to become a member should be 11 years of age?

Public Membership

We propose that there will be four constituencies for members of the public:

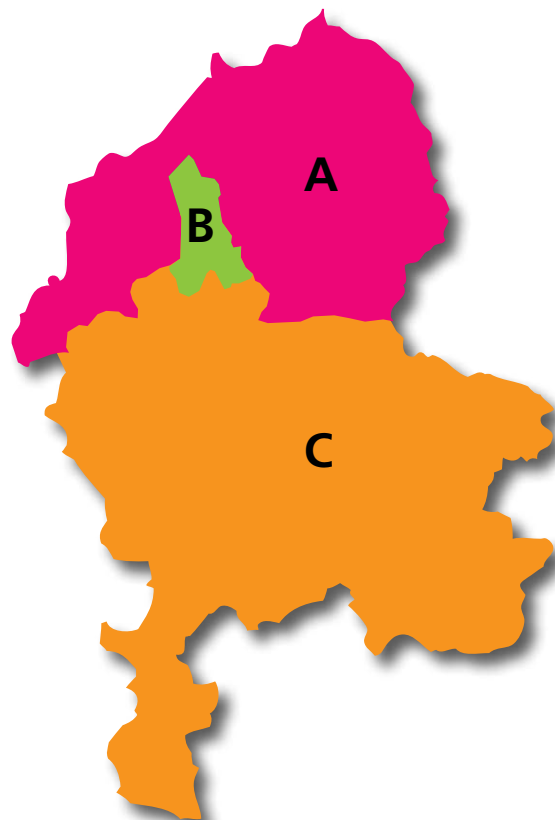
- To be a member of the North Staffordshire public constituency you must live within the county of Staffordshire marked 'A' on the map below.
- To be a member of the Stoke-on-Trent public constituency you must live within the city of Stoke-on-Trent marked 'B' on the map.
- To be a member of the South Staffordshire public constituency

you must live within the county of Staffordshire marked 'C' on the map below.

- To be a member of the out of area public constituency you must live in England or Wales.

We are keen to hear from anyone who would like to be a member. Please contact our membership office or fill in and return the membership form in this booklet if you are interested in becoming a member.

Q3. Do you agree with our proposed public constituencies?



- A = North Staffordshire including Newcastle under Lyme and Staffordshire Moorlands
- B = Stoke on Trent
- C = South Staffordshire including Stafford, East Staffordshire, South Staffordshire, Cannock Chase, Lichfield and Tamworth

Service User and Carer Membership

We could have a separate service user and carer constituency. There are pros and cons to this:

For

- Representation - it will make sure that service users and carers sit as governors on the Council of Governors.
- Commitment - creating a service user and user constituency would be a symbol of the commitment to involving service users and their carers in everything we do.

Against

- Representation - most of our patients live within Stoke-on-Trent or Staffordshire and will therefore be eligible to join one of the public constituencies and nominate themselves for governor.

- Having a separate service user and carer constituency could reinforce stigma; it divides service users and carers from other members of the public thus weakening the 'knowledge' base of the public constituency.

If we have a service user constituency, we are proposing that there are a maximum of four governors.

This ensures that the Council of Governors remains manageable and operates effectively. The constituency would be open to anyone who has used our services at any time or anyone who has been a carer at any time.

Your views on this topic are really important so please share them with us.

Q4. Do you think we should have a separate service user and carer constituency?

Please give reasons for your answers



Staff Membership

We are confident that most staff will want to be involved in the Foundation Trust. We automatically make all current and future staff part of the membership. Staff are eligible to join as long as they:

- Have a contract with a fixed term of at least 12 months; or
- Have been continually employed by our trust for 12 months; or
- Have exercised functions for the purposes of the Trust for at least a year (this includes those who help or provide services to on a voluntary basis).

There is a process for staff to opt-out if they don't want to be a member.

Staff who opt-out will not be eligible to vote in elections for staff governors, but otherwise will be treated no differently than staff who stay as members. If staff do opt-out, they can opt-in again later, if they want. Staff can choose to opt-out at any time.

Volunteers are also eligible to become members of the staff constituency as they exercise functions for the purpose of the Trust, although not employed by the Trust itself.

We are proposing to include volunteers in the staff constituency as we value the role of volunteers and we are keen to recognise the contribution of volunteers to our organisation. Volunteers are eligible to become a member if they have exercised functions for the purposes of the Trust for at least one year.

We can divide the staff constituency into separate groups known as classes and we are proposing to have five staff classes based on professional groups:

1. Medical
2. Nursing
3. Allied Health Professional and Social Workers
4. Clinical support
5. Non-clinical support

Q5. Do you agree with our proposals for staff membership?

Q6. Do you agree with our intended staff classes?

Council of Governors

We are proposing that there should be 33 governors, that make up our Council of Governors, made up of:

- 23 elected governors (18 public and five staff);
- 10 appointed (four statutory and six partner organisations)

Members of the public and staff constituencies hold elections to select their governors to represent them. They are joined by four statutory partner governors and six other partner organisations.

Governors will work with the Board of Directors to ensure that the views of the local community and staff play a key role in the delivery of future services.

Governors are responsible for:

- Appointment or removal of the Chair and our other non-executives
- Approve the appointment of the Chief Executive;
- Appoint or remove the auditors;
- Be presented with the accounts each year and the annual report;
- Prepare and review the membership strategy;
- Gather the views of members and the wider community about the services we provide and about our plans for developing services;

- Provide their views to the Board of Directors when the Board of Directors is preparing our forward plan; and
- Take part in service user, public and patient-involvement activities and developing strategy in a range of areas.

The Council of Governors will be made up of public, service users/patients, their carers and staff members, together with people appointed to represent local organisations (commissioners, local authorities, universities and other partnership organisations).

All governors will be eligible to serve up to three years and to stand for re-election or re-appointment for up to nine years in total. We propose that the Council of Governors will meet at least four times a year and that meetings will be open to the public. Meetings of the Council of Governors will be chaired by the Trust Chair or Vice-Chair.

The Trust is free to decide the total number of governors on the Council but, by law, the elected public governors must be in the majority by at least one seat. We are proposing that governors must be at least 16 years of age.

Option 1 - 33 governors*(no separate service user and carer constituency)*

Staff Governors (elected)	5
Medical	1
Nursing	1
Allied Health Professionals and Social Workers	1
Clinical support staff	1
Non clinical support staff	1
Appointed Governors	10
Primary Care Trust (statutory)	2
Local Authority (statutory)	2
Voluntary organisations	2
Keele University	1
Staffordshire University	1
Police	1
Housing	1
Public Governors (elected)	18
Stoke-on-Trent	9
North Staffordshire	7
South Staffordshire	1
Out of area	1

Option 2 - 37 governors*(with a separate service user and carer constituency)*

Staff Governors (elected)	5
Medical	1
Nursing	1
Allied Health Professional and Social Workers	1
Clinical support staff	1
Non clinical support staff	1
Service Users and Carers Governors (elected)	4
Service users and carers	4
Appointed Governors	10
Primary Care Trust (statutory)	2
Local Authority (statutory)	2
Voluntary organisations	2
Keele University	1
Staffordshire University	1
Police	1
Housing	1
Public Governors (elected)	18
Stoke-on-Trent	9
North Staffordshire	7
South Staffordshire	1
Out of area	1

Q7. Do you agree with our proposals for public governors?

Q8. Do you agree with our suggested appointed governors?

Q9. If you believe we should have a separate service user and carer constituency, do you agree there should be a maximum of four governors?
Please provide reasons for your answer.

Q10. Do you think our number and balance of proposed governors will enable the Council of Governors to properly represent the public, our staff, service users and carers and other organisations?

Q11. Do you agree that the minimum age of a governor should be 16 years of age?



Board of Directors

The Board of Directors will be made up of executive directors and non-executive directors who will be responsible for managing the Trust. The Board of Directors is responsible for both the strategic and operational management of the Trust.

It is the Board of Directors that exercises the powers of the Trust and is accountable for its performance across the full spectrum of its activities.

The Board of Directors will be made up of a Chair, a maximum of six executive directors and a maximum of six non-executive directors.

The Chair will work closely with the Senior Independent Director (SID) and the Lead Governor. The SID (a non-executive director) will be appointed by the Board of Directors in consultation with the Board of Governors. The SID should act as the point of contact if governors have concerns which contact through normal channels has failed to resolve or for which such normal contact is inappropriate.

The Lead Governor is appointed to lead the Board of Governors in situations where it is not considered appropriate for the Chair or another one of the non-executive directors to do so. These occasions are likely to be infrequent but one example may be a meeting discussing the appointment of the Chair.

The regular meetings of the Chair, SID and Lead Governor will ensure that the Council of Governors and the Board of Directors carry out their roles effectively and efficiently in the best interests of the NHS Foundation Trust.

Q12. Do you agree with our proposals for the Board Directors?



Proposed Name Change



Once we achieve authorisation, we have to include the words 'NHS Foundation Trust' in our name. We understand how important it is to ensure we choose a name that identifies us and therefore we welcome your comments on which of our proposed names you prefer:

A new name:

- A) North Staffordshire and Stoke-on-Trent NHS Foundation Trust
- B) North Staffordshire NHS Foundation Trust
- C) North Staffordshire Healthcare NHS Foundation Trust
- D) North Staffordshire Combined Healthcare NHS Foundation Trust

Q13. Which name do you prefer?

