

The RUH is becoming an NHS Foundation Trust

Learn more about
our
Public Consultation
and have
your say on
our plans

Healthcare you can trust



to help you

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An audio version of this document is available; please contact 01225 821299

A large print version of this document is available on our website www.ruh.nhs.uk/foundationtrust

You can also telephone us on: 01225 821299 and we will post you a copy.

For further copies of this consultation document, please contact: Foundation Trust Membership Office, Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG

If you are a member of a local group, society, forum or network and you feel your colleagues or fellow members would benefit from hearing more about our plans, please contact us at the above address or on 01225 821299 and we will arrange for one of our teams to come and talk to you.

welcome

The Royal United Hospital Bath NHS Trust (RUH) has a long history in the city of Bath and has successfully served the people of Bath and North East Somerset, Wiltshire and Somerset (Mendip) and South Gloucestershire for many years. It gives us great pleasure to introduce you to this document, which outlines plans to take the RUH forward to become an NHS Foundation Trust.

The RUH is an NHS Trust managed within the South West Strategic Health Authority (NHS South West). It provides care for around 400,000* people, 24 hours a day, 365 days a year. Over the last five years the Trust has improved its performance by substantially reducing healthcare associated infections and waiting times, balancing our books and returning a surplus in order to repay a £38 million loan taken out in 2006. In addition, we are continuing to improve our already high standards of clinical patient care.

We know that our hospital offers 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 able to deliver cleaner, safer, and even better healthcare to the areas and people we serve.

We hope that you find this paper easy to read and understand. We also hope that, once you have read it, you will feel able to comment on our proposals and that you will go on to become a member of our new NHS Foundation Trust.

We look forward to hearing from you.



Brian Stables
Chairman



James Scott
Chief Executive

*Figures provided by the South West Public Health Observatory 2008





who we are and what we do

The RUH is a major acute hospital in Combe Park on the north western side of the city of Bath. It provides care for the people of Bath, North East Somerset, Wiltshire, Somerset (Mendip) and South Gloucestershire.

At the core of RUH business is the Trust's service for patients needing emergency and unplanned specialist care, 24 hours a day, every day of the year. From that core is built a comprehensive planned surgical, medical and diagnostics service for adults and children. Specialised care is delivered in a small number of areas:

- Cancer care
- Cardio-vascular care (care for those with heart disease, stroke and vascular disease)
- Higher levels of critical care
- Specialist orthopaedics (surgery on joints and bones)
- Care for older people, particularly those with dementia.

The RUH supports a 'whole patient' approach to care by allowing patients immediate and easy access to different specialists throughout their time under our care.

The RUH, in partnership with local universities and colleges, also plays a major role in education and research. Doctors, nurses and many other professionals work at the hospital as students and then as qualified staff. The strength of learning, teaching and Research and Development at the RUH means it attracts only the best candidates. The focus on learning supports innovation and improvement in providing excellent care for all patients.

There is much demand on the public purse and, like many public bodies, we will need to deliver our services within limited resources over the next three to five years. It's our job to make sure that we spend every pound of taxpayers' money in a way that delivers most value to our patients. In the recent spending review it was reconfirmed that NHS income would be protected with some growth over the period 2011/12 to 2014/15. However, this will be at a much lower level than in the past.

At the same time the age of our population is increasing and in general terms older people have a greater need for healthcare. It's likely that some patients with less complex needs who currently stay overnight or a few days at the RUH will be treated in the community or at home. This will allow us to focus our resources on caring for more patients who are severely or acutely ill. Our plans will ensure we have the right balance of staffing and clinical skills available to provide the right care to every patient.

our achievements

As an NHS Foundation Trust, we will have greater freedoms to build on our achievements. These achievements fall broadly into three categories;

1. Patient safety

An example of our continued improvement in patient safety is our healthcare associated infection rates. Cases of MRSA and *Clostridium difficile* infections are extremely low and continue to reduce due to our continued focus on infection prevention and control.

A national report on stroke care* by the Royal College of Physicians puts the RUH in the top 20% of hospitals for the organisation and delivery of stroke care. By working with community health teams in Wiltshire and Bath and North East Somerset, patients at risk of having a stroke are identified more quickly than in recent years and admitted far earlier for tests or treatment. In addition, 90% of those who have already suffered a stroke will be admitted to a specialist stroke ward.

In theatres we have adopted a World Health Organisation initiative, whereby the surgical team assembles before surgery begins and goes through a checklist to ensure all team members reconfirm their understanding of the operation to be performed and that all equipment and skills are available to allow the operation to start**.

2. Patient engagement and experience

We're dedicated to making sure that we meet the individual needs of our patients. This needs constant work and improvement and we have been innovative and wide-reaching in our projects and fully responsive to feedback we have had from both patients and carers. For example we have implemented a charter mark for wards that care for patients with dementia. The charter mark covers measures designed to improve the patient experience – everything from simple, clearer signage on the wards through to musical activities and specifically designed crockery and cutlery. We've involved ourselves in the community by hosting events to look at the needs of our patients and carers who may have learning disabilities, and for children who unfortunately must care for a parent. These events have been particularly insightful for the RUH and have allowed us to adapt our services and better train our staff to improve the experience of young carers and those with learning disabilities.

*Royal College of Physicians, London.(August 2010) *National Sentinel Stroke Audit*.

** WHO &The Harvard School of Public Health.(June 2008) *Safe Surgery Saves Lives*





3. Improving our environment

All our patients and visitors come to a hospital where wards and departments are in buildings which vary greatly in age and suitability. We have worked very hard to improve our environment and over the next few years this development work will continue. So far we have built a sustainable, environmentally-friendly neo-natal intensive care unit; greatly improved the environment in which we treat cancer patients with a new aseptic suite (an inpatient area where patients who are extremely vulnerable to infections are treated), and improved our chemotherapy out patients unit. For our cardiac patients we are installing new equipment in one of our catheterisation laboratories, which will mean we are able to deliver specialist interventional procedures known as angioplasty far more quickly.

Our patients

The vast majority of our patients come from Bath, North East Somerset, Wiltshire and Somerset (Mendip) (around 94%). The hospital admits around 62,000 patients a year and around 40,000 patients stay more than one night in hospital. Over 68,000 people are seen every year in the hospital's Emergency Department – some for major and life threatening problems and some for more minor health concerns. In addition over 275,000 outpatient appointments take place in clinics every year.

Many of the patients coming to the RUH have a number of underlying health problems. Although the hospital may be providing specialist care for a routine or predictable reason, it's also able to ensure that patients more complex health needs are managed appropriately whilst they're in the hospital, and that they are not exposed to unnecessary risks. The RUH also provides a large amount of outpatient and diagnostic services in community hospitals throughout Bath and North East Somerset, Wiltshire and Somerset which reduce the numbers of trips that patients need to make to the RUH.

our service vision

We want our staff, patients and visitors to share our vision for the future of this hospital as an NHS Foundation Trust. Please take this opportunity to read about our service plans for the future and comment on them. Your views are important to us and we can assure you, will be taken seriously.

Our mission is to deliver healthcare you can trust.

In support of our mission, the service vision is to develop in three key areas over the next few years. These areas are:

- Caring for those with cancer
- Developing the hospital site
- Merger with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

Care for those with cancer

At the moment one in three people in the UK will develop cancer at some time in their life and one in four will die from it. The approximate number of people within the UK who have a diagnosis of cancer is currently 1.2 million. The number of cases diagnosed annually is set to increase with some experts predicting that the number could treble by 2025 due to an ageing population. Inevitably, this will increase the demand for cancer services, and the RUH, in partnership with NHS South West, the Avon, Somerset and Wiltshire Cancer Network, primary care providers and users of the service, needs to be able to respond quickly. At the RUH we intend to strengthen our role in the care of those with suspected or confirmed cancer across the following areas:

Role in screening programmes

Since 2009 we have been part of a network of screening centres for patients with bowel cancer. Results from such programmes have demonstrated an increase in cancer detection rates followed by a reduction in radical surgery as cancers are identified and treated at an early stage. We will continue to provide pathology support to cervical screening programmes. We'll assess the benefits of developing local screening services for breast cancer in addition to the symptomatic and family history clinics that we currently run. This will be aided by our state of the art digital mammography equipment which gives a very precise assessment of the disease's presence.





Chemotherapy and radiotherapy

National plans identify a need for significant expansion in the provision of chemotherapy and radiotherapy for curative and palliative care of patients with cancer. In other words to aid the cure of cancer or to control its symptoms where there is no cure. The RUH currently operates two linear accelerators (LinAcs) which provide radiotherapy treatment to all parts/organs of the body. They deliver a uniform dose of high-energy x-rays to the region of a tumour. Unlike more traditional radiotherapy techniques, these x-rays are specifically designed to destroy the cancer cells while sparing the surrounding normal tissue. This state of the art equipment is a vital part of our oncology service and it's anticipated that demand for it will double over the next 10 to 20 years.

Surgery

The RUH will continue to provide surgical care for people with cancer. It is possible that the provision of highly complex surgery for some rare cancers, including some head and neck cancers, will change as a result of reviews by the Avon, Somerset and Wiltshire Cancer Network. We're committed to engaging in these discussions and to ensuring that the outcomes bring about the best clinical and personal care for patients.

Palliative care

Palliative care (care of those who are dying) is provided with the support of Dorothy House Hospice and other hospices locally to patients' homes. For the vast majority of patients, ending their lives in hospital is not what they want and we'll focus on working with others to allow patients either to die at home with support, or to have access to residential hospice care. For patients with cancer the challenges of pain and fatigue management are significant, and we will work to strengthen these services.

Developing the hospital site

The RUH, based at Combe Park site covers 52 acres and some of our buildings have been in use since the early 1900s. Their age and structure mean they cost a great deal to run and maintain and many are inefficient in terms of energy usage and suitability for purpose. We have a six year plan to provide a quality built environment that is responsive to our changing service and clinical needs and will provide the best and most affordable environment for clinical care. The strategy has the capacity to increase performance and quality and enhance the reputation of the RUH. This will create confidence in clinical services and encourage staff development and recruitment. The core principles of our six year plan estate include:

- Provision of first class facilities for the delivery of health care by improving the physical environment and improving the clinical adjacencies (i.e. grouping cancer services together)
- Ensuring low carbon footprint design in refurbishment or new build projects, building on the success of the new Neonatal Intensive Care Unit
- Increasing the number of single rooms from 21% to 50% within an acceptable and achievable timescale and ensuring that all new single rooms will, where possible, have en suite facilities
- Ensuring that all new wards have a minimum of 3.6 metres between each bed
- Prioritising the areas for replacement: RUH North, Pathology Laboratories, clinical facilities in RUH South whilst recognising that signage and architecture can improve navigation around the site
- Enabling a review of outpatient space to check that our present arrangements are best for patients and cost effective
- Constructing new visitor car parks which are more accessible
- Increasing biodiversity in our grounds by creating 'green spaces'.

Merging with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

Since 2009 the RUH has been in merger discussions with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (known locally as 'The Min'). Both the Board of Directors at The Min and the Trust Board at the RUH believe that a merger will deliver better services for patients. This will be brought about through the coming together of rheumatology services (currently provided by The Min) and orthopaedic and older people's services at the RUH, and through further links in the areas of chronic pain and fatigue management, and neurology and neurological rehabilitation. The merger will also free up funds for improved support and patient care by offering opportunities for savings in back office and management costs. A merger with the RNHRD is our strategic intent, subject to a full business case assessment by both organisations and a separate and full public consultation once we have been authorised as an NHS Foundation Trust. This would bring together two NHS Foundation Trusts into one organisation.





what are NHS Foundation Trusts?

NHS Foundation Trusts are democratic. They are based on the concept of mutual organisations or cooperative societies and are formed and operate in the public interest, having members who are representative of local communities and staff. Although NHS Foundation Trusts are unique organisations, they are still an integral part of the NHS. They were first established by the Health and Social Care (Community Health and Standards) Act 2003.

All NHS Foundation Trusts:

- Are free from central government control
- Are duty bound to deliver free care, based on need not ability to pay
- Are locally accountable to their members who are drawn from staff, patients and the local community
- Allow a greater involvement by members in how the hospital is run and the services it offers
- Are more accountable to patients, staff and visitors
- Offer greater flexibility in how money is invested in patient care.

Why do we want to become an NHS Foundation Trust?

Achieving Foundation Trust status will give us:

- Greater freedom to determine our own future with involvement from our local community
- More flexibility to tailor services to the particular needs of the communities we serve
- New powers to enter into legal and financial agreements with partner healthcare organisations, enabling us to work more effectively together
- New financial freedoms, allowing us to invest surplus funds where they are most needed

We believe that the RUH should 'belong' to our staff, patients and local community and you should be given a greater voice in how it's run. Becoming an NHS Foundation Trust allows that to happen.



Questions we'd like you to consider

Please answer these questions, pull out the form from this leaflet, and return using the pre-printed Freepost envelope included with this booklet.

Your details

First Name:

Surname:

Address:

Postcode:

We want to make sure our members come from all parts of our community, so please tell us your:

Gender: (please circle) Male Female

Date of birth:

Please tell us about your ethnicity (tick one box)

- | | | | |
|------------------------------------|--------------------------|--------------------------------------|--------------------------|
| White – White British | <input type="checkbox"/> | Asian or Asian British – Bangladeshi | <input type="checkbox"/> |
| White – White Irish | <input type="checkbox"/> | Asian or Asian British – Other Asian | <input type="checkbox"/> |
| White – Other White | <input type="checkbox"/> | Black or Black British – Caribbean | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| Mixed – Other Mixed | <input type="checkbox"/> | Black or Black British – Other Black | <input type="checkbox"/> |
| Mixed – White and Black African | <input type="checkbox"/> | Other – Chinese | <input type="checkbox"/> |
| Mixed – White and Asian | <input type="checkbox"/> | Other ethnic group | <input type="checkbox"/> |
| Asian or Asian British – Indian | <input type="checkbox"/> | I'd rather not say | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | | |

Signature.....

Date.....

questions we'd like you to consider

Question 1

What do you think about our proposal to become an NHS Foundation Trust?
(please tick)

Yes, I support the proposal

No, I don't support it

I don't have enough information about NHS Foundation Trusts and the benefits to the RUH. I would like to receive more details. (Please supply your name and address if you require more information)

Question 2

What do you think of our plans to develop in three key areas over the next few years?

These areas are:

Caring for those with cancer

Improving the hospital buildings

Merger with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

Yes, I support the plans

No, I don't

No opinion

Question 3

What other areas would you wish to see us concentrating on as an NHS Foundation Trust or consider developing in the future?

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Question 4

What do you think would be the most effective way of getting our Service Vision (plans) understood by patients and the local community?

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Question 5

Do you agree with our plans for membership, including the six geographical constituencies we have set for membership areas and the proposed minimum age for members?

Yes, I agree

No, I don't agree

No opinion

Any other comments?

.....
.....
.....

Question 6

Do you believe the proposed make-up of the Council of Governors will allow it to perform its work effectively and appropriately on behalf of the NHS Foundation Trust's membership?

Yes I believe it will

No I don't believe it will

No opinion

Question 7

What would attract you to become a member of this NHS Foundation Trust?

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.....
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Question 8

As a member of the NHS Foundation Trust, how would you want to be kept informed about things that are happening in our hospital? For example, regular newsletters (how often?), web site, meetings, Twitter, text etc?

Question 9

Are there any further comments you would like to make in relation to the creation of this NHS Foundation Trust?

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.....

Please use this page to add any further comments you wish

If we did not apply to become an NHS Foundation Trust, then under existing government legislation we would be taken over by or absorbed into an existing NHS Foundation Trust by April 2014. We don't believe this is the best way forward for the RUH and we're committed to becoming an NHS Foundation Trust in our own right.

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

Being more engaged with our community

One of the most significant aspects of the way in which NHS Foundation Trusts are governed is the principle of 'membership'. This encourages any member of the public in the communities we serve, and our staff to become engaged with the activities of the Trust on an on-going 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. The overwhelming benefit of NHS Foundation Trust status is that we achieve a greater 'connection' with our community – staff patients and our local community.

Being able to respond to local need

We'll have more freedom to restructure the organisation in response to the needs of the population we serve. Our accountability will be based on what we achieve rather than how we achieve it.

Having greater financial and commercial freedom

We'll be able to retain any surplus made on our income and decide how to invest it. At the end of the year we must be able to demonstrate we are a viable business and therefore able to borrow capital funds from public and private sources to invest in upgrading facilities and building new ones.

Being regulated rather than directed

Instead of having our performance managed by the Department of Health (through our Strategic Health Authority) we will be licensed to operate independently by a body called Monitor, which acts as the independent regulator for all NHS Foundation Trusts. Monitor will ensure that we're meeting the terms of our licence at all times and that we're continuing to provide NHS services to NHS patients.

Having legally binding contracts

Our NHS primary care trusts (PCTs) and other commissioning groups organised by GPs, will agree contracts with us to pay us from an agreed price list (the national tariff) for the work that we do. 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.

We are supported in our application by our local GP community, our local PCTs and relevant committees and panels on the county and district councils.





how you can get involved

Members are vital to the success of a Foundation Trust. If you want to stay in touch with our plans or share your views on the future development of the RUH, then please consider becoming a member.

You can either apply online at www.ruh.nhs.uk/foundationtrust or you can complete one of our membership forms which are available at all our public meetings, from the hospital's Main Reception or with this consultation document. By applying you are registering your interest to join our NHS Foundation Trust from the first day it is officially formed. Subject to approval from the SHA, Department of Health and Monitor, we plan to become an NHS Foundation Trust on the 1st April 2012. You can be a member of more than one NHS Foundation Trust.

Before that, we will run a public consultation programme. This lasts for 13 weeks from Monday 21st March 2011 to Sunday 19th June 2011. Throughout this time, as well as being able to register your interest in becoming a member, you can also give us your feedback on any aspect of the NHS Foundation Trust application by completing the short questionnaire in the centre pages of this booklet or by completing it online at www.ruh.nhs.uk/foundationtrust.

You can also email your comments to foundationtrust@ruh.nhs.uk

Members and Membership

Nationally, the focus on patient-centred care makes it clear that patients must be at the heart of everything a healthcare organisation like the RUH does. As well as benefiting from care, patients are participants in decisions made about that care – the principle of shared decision-making. This makes the importance and value of NHS Foundation Trust membership even more apparent – to ensure that principle of shared decision making is firmly embedded in the new organisation.

During the public consultation, there will be a series of meetings, hosted by senior executive and clinical staff from the RUH. Some of these will be as part of existing community, local council or local interest group meetings. The details of these can be found on our website, www.ruh.nhs.uk/foundationtrust.

We can also post a list to you if you write to the NHS Foundation Trust Membership Office, Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG

We are also organising a number of public meetings ourselves and these are shown on the following page and also on our website.

Public Meetings*.

LOCATION	DATE	TIME
Royal United Hospital Bath NHS Trust. Atrium, RUH Central. *launch event	21 March	6pm
Castle Hotel, Devizes, Wiltshire	28 March	2pm
Doulting Village Hall, Doulting, Nr Shepton Mallett	29 March	7pm
Arc Theatre, Trowbridge, Wiltshire	12 April	7.45pm
Melksham Assembly Rooms, Melksham, Wiltshire	3 May	7.30pm
Bath Rugby Club, Club House, Bath	10 May	7pm
Centurion Hotel, Radstock, Somerset	12 May	7pm
New Oriel Hall, Larkhall, Bath	17 May	5.15pm
Warminster Town Hall, Warminster, Wiltshire	19 May	7pm
Keynsham Parish Hall, Keynsham	24 May	6.30pm
Twerton Village Hall, Twerton, Bath	27 May	2pm
Chippenham Town Hall, Chippenham, Wiltshