



NHS Foundation Trust application by the Northern Devon Healthcare NHS Trust

Consultation document
October 2011 to January 2012

Keeping services local
to support independence



Contents

Your local NHS Trust is changing	1
Who we are and what we do	2
Our patients	5
What are NHS Foundation Trusts?	6
Our consultation on becoming a NHS Foundation Trust ..	7
Our five year vision	8
Strategic objectives	9
Our future plans	10
Getting involved - members and membership	12
Next steps	18
Glossary	19
How to reply	21

Other formats

If you need this document in another format such as audio tape or computer disk, Braille, large print, easy read, British Sign Language, or translated into another language, please telephone 01271 311575.

For additional copies of this consultation document, please contact:

Foundation Trust membership office
Level 5, Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel: 01271 313971

Your local NHS Trust is changing

Welcome to our consultation to become an NHS Foundation Trust. This FT application introduces a new era and confirms our pride, confidence and ambitions to keep developing excellent services for patients.

This document tells you something of those ambitions and our plans for the next five years. This is an exciting time for the Trust and we would like to share our vision with you.

We are proud of the progress we have made in reducing waiting times and raising our infection control performance. We are also pleased to be recognised as one of the first NHS Trusts to break down the barriers between hospital and community healthcare services, which means patients receive a joined-up service when being discharged from hospital or when developing care plans to support them to recover in their own home, for instance.

We know that our hospitals and staff offer excellent clinical and personal care when it is needed. But we also believe we can do better, and that by becoming an NHS Foundation Trust we will be better able to innovate and deliver modern, joined-up health and social care to the areas and people we serve. For this reason we are delighted to announce the launch of our public consultation in October which marks the start of our application to become an NHS Foundation Trust.

We would like you to be part of our future and get involved in your local NHS. Please take this opportunity to tell us what you think as your views will directly influence the way we run the Trust in future.

We hope that once you have read this document, you will feel able to comment on our proposals and that you will become a member of our new NHS Foundation Trust.

We look forward to hearing from you.



Roger French
Chair



Jacqueline Kelly
Chief Executive

Who we are and what we do

The Northern Devon Healthcare NHS Trust (hereafter referred to as the Trust) is the only provider of acute services in Northern Devon, at the North Devon District Hospital and the sole provider of integrated community health and social care services across Exeter, North, East and Mid Devon.

In addition, we provide specialist community services, e.g. sexual health, podiatry and health promotion across the whole of Devon.

The Trust was one of the first in England to integrate acute and community healthcare services in 2006, quickly followed by an integration of adult community health and social care services in 2008.

More and more care is being provided in community settings and this Trust bases all its plans on tailoring services to meet the needs of individual patients and providing care in the right setting.

Our success at integrating acute hospital and community care laid the groundwork for the decision by NHS Devon in September 2010 to transfer an additional 12 community hospitals and complex care teams and all of the pan-Devon specialist community services to the Northern Devon Healthcare NHS Trust.

The Trust's core services are as follows:

1. Acute services: The North Devon District Hospital in Barnstaple with 274 general & acute inpatient beds, 54 day case/treatment beds and 17 maternity beds.
 - Facilities include an emergency department, 8 operating theatres, state of the art diagnostics suite (MRI and CT),
2. Community integrated health and social care services across northern Devon and Exeter, east and mid Devon and (the latter catchment collectively referred to as eastern Devon)

- Facilities include: 17 community hospitals with 333 community hospital beds, two walk-in centres, dental access centre and nine minor injury units
 - Integrated community health and social care services are organised into nine health and social care clusters, with smaller complex care teams serving market towns and catchments across Devon
3. Pan-Devon community specialist services serving communities across the whole of Devon, including sexual health, community podiatry, community dental services, health promotion, bladder and bowel amongst others.

The acquisition of the additional community services across eastern Devon means 52% of the Trust's activity now takes place in a community, as opposed to acute setting.



Acute hospital: North Devon District Hospital

The populations of Torridge and North Devon account for 94% of the patient flow to the North Devon District Hospital in Barnstaple, with the remaining 6% coming from residents on the Cornish and Somerset borders and tourists to the area.

The North Devon District Hospital provides a 24/7 accident and emergency service and a full range of acute services such as trauma, orthopaedics, general surgery, stroke care and cancer services amongst many others. The Trust has recently invested in state of the art CT and other diagnostics services.

An increasing number of procedures are now carried out as day cases – which means patients do not need to stay the night in hospital. More and more operations will be done this way.

To ensure that our North Devon population can access the specialist acute services of the larger hospitals, we have developed a number of clinical networks with hospitals in Plymouth, Exeter and Taunton. These cover neonatal, cancer and vascular services. This means that consultants and specialist clinicians hold clinics in North Devon to prevent patients having to travel further afield.

Between April 2010 and March 2011, the North Devon District Hospital saw 24,500 inpatients (non- and elective), 19,000 day case patients, 40,000 A&E attendances and 135,000 consultant-led outpatient patients.



Community hospitals: North and Eastern Devon

The Trust manages 17 community hospitals across north, east and mid Devon.

Some hospitals also offer a minor injury unit and specialist services such as stroke rehabilitation and renal care.

We have created a network of hospital and community services which reach across Devon and provide joined-up local care for our patients.