Please give your reasons for your choice.



Getting Involved



How you can have your say

We are seeking the views of a wide range of people and organisations during the consultation process and we welcome your views and comments on our proposals to become an NHS Foundation Trust.

Our 12 week consultation runs for three months, from Monday January 9, 2012 to Friday March 30, 2012. There are several different ways in which you can comment on our proposals:

Email

membershipoffice@northstaffs.nhs.uk

By post

Fill out the form at the end of the document and return it to our freepost address:

North Staffordshire Combined
Healthcare NHS Trust
Membership Office,
Bucknall Hospital, Eaves Lane
Freepost MID25483
Stoke on Trent
ST4 6BR

By telephone

0300 123 1535 ext 2025

or visit www.combined.nhs.uk

Public meetings

We are holding a number of public meetings in our local areas to give people the opportunity to listen to our proposals and feedback their comments. If you would like to come along to one of our meetings, we would be grateful if you could please confirm your attendance by ringing the Foundation Trust team on 0300 123 1535 ext 2025.

Date	Venue	Time
Tuesday March 6, 2012	Academic Rooms 1 and 2 Harplands Hospital Hilton Road, Harpfields ST4 6TH	6pm - 7pm
Thursday March 8, 2012	The Oak Room in The Learning Centre Bucknall Hospital Eaves Lane, Bucknall ST2 8LD	6pm - 7pm
Wednesday March 14, 2012	Multi Purpose Room Ashcombe Centre 25/26 Wall Lane, Cheddleton ST13 7ED	10.30am - 11.30am
Thursday March 15, 2012	Group Room 2, Lymebrook Resource Centre Bradwell Hospital Site Talke Road, Chesterton, N-U-L ST5 7TL	12pm - 1pm

Next steps



All feedback will be recorded and we will publish a summary of the feedback shortly after the consultation ends. The feedback received will be used to inform how we proceed to become an NHS Foundation Trust and the governance arrangements.

All responses will be confidential and feedback will be considered at the Trust Board meeting in April 2012.

Any changes made in light of the consultation, influenced by responses received during the 12 weeks, will be published on our website.

If you are not a member of our Trust, and would like to join or find out more about what membership means, please go to

<http://www.combined.nhs.uk/joinus/Pages/Membership.aspx>

or complete the membership leaflet enclosed in this document.

Frequency Asked Questions



1. Are Foundation Trusts a way of privatising the NHS?

No. Foundation Trusts remain firmly part of the NHS. We will still be subject to the same targets, regulation and policies that govern all NHS organisations.

2. What difference will it make to the public when the Trust becomes a NHS Foundation Trust?

The public will be able to become members of our Trust which means that they have the opportunity to work with us to influence future service delivery. We will be more accountable to our local community.

3. How will governors make a difference?

Governors will meet regularly with members and listen to the views of their constituencies. Governors will be able to influence the Board of Directors by bringing forward the views of their local community.

4. As a member of staff, will becoming a NHS Foundation Trust mean that my pay, terms and conditions will change?

The only way the Trust could move away from existing pay, terms and conditions is in full consultation with staff and unions. If a proposal was put forward, it would have to be agreed by the Trust Board and Council of Governors. Of the 141 authorised Foundation Trusts, only one has moved away from Agenda for Change and this was supported by 95% of staff.

5. Should the Trust be pursuing a NHS Foundation Trust application in light of the economic climate?

Yes. As part of the application process, the Trust must demonstrate that it is financially viable and can remain so for the next five years as a minimum. This means that we have already planned to get through the forthcoming tough times that we are facing.

6. Why have some NHS Foundation Trusts experienced problems?

All Foundation Trusts must have robust governance and management structures in place. We will ensure that our systems and structures remain strong and fit for purpose.

www.combined.nhs.uk

North Staffordshire Combined Healthcare NHS Trust
Harplands Hospital, Hilton Road, Stoke-on-Trent ST4 6TH

The Trust is committed to providing communication support for service users and carers whose first language is not English. This includes British Sign Language (BSL).

This document can be made available in different languages and formats, including easy read, on request.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদের

Si vous souhaitez des informations dans une autre langue ou sous
veuillez nous le demander.

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If you would like to receive the document in a different format please telephone
freephone 08000 328728 or write to our FREEPOST address:

North Staffordshire Combined Healthcare NHS Trust
Membership Office
Bucknall Hospital,
Eaves Lane
Freepost MID25483
Stoke on Trent
ST4 6BR