

Imperial College Healthcare NHS Trust consultation on its foundation trust application

1. Purpose of this paper

- 1.1 To inform the Health and Social Care Scrutiny Sub-Committee about the Trust's consultation on its proposals and plans for becoming a foundation trust and seek its views and comments.

2. Reasons for wanting to become a foundation trust

- 2.1 The Trust sees becoming a foundation trust as an important step for the organisation - not an end in its own right. It is a symbol of a well-organised, well-run, well-led organisation which delivers healthcare to the highest standards of safety and quality.
- 2.2 Achieving foundation trust status is therefore seen as a means towards:
- bringing our Trust closer to our patients and local communities
 - further strengthening engagement with our people
 - providing greater freedom to innovate and develop our services

3. The foundation trust consultation

- 3.1 The Trust's consultation document 'Working in Partnership' sets out its plans to become an NHS foundation trust. It explains the reasons for the application and what becoming a foundation trust will mean for the organisation and the people who work for the Trust, its patients and the public, and partner organisations.
- 3.2 A key part of the Trust's foundation trust application is the consultation with its patients, people, the public and partner organisations. The Trust would therefore like to hear what the Scrutiny Sub-Committee thinks of the proposals.
- 3.3 The consultation period will run for a period of 12 weeks from 11 November 2013 until 10 February 2014. As part of this consultation, the Trust will be meeting with elected representatives, overview and scrutiny committees, staff, partner organisations and holding public meetings.

4. Areas for views and responses

- 4.1 In particular, the Trust would welcome the Scrutiny Committee's views and comments on its proposals covering:
- vision for its future as an organisation
 - minimum age for membership
 - public, patient and staff constituencies
 - public membership for the whole of Greater London
 - no subdivision of the patient membership
 - staff to automatically become members unless they choose to opt out
 - subdivision of staff membership
 - membership levels
 - size and composition of the council of governors
 - minimum age of governors
 - arrangements for council of governor elections
 - plan for the board of directors

5. Trust information

- 5.1 Imperial College Healthcare NHS Trust was created in October 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and partnering with the faculty of medicine at Imperial College London.
- 5.2 The Trust treats patients at every stage of life – from conception through to care of the elderly – with over 55 specialist services for both adults and children. There are five hospitals in the Trust.
- 5.2.1 Charing Cross Hospital: a general hospital that provides a range of adult clinical services. The hospital currently hosts one of eight hyper-acute stroke units in London. It is also a key site for teaching medical students from Imperial College London.
- 5.2.2 Hammersmith Hospital: a general hospital and is well known for its research achievements, hosting a large community of Imperial College London postgraduate medical students and researchers. The hospital hosts the heart attack centre for north west London.
- 5.2.3 Queen Charlotte's & Chelsea Hospital: provides maternity and women's and children's services. The hospital has extensive high-risk services and cares for many women with complicated pregnancies. The hospital also has a midwife-led birth centre for women with routine pregnancies who would like a natural childbirth experience.
- 5.2.4 St Mary's Hospital: a general acute hospital that diagnoses and treats a range of adult and paediatric conditions. The hospital also provides maternity services and hosts one of four major trauma centres for London.
- 5.2.5 Western Eye Hospital: dedicated to ophthalmology offering the only 24-hour emergency eye care service in west London.

6. Trust performance

- 6.1 A focus on quality has brought benefits to patients, with indicators demonstrating that the Trust is maintaining and improving its performance, in a range of areas resulting in swifter, safer treatment for patients.
- 6.2 The sum of these efforts is reflected in the Trust's mortality rates, which are amongst the lowest in the country.
- 6.3 Financially, having eliminated the underlying deficit in 2011-12, the Trust's plan for 2012-13 was to deliver a surplus to provide a stable platform for an application to become a foundation trust. On an annual turnover of £971 million, the surplus of £9 million was an £8.5 million overachievement on plan. This demonstrated the continued improvement the Trust has made and needs to sustain into 2013-14.
- 6.4 While the Trust has made good progress it faces current and future challenges and recognises areas for further improvement. Throughout 2013-14, there continues to be a focus on meeting all the national cancer standards, preventing infections wherever possible and improving patient experience.

7. Proposals for becoming a foundation trust

- 7.1 Monitor, the regulator of health services in England, requires the Trust to develop new governance arrangements that will increase community and partnership working through a membership structure and council of governors. The basic governance structure of all NHS foundation trusts includes:
- membership
 - council of governors
 - board of directors

7.2 Membership

7.2.1 Membership of a foundation trust is an excellent way of becoming more involved in the way that healthcare works. It is proposed that the minimum age for membership should be 16 and would be drawn from three constituencies:

- Public members
- Patient members
- Staff members

7.2.2 Public

- The proposal is for a single public constituency for Greater London covering the 32 London Boroughs and the City of London

7.2.3 Patient

- Anyone who has been a patient of the Trust, including private patients, within the last five years is eligible to become a member
- Some foundation trusts have sub-divided the patient constituency - for example to include 'carers'. The Trust is not proposing any sub-divisions

7.2.4 Staff

- Staff membership is open to any current employee of Imperial College Healthcare NHS Trust with a permanent, temporary or fixed-term contract for at least 12 months
- In order to ensure that input from the staff constituency is representative, it is proposed to sub-divide the staff constituency into two sections: clinical and non-clinical

7.2.5 Members would be asked to indicate which level of membership they would like to have when they join. The proposed membership levels are:

- Informed Member – receive information
- Involved Member – attend meetings and events
- Active Member – participate in surveys/projects/elections

7.3 Council of governors

7.3.1 The council of governors is the body through which the membership maintains dialogue with the Trust board. It has a number of important roles and responsibilities. Any foundation trust member would be eligible to become a governor so long as they are not disqualified by statutory or other grounds as set out in the Trust constitution.

7.3.2 Public, patient and staff governors would be voted in by their constituencies via elections whereas partner governors will be appointed by the partner organisations.

7.3.3 Monitor requires all governors to be aged 16 years or over and the Trust proposes 16 as a minimum age.

7.3.4 Foundation trust legislation stipulates minimum requirements for the composition of the council of governors, i.e. it must include staff representatives as well as representatives from the public, the local authority, education and partner organisations. It is also mandatory that public and patient governors together comprise over 50 per cent of the council of governors.

7.3.5 Elections would be held for all public, patient and staff representatives on the council of governors. The Trust is proposing the following:

- governors would normally be elected for a three-year term
- governors would be entitled to stand for election again once their term was completed up to a maximum of nine years
- elections would be carried out by a recognised independent third party
- elections would be conducted using the 'first past the post' system
- should vacancies arise, these would be filled either by appointing the runner-up in the previous election (should that be within six months of the election) or by having a by-election for that vacancy

- 7.3.6 The proposed composition of the council of governors provides for two governor positions from local authorities. Nominated partners would choose their own process for deciding governor appointments.

To ensure our council of governors is representative, we propose a total of 31 governors, which would be allocated as follows:

Constituency	Section/Partner	Number of seats
Public	Greater London	8
Patients	Patients within the last five years	8
Staff	Clinical	4
	Non-clinical	1
Nominated partners	Clinical commissioning groups	1
	NHS England	1
	Local authorities	2
	University: Imperial College London	1
	AHSC partners	3
	Independent medical charity	1
	Voluntary organisation	1
Total size of council of governors		31

7.4 Board of directors

- 7.4.1 As a foundation trust the Trust will continue to have a board of directors made up of non-executive directors (NEDs) and executive directors. They will be legally accountable for the running of the organisation setting the Trust's strategic aims and objectives. The Trust board will be responsible for the management, leadership and day-to-day performance of the organisation.

- 7.4.2 All NHS and NHS foundation trusts are required to have a board of directors in which a majority are NEDs. The chairman of the Trust is automatically appointed to the council of governors.

8. Trust vision for the future

- 8.1 The Trust's vision and values reflect its position as the major provider of acute healthcare services to the residents of north west London, with a leading reputation in specialist services, academic research and medical education. In delivering this vision, the Trust is committed to always putting patients first, making high quality, safe and compassionate care its top priority.

- 8.2 The proposed Trust vision is:
 "To improve the health and wellbeing of all the communities we serve and, working with our partners, accelerate the implementation into clinical practice of innovations in research, teaching and clinical service in order to transform the experience of our patients."

- 8.3 Four strategic objectives have been developed to support the achievement of this vision:
 "1. To develop and provide the highest quality, patient-focused and efficiently delivered services to all our patients.
 2. To develop recognised programmes where the specialist services the Trust provides (defining services) are amongst the best, nationally and internationally and leverage this expertise for the benefit of our patients and commissioners."

3. With our partners, ensure high-quality learning environment and training experience for health sciences trainees in all disciplines and develop a satisfied workforce that is representative of the communities the Trust serves.
4. With our partners in the academic health science centre and leveraging the wider catchment population afforded by the Academic Health Science Network, innovate in healthcare delivery by generating new knowledge through research, translating this through the AHSC for the benefit of our patients and the wider population.”
- 8.4 To help deliver the best quality healthcare into the future, the Trust has been working in partnership with its commissioners and other healthcare partners across north west London to develop plans to consolidate core teams, skills and facilities onto specific hospital sites.
- 8.5 The Trust’s emerging clinical strategy has been developed following the principles set out in Lord Darzi’s 2007 strategy for the capital, Healthcare for London and more recently, the *Shaping a healthier future* programme for north west London. Both are firmly based on three principles which the Trust strongly supports:
- Localising routine medical services where possible means better access to care closer to home and improved patient experience
 - Centralising specialist services where necessary drives up quality through better clinical outcomes and safer services for patients
 - Integrating patient pathways between primary and secondary care, with involvement from social care, to give patients a joined-up service
- 8.6 The Trust’s strategic aims are consistent with the *Shaping a healthier future* proposals to ensure patients benefit from the:
- most modern medical techniques/models of care
 - highest standards of clinical expertise
 - best possible facilities.
- 8.7 The Trust sees each of its three main hospitals developing their own distinctive and interconnecting character:
- Hammersmith Hospital: continuing on its path as a specialist hospital with a strong focus on research
 - St Mary’s Hospital: being the acute/emergency hospital for central London
 - Charing Cross Hospital: developing as a flagship local specialist health and social care hospital with planned/elective surgical innovation and care services
- 8.8 All three hospital sites would continue providing local services as well as their particular unique function.
- 9. Next steps**
- 9.1 An important part of the Trust’s application for foundation trust status is to consult with our patients, people, the public and partner organisations. The consultation period runs until 10 February 2014.
- 9.2 The findings of this consultation will be submitted to the Trust’s board of directors who will review and consider all the feedback and use it to shape the final application for foundation trust status. A summary of the results of the consultation and the Trust response will be made publicly available.
- 9.3 The timetable following the consultation period features the following next steps:
- Spring 2014: NHS Trust Development Authority assesses the foundation trust application for submission to Monitor
 - Summer 2014: Monitor undertakes official assessment
 - December 2014: The Trust is awarded foundation trust authorisation