All of our community hospitals provide outpatient appointments, where consultants and nurse specialists hold clinics in your local town to avoid you having to travel to Barnstaple or Exeter.

Many of our patients have more than one health need. For instance, they may be diabetic but also need a hip replacement. This requires us to tailor our service around the needs of the patient and manage those complex health needs across different healthcare and home settings.



Complex Care Team

We are breaking down boundaries between different care organisations so that patients don't get passed from one team to the other.

Our community nursing and therapy services provide integrated health and social care services to ensure that patients are supported to live independently in their own homes.

There are 17 Complex Care Teams and they serve those patients who need regular support from skilled professionals, and consist of district nurses, social workers, physiotherapists, occupational therapy, community nursing and community matrons. These patients may have long term conditions or need rehabilitation following an illness.

The role of the Complex Care Teams is to provide local services which rehabilitate patients and promote their independence in their own home.

Adult community health and social care services are provided through cluster management arrangements aligned to primary care services.



Pan-Devon specialist community services

Our wide range of specialist community services cover the whole of Devon. These services include community podiatry, musculo-skeletal physiotherapy, bladder and bowel, cardiac services, chronic fatigue, tissue viability, dental, sexual assault centre, genito-urinary medicine, family planning and health promotion, which includes smoking cessation.



Our values

We take pride in the services we offer patients and are guided by the following values that characterise the way the organisation operates at every level. These are:

- Integrity** We will act with integrity and openness.
- Diversity** We will treat others fairly and equally and value diversity.
- Compassion** We will demonstrate care and compassion.
- Support** We will listen and support others and make time to do so.
- Excellence** We will strive for excellence in all that we do.

Our patients

The demographics of northern and eastern Devon are broadly similar. However Exeter has a significantly higher population of working age people, and East Devon has significantly more older people, with more than a quarter aged 65 years or older.

The majority of our patients live in Exeter, north, east and mid Devon. However, there are some villages on the edges of the Cornwall, Somerset and Dorset borders which also use our services.

By 2030 the Office of National Statistics projects that the population for northern Devon will increase by 19% to 186,800, and eastern Devon will increase by the same percentage to 388,700. More significantly, the proportion of the population that will be aged 65 or older will increase to 31% in northern Devon and 28% in eastern Devon, meaning that nearly three in ten people across the whole of northern and eastern Devon will be 65 or older.

In balance, the proportion of those aged 20-39 and those aged under 10 are significantly below the national average, particularly in the 25-34 age band where there is significant out-migration to other areas.

Whilst the rate of population increase is not extreme, the fact that the population is ageing means that health and social care leaders need to plan services that meet that need far in advance. In general terms, older people tend to have a greater need for healthcare. In future, it is increasingly likely that some patients with less complex needs who currently stay overnight or for a few days in hospital will be treated in the community or at home.

We expect a rebalancing of resources between our acute and community teams where the acute focuses on patients who are severely or acutely ill and we invest in community services which support people in their own homes and avoid unnecessary hospital admissions.

Table 1: Population catchment for the northern and eastern parts of Trust

Area	Age Range			
	<15	15-64	65+	Total
North Devon	15,300	56,900	19,400	91,500
	17%	62%	21%	
Torridge	10,500	40,500	14,500	65,300
	16%	62%	22%	
Northern Devon	25,800	97,400	33,900	156,900
	16%	62%	22%	
Mid Devon	13,400	47,300	14,700	75,600
	18%	63%	19%	
East Devon	19,700	77,500	35,800	133,000
	15%	58%	27%	
Exeter	16,800	83,400	18,300	118,500
	14%	70%	15%	
Eastern Devon	49,800	208,100	68,700	327,100
	15%	64%	21%	
NORTHERN & EASTERN DEVON	75,600	305,100	102,600	483,900
	16%	63%	21%	

What are NHS Foundation Trusts?

If we are successful in forming an NHS Foundation Trust (FT), there will be a number of changes to the way we operate, which include:

Being more accountable to our community NHS FTs are governed by a principle of membership. Any member of staff or the public in the communities we serve will be encouraged to become involved with the activities of the NHS Trust on an ongoing basis. From this membership are elected a number of Governors who have formal duties and rights in relation to the operation of the Trust's activities.

Being able to respond to local need We are submitting an NHS FT application now because the Trust Board believes that as a Foundation Trust, we will be better able to meet the needs and priorities of the people in the areas we serve.

Having greater financial and commercial freedom We will be able to retain any surplus made on our income and - supported by our commissioners and in liaison with our Governors and members - decide how best to reinvest that surplus in patient services.

Being regulated rather than directed We will be licensed and regulated by Monitor, the independent regulator of NHS Foundation Trusts. Monitor will work with other regulators, such as the Care Quality Commission, to ensure that we are meeting the terms of our license at all times and that we continue to provide high quality NHS services to NHS patients.

Having legally binding contracts

Our NHS primary care trusts (PCTs) and other clinical commissioning groups will agree contracts with us to pay us for the work that we do from an agreed price list (the national tariff). This will give us greater financial stability, and we'll then be responsible to our customers who will monitor our performance according to the contract.

Our name To reflect the expanded catchment area of the Trust, we consulted staff and stakeholders as to whether we should change our name ahead of an NHS Foundation Trust application. It was felt that Northern Devon Healthcare NHS Trust no longer reflected the breadth or geography of the services we offer.

We analysed the feedback from staff and stakeholders and propose that, on authorisation as an NHS Foundation Trust, we adopt the name Devon Care NHS Foundation Trust.

Our consultation on becoming a Foundation Trust

What is the consultation for?

The first sign of the Trust being more accountable to the public is that it needs to conduct a consultation with the local community to gain your views on our future service plans and the way the organisation will be run.

The public consultation runs from 20 October 2011 to 16 January 2012.

This consultation asks you questions which cover five key topics:

- Our Vision
- Strategic Objectives
- Our Future Plans
- Our Membership
- The Council of Governors

We welcome your views and advice to contribute to a genuine debate that will ensure that North Devon becomes an NHS Foundation Trust responsive to the communities we serve.

The consultation questions are enclosed at the front of this document, or you can complete it online at www.northdevonhealth.nhs.uk/ft. Your answers will give us essential information about the sort of organisation you want running your local healthcare services.

During the public consultation, there will also be a series of meetings, hosted by senior executive and clinical staff from the Trust. The details of the five public meetings are outlined in the blue box. More may be arranged on request.

Please check our website www.northdevonhealth.nhs.uk/ft for details of all consultation meetings and activities.

To ensure we hold a thorough consultation, we have also approached many of the local groups to see if we can attend their meetings or events. If you are a community group and would be interested in inviting the Trust to a meeting, please contact us on 01271 313 971, contactus@ndevon.swest.nhs.uk or by post at NHS Foundation Trust Membership Office, North Devon District Hospital, Raleigh Park, Barnstaple, Devon, EX31 4JB

Membership

Coinciding with the launch of the consultation is our invitation for members of the public to join our NHS Foundation Trust as members.

The membership application form is on the reverse of the consultation question (enclosed in this document) or can be submitted online www.northdevonhealth.nhs.uk/ft

Public Consultation Meetings:

November 2011

- Barnstaple, Guildhall
- Thur 10th 6.00pm
- Holsworthy, Market Hall
- Wed 16th 6.00pm
- Okehampton, Charter Hall
- Wed 23rd 2.00pm
- Exmouth, Elizabeth Hall
- Mon 12th Dec 6.00pm

December 2011

- Ottery St Mary, The Institute
- Wed 7th 2.00pm
- Exeter, Whipton Community Hall
- Thur 8th 6.00pm

Our five year vision

The Trust Board reviewed its vision and strategy in September 2011. This sets out our 5-year goals and our ambitions. The vision builds on our current reputation of increasingly good performance, excellent waiting times, sound governance arrangements and delivery of high quality care as evidenced by a range of external assessments.

The Trust's mission is: *Keeping services local to support independence*

The Trust's vision is: *We will be an integrated health and social care Trust and underpinning everything we do will be the provision of safe, high quality care. We will support the population to be as healthy and as independent as possible.*

We will do this by:

1. Understanding the health and social care profile of the population and responding to the identified needs
2. Listening to the individual needs of our service users and responding to those needs quickly
3. Supporting primary care:
 - a. By simplifying the referral process and all other pathways, minimising hand offs
 - b. By maintaining their chosen clinical responsibility for patients, across the whole pathway
 - c. By lifting administrative and logistical burdens that divert them from their caring responsibilities
4. Supporting patients to make the best decisions for themselves in their circumstances
5. Keeping as many people out of hospital as possible and always supporting the whole patient pathway
6. Intervening early, accepting a responsibility to act when requested
7. Having a home-based philosophy which takes into account the wishes of service users and their families
8. Ensuring that hospital care is quickly available when it is needed
9. Providing acute services in North Devon but also working in partnership with providers and others so that services are always available from the best provider of safe, high quality care, not necessarily always by us
10. Building strong partnerships with a full range of commissioners, be they corporate, independent or individual
11. Ensuring that the organisation does not get in the way of care – always taking a patient / system view
12. Focusing all our professional expertise to the benefit of patients, across the whole organisation, not just in the acute setting
13. Exploring new business opportunities that allow other populations to benefit from models of high quality care and service that work and that we can provide
14. Ensuring our staff understand the contribution they make to the care of people who use our services.

Question 1: Do you believe this vision will produce good care for our patients?

(please mark your response on the fold-out questionnaire at the front)

Strategic objectives

The Trust's vision sets out the ambitions for the organisation. It is supported by ten high-level strategic objectives which articulate the themes along which the organisation will develop.

Effective care – We will deliver clinically effective care grounded in safe and effective systems and processes.

Sustainable services – We will provide locally sustainable services that are supported through resilient clinical partnerships with other individual organisations and robust clinical networks that reach across the health system.

Integrated care – We will maximise the opportunities of an integrated health and social care delivery systems to provide the right care at the right time in the right place for the individual patient.

Exceptional workforce – We will find, recruit and retain exceptional staff who are fully engaged with the purpose and success of the Trust.

Innovative improvement – We will be able to innovate reliably as part of our business model.

Modern environments – We will maintain and develop clean, modern and welcoming environments at each Trust location.

Financial health – We will secure and protect sustainable financial health.

Governance and compliance - We will be able to respond successfully to all external imperatives and pressures while continuing to transform the Trust and respond to the changing health and social care environment.

Marketing - We will establish and sustain broad awareness of our position as a high performing provider of care and as an estimable peer in the health system.

Structure and partnerships - We will create and sustain the right business structure and the partnerships necessary to make the business robust and resilient. Through robust clinical networks, we will provide services locally where it is safe and effective to do so.



Our future plans

Our strategy will ensure that we have the right plans to provide services which meet the needs of our patients. This also means that we have plans which ensure we employ staff with the right skills.

We are ambitious for our patients and accountable to them. We believe that by living and breathing our core values and setting out common goals we are all working towards, we will ensure high quality care, better performance and consequently provide value for money and financial sustainability as an organisation.

A snapshot of each service development plan follows:

1. Supporting independent living and well-being

Our NHS Trust is unique in that we provide a wide range of hospital, acute and integrated health and social care community services across Devon. Our ethos is to develop services which focus on a patient's individual needs and support them in or close to their own homes.

Helping patients manage their illnesses or injuries at home or in the community means that patients do not end up in hospital unnecessarily.

However, when hospital care is needed, we will ensure it is available promptly and with the right clinical expertise inputting into a patient's care. Once in hospital, we will continue reducing delays to discharge and ensuring that services are joined-up for patients when they leave hospital.

Instead of waiting for people to become ill and need our services, we will also focus our efforts on providing information and support so that people can make informed lifestyle choices (i.e. about smoking).

2. Responsive acute hospital services

This plan recognises that demand on hospital services can be very unpredictable: there is no average day or night. We will develop our acute services to be sufficiently flexible to accommodate all the patients who need acute hospital care.

We will do this by modernising the way we provide care and the buildings in which that care is provided. Our hospital care will continue to be to the highest clinical standards but we will invest in ensuring it is efficient and supports the independence of patients once they leave hospital.

3. Protecting the rights of vulnerable adults when they have a physical illness or injury

The vulnerability of patients has an impact on how we care for them. We will improve the care we provide vulnerable adults by ensuring our staff are trained to recognise and assess their needs and take a holistic approach to their care. This includes patients with dementia or a learning disability, even if there is not a formal diagnosis.

In addition, we will also work hard to avoid unnecessary hospital admissions of vulnerable adults where there is alternative, community-based support available.

4. Networks and partnerships

At an organisational level, we will continue to work in clinical networks with our partners to ensure our services are local, safe and promote independence. This will also ensure that we can continue to respond to the changing configurations or centralisation of some specialist services.

We will also work in partnership with our patients to provide the best possible service, and ensure they are equal partners in the decisions about their care.

5. Estates

Modernising our buildings is a key part of improving our services. Our goal is to ensure that our services are provided in buildings which are fit for purpose and help staff do their job efficiently.

6. Integrated patient record

It is our plan to create an integrated patient record to ensure that there is seamless transferring, recording and sharing of information across our services. Accurate documentation supports and enhances the delivery of high quality patient care.

An integrated patient record will enable our clinicians and partner clinicians such as mental health practitioners, GPs and social care professionals to access a central patient record and develop care plans which centre on the patients whole needs, and not just those which present at that time.

7. Non-clinical services

We will ensure that we protect front-line clinical services by ensuring that our non-clinical services are as efficient as possible. We will review our contracts with suppliers to ensure that we are obtaining maximum value for money and deliver savings which can be reinvested in clinical services.

Question 2: These plans are what we feel our priorities should be. Do you think we have missed anything out?

(please mark your response on the fold-out questionnaire at the front)

The next section talks about what being an NHS Foundation Trust involves and what it means for staff, patients, and the public.

Getting involved

members and membership

Members are at the heart of an NHS Foundation Trust and consist of local people, patients, carers and staff.

The NHS Foundation Trust is accountable through the membership and its Council of Governors to local people, patients and carers, partners and staff. We aim to create a membership which empowers and involves local people in developing our services.

Our aim is to recruit a membership with is representative of the communities we serve. Our target numbers for public membership are:

- 3000 by April 2012
- 5000 by April 2013

Thereafter, an annual target will be agreed by the Council of Governors to ensure our membership is representative of the area we serve.

How to become a member

One of the consultation questions asks whether you would like to become a member. You can do this easily by:

- » filling in the form enclosed with this document
- » contacting us to complete the form over the phone or request a version in a different format (easy read, Braille or another language) – 01271 313971
- » going online
www.northdevonhealth.nhs.uk/ft

The membership application forms will also be available at every consultation meeting.

By applying, you are registering your interest to be a member of the Trust from the day that it is authorised by Monitor. Between now and then you will hear from us and be invited to events.

You can be a member of more than one NHS Foundation Trust.

Role of the Membership

The Trust will encourage people to register as members and support their local NHS.

Benefits of membership

The main benefit of being a member is that you can make your voice heard. In doing so, you can help us as we continually strive to improve our standards of patient care and patient safety.

What do members get?

- Regular jargon-free communications to keep you informed about your hospital and surrounding services
- Opportunities to get involved with the Trust e.g. taking part in consultations, surveys or volunteering
- To take advantage of the benefits of 'NHS Discounts' – a web based organisation which offers exclusive discounts on a wide range of products
- Targeted information on health issues or health promotions. Information and training for those who want to find out about becoming a Governor
- The chance to stand for election to the Council of Governors and to vote for Governors.

You can choose the level of involvement you have with the Trust from receiving a newsletter to filling in questionnaires, attending membership meetings, open days to taking part in service design groups, focus groups and consultations.

Who are our members?

Membership is open to everyone aged over 18.

We will ensure our membership is demographically representative of our community and has a fair representation across all membership Constituencies.

We will have two membership constituencies:

1. Public members: People living in the communities served by the NHS Foundation Trust, and patients who use our services will be entitled to become public members of the NHS Foundation Trust. There are four constituencies of public member:

1. Northern Devon
2. Exeter and Eastern Devon
3. Mid Devon
4. Out of these areas

Public member must:

- Live in Devon or the neighbouring counties of Cornwall, Somerset and Dorset.
- Be over 18 years of age.

Important notes on membership:

Members do not receive preferential treatment. Members have exactly the same access to NHS care as anyone who chooses not to become a member of the NHS Foundation Trust.

It is very important that the membership reflects the diverse communities we serve. We particularly wish to encourage public members from minority and disadvantaged communities (to contribute to the public voice on all aspects of the NHS Foundation Trust's services.)

For more information on membership, please refer to our Membership Strategy for more details at www.northdevonhealth.nhs.uk/ft

We reserve the right to refuse membership to those who have a record of aggressive or violent behaviour against any of the NHS Trust's employees, have been dismissed from employment by the NHS Trust, or been removed as a member of another NHS Foundation Trust.

Question 3: Should the minimum age of members be 18 or should we lower it to 16?

(please mark your response on the fold-out questionnaire at the front)

2. Staff members: Employees of the NHS Foundation Trust who meet the eligibility requirements are able to become staff members. All staff employed by the NHS Foundation Trust on a permanent contract, or who have completed or have the intention of completing at least twelve months service are eligible to register as staff members.

Any member of staff who holds a permanent contract can be a member of the new NHS Foundation Trust. In fact, staff will automatically become members unless they positively say they don't wish to be. The benefits of this approach are that it sends a strong message to staff that they are 'part' of the organisation. We believe that NHS Foundation Trust status increases this sense of 'ownership' for all staff by encouraging them to be active in both membership and the Council of Governors.

There will be a period of staff communication and involvement leading up to the public consultation. We think this is important in order to involve and engage them as fully as possible in our NHS Foundation Trust plans and for them to become positively engaged as NHS Foundation Trust members.

Question 4: Do you agree that our public constituencies adequately represent the communities we serve?

(please mark your response on the fold-out questionnaire at the front)

Governance

These proposals outline the governance plans for Northern Devon Healthcare NHS Trust becoming an NHS Foundation Trust. Governance is described by Monitor, the independent regulator of NHS Foundation Trusts, as “the process whereby organisations make strategic decisions, determine who is involved and ensure accountability is maintained.

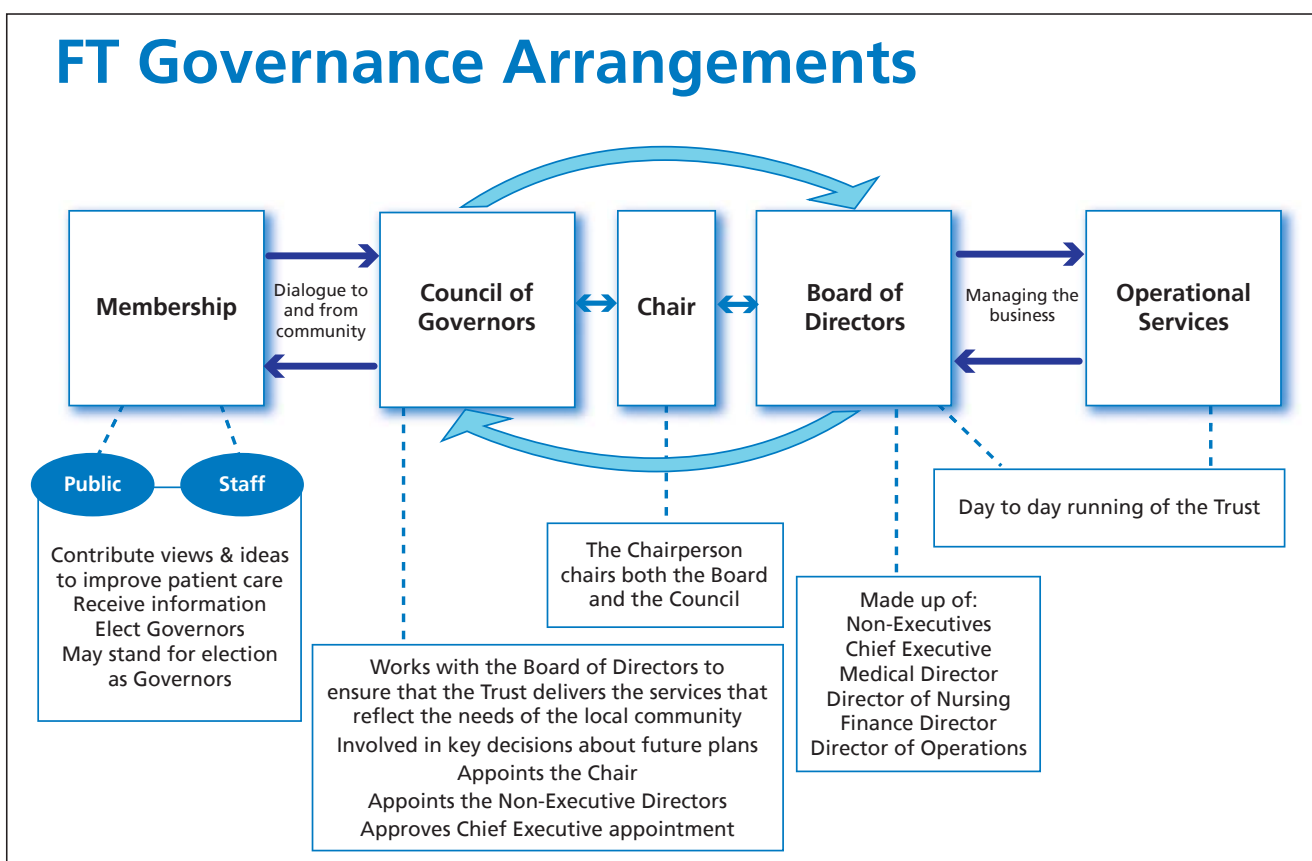
The final decisions about the detailed constitutional arrangements, and composition of the Membership, Governors and the Board of Directors will be influenced by the advice and views expressed by local people, elected representatives and our partners in health and social care during this important consultation.

We do hope you will take the opportunity to comment on these proposals, and tell us what you think about the governance arrangements that offer new ways of working and public involvement that benefit the communities we serve, and establish a sound foundation for health.

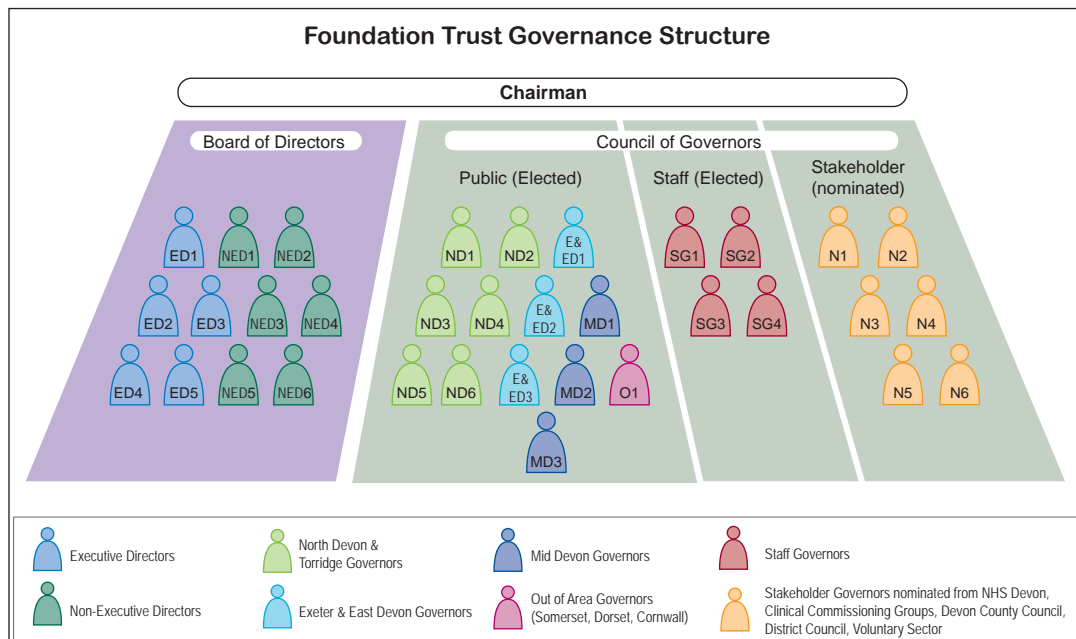
Our future governance centres on the three bodies:

- Our Members (see pages 12 and 13)
- Our Council of Governors (see pages 15 and 16)
- Our Board of Directors (see page 17)

Legislation stipulates the basic composition of the Council of Governors, i.e. it must include staff representatives as well as representatives from the public, Local Authorities and partner organisations. It is also compulsory that public Governors comprise over half of the Council of Governors.



The Council of Governors



The diagram above sets out the component parts of the new governance structure of the new NHS Foundation Trust.

The Council of Governors is the body through which the membership maintains dialogue with the Trust Board.

We propose that the Council of Governors should comprise 23 Governors in total. These include:

- 13 elected Public Governors who represent geographical areas and are elected by the public members of which:
 - 6 x North Devon and Torridge
 - 3 x Exeter and East Devon
 - 3 x Mid Devon
 - 1 x Out of Area
- 4 elected Staff Governors who are elected by the staff members
- 6 nominated Stakeholder Governors who are appointed by partner organisations.

The public and staff Governors will be elected by other members of the NHS Foundation Trust to represent them as public or staff Governors to hold the new Foundation Trust to account for the decisions it makes.

The Council of Governors of the NHS Foundation Trust will be accountable, through its membership, to ensure the public, staff and partner organisations are able to contribute to decisions about future strategy.

The Governors will work closely with the Board of Directors, and have the right to be consulted about the NHS Foundation Trust's development plans, including the Strategic Development Plan and any significant changes.

Question 5: Do you think that these arrangements give staff adequate representation in the Council of Governors?

Question 6: Do you think the Council of Governors is the right size to provide good representation of the local communities served by the Trust?

These are the final questions. Please respond by filling in the questionnaire. If you would like to support the Trust by becoming a member, please fill in the application form on the reverse of the questionnaire. Alternatively, visit www.northdevonhealth.nhs.uk/ft to complete the forms online.

The Council of Governors is responsible for:

- Representing the interests of the communities served in the management and stewardship of the NHS Foundation Trust
- Communicating information about the NHS Trust, its strategic direction and its performance to the constituency that each Governor is selected to represent
- Appointing the Non-Executive Directors of the NHS Trust, including the Chairman
- Approving the appointment of Chief Executive and Executive Directors
- Appointing the NHS Trust's external financial Auditor
- Receiving at a public meeting, copies of the NHS Foundation Trust's Annual Report and Accounts, and Auditor's reports

The most important thing you will need to be one of our Governors is enthusiasm for the role, rather than any specific skills or knowledge. As well as representing your own views, you should be willing to represent the views of people in your community. You'll also need the time to communicate with your constituents and to prepare for and attend several meetings each year.

Governors do not undertake operational management of NHS Foundation Trusts; rather they collectively hold to account the Board of Directors for the NHS Trust's performance and advise on its future development. Legislation provides Governors with statutory responsibilities and more details about their roles and responsibilities can be found on our website at www.northdevonhealth.nhs.uk/ft

Governors will play an important and highly effective role within our governance processes and we as an NHS Foundation Trust will support them and ensure they are fully equipped to carry out their duties. Governors will receive out of pocket expenses but they do not receive a salary.

Election of Governors

Elections will be held for all public and staff Governors on the Council every three years. Elections will be carried out by a recognised independent third party.

- Governors will be elected for a three year term
- Governors should be able to stand for election again once their term is completed. If re-elected, they may serve for no more than six consecutive years
- Bodies with the right to nominate Governors will be asked to review their appointments every three years
- Should a vacancy arise, we will follow the election guidance in our constitution.

To avoid disruption, we will stagger the elections, so not all Governors submit for re-election at the same time. The Governors in each category who are due to submit for re-election or reappointment in each of the first three years will be identified by independent random selection at the first meeting of the Governing Body.

Governors - Exclusions

Employees of the NHS Trust, of partner health organisations and of the Local Authority Departments directly involved in Health and Social care will not be eligible to be elected to the Governing Body as representatives of the public or of patients.

Individuals who hold a political office or who are employed in support of a political office will not be eligible for election as representatives of the public or patients.

A person will not be eligible to be a member of the Governing Body if they are an undischarged bankrupt, or in the last five years has been convicted of a criminal offence and served three months or more in prison, or if ever convicted of an offence against children, or currently on the register of Sexual Offenders. Any person excluded from the NHS Foundation Trust's premises because of abusive or violent behaviour, and vexatious complainants, will not be eligible for election as a Governor.

The Board of Directors of the NHS Foundation Trust

All NHS Trusts are required to have a Board of Directors in which a majority are Non-Executive Directors. The Chairman of the Trust is automatically appointed as Chairman of the Council of Governors.

The Board of Directors is the accountable body for the running of the Trust. They are responsible for the strategic direction, management, leadership and day to day performance of the organisation.

The Board of Directors exercises the powers of the NHS Foundation Trust. The Board consists of six Non-Executive Directors, one of whom is the Chairman, and Executive Directors (at a minimum one is the Chief Executive, one is the Finance Director and two are healthcare professionals: one is a nurse and one is a doctor).

We propose that the Executive Board of Directors for the NHS Foundation Trust will consist of the following:

Board composition

The Chairman of the NHS Foundation Trust (a Non-Executive Director) and a further five Non-Executive Directors.

Non-Executive Directors are appointed from outside the Trust to constructively challenge and contribute to the development of the Trust.

The five Executive Directors are responsible for all aspects of the day to day running of the Trust and have specific delegated areas of responsibility.

Together, the roles and responsibilities of the Board of Directors include:

- Planning, strategic decision-making and resource allocation
- Ensuring that the NHS Foundation Trust meets all its financial duties and operates within the terms of authorisation set by Monitor
- Financial, environmental, social or democratic audits
- Developing the relationship with the Council of Governors
- Consulting the Members and Council of Governors about development plans and/or significant changes to the existing business plan or model of healthcare provision
- Running services outline budget to meet the needs of patients
- Driving organisation to meet corporate objectives and strategic goals
- Ensuring the NHS Trust meets its duties and values.

Next steps

We hope you have found this document informative. We are interested in your views on the consultation and would encourage you to sign up to be a member.

To respond to the consultation

- Please use the enclosed question sheet to fill in your response to the questions we've asked, or
- Please go online www.northdevonhealth.nhs.uk to fill in the form. This is our preferred option as it will save us the cost of postage

To become a member

- Please use the enclosed application form to fill in your response to the questions we've asked, or
- Please go online www.northdevonhealth.nhs.uk to fill in the form. This is our preferred option as it will save us the cost of postage

NHS Foundation Trust application

The views from this consultation will be used to develop the governance arrangements and future service plans proposed in the application from the Northern Devon Healthcare NHS Trust to become an NHS Foundation Trust. We intend to submit the application to the Department of Health by 1 May 2012.

Decision on NHS Foundation Trust application

We intend to submit an application for Foundation Trust status in spring 2012 and are looking for authorisation by Monitor as an NHS Foundation Trust early 2013.

Glossary

Acute Services – All NHS hospital services except mental health care, provided in a district general.

Care Quality Commission – The CQC is the independent regulator of health and social care in England. It regulates care provided by the NHS, local authorities, private companies and voluntary organisations. It aims to make sure better care is provided for everyone - in hospitals, care homes and people's own homes.

Chair – The Chair is the chair of the NHS Foundation Trust. He/she is a non-executive and must meet the requirements for non-executive directors. The Chair will appoint the Chief Executive (with non-executives) and chair the Board of Directors and the Board of Governors.

Community hospital - Hospitals which provide non-acute inpatient services and reablement. Some hospitals also provide outpatient services and daycase surgery

Complex Care Team (CCTs) - these are integrated health and social care teams. They are focused on supporting people with long term conditions and/or complex needs stay well and independent in the community.

Constitution - This document sets out the main features of how the NHS Foundation Trust will be run. For example, it describes the powers and responsibilities of the Council of Governors and the Board of Directors. The Constitution forms part of the Terms of Authorisation with the Independent Regulator (Monitor).

Consultation - Seeking views and advice from local people, staff etc

Councils of Governors - Each NHS Foundation Trust is required to establish a Council or Board of Governors. We propose to call this the Council of Governors as this will help to differentiate it from the Board of Directors. The Council of Governors will represent the interests of members of the NHS Foundation Trust and local partner organisations in the health economy.

Executive Directors – Executive Directors are senior employees of the NHS Foundation Trust who sit on the Board of Directors. This group consists of the Chief Executive, Finance Director, Director of Nursing, Medical Director and Director of Operations. Executive Directors have decision-making powers and a defined set of responsibilities.

Foundation Trust - NHS Foundation Trusts are created to devolve decision-making from central government control so they are more responsive to the needs and wishes of their local people.

Governance – Governance arrangements are the "rules" that govern the internal conduct and external accountabilities of an organisation. They define rules and responsibilities of individuals and groups and the relationship between them, and also the processes for decision-making, internal and external accountability. Governance arrangements will be set out in the constitution of the prospective NHS Foundation Trust and will be confirmed in the licence issued by Monitor, the Independent Regulator of NHS Foundation Trusts (see below)

Governor - This refers to the individuals who sit on the Council of Governors. This will include people elected by public members, people elected by staff members and people appointed by partner organisations. See also Council of Governors.

Health and Social Care Cluster - Integrated teams of health and social care staff working across Devon to provide joined-up services of community nursing, therapies and adult social care.

Monitor – Monitor is the Independent Regulator of NHS Foundation Trusts. It is accountable directly to parliament to monitor each NHS Foundation Trust to ensure they remain within their terms of authorisation.

License – A license to operate will be issued to each NHS Foundation Trust by the Independent Regulator. It will set out the conditions under which the Trust will operate.

Local Commissioners – Primary Care Trusts who purchase NHS care from healthcare providers for the local population.

Member - People with an interest in the development and well-being of the Trust can register as Members in a similar way to becoming a member of a co-operative society or mutual organisation. The Trust strives to ensure that the Membership is representative of its local population.

Non-Executive Director - Non-Executive Directors are lay people appointed to sit on the Board of Directors of the Trust. Their role essentially is to provide a creative contribution to the board by providing objective criticism.

Primary Care – Care delivered in the community setting by General Practitioners and other professions.

Primary Care Trusts – Primary Care Trusts (PCTs) are the lead NHS organisations for assessing need, planning and securing all health services and improving health for the local population. PCTs also contract with General Practitioners, and provide some community services.

Public Benefit – NHS Foundation Trust Hospitals will be Corporations established in law as new legally independent organisations called Public Benefit Corporations. They will have a duty to provide NHS services to NHS patients.

Strategic Health Authority - Strategic Health Authorities (SHAs) are the regional headquarters of the NHS. They manage the NHS locally on behalf of the Department of Health. They have an important strategic role to develop plans for improving health, health services and NHS organisations in their area. NHS Trusts are accountable to SHAs, but NHS Foundation Trusts are accountable to their members and to Monitor on behalf of Parliament.

How to reply

Please send your views. There are three ways you can tell us what you think about these proposals:

By completing and returning the comments section in this document and posting it to:

**Freepost RSAH-JRBJ-BJUT
Membership Office
Northern Devon Healthcare NHS Trust
North Devon District Hospital
Raleigh Park
Barnstaple
North Devon
EX31 4JB**

By email to: contactus@ndevon.swest.nhs.uk

By internet: using the online consultation form found at www.northdevonhealth.nhs.uk/ft

In person at one of the public meetings.

Accessing more information

If you would like further information on Foundation Trusts or further copies of this document contact Katherine Allen (as above) or visit the Trust web site - www.northdevonhealth.nhs.uk

You can also receive more information about becoming a member or governor of the Trust by completing the enclosed application form and returning it to the Freepost address above.

Information on Foundation Trusts can also be found on the Department of Health web site www.doh.gov.uk/foundationtrusts and Monitor's website at www.monitor-nhsft.gov.uk.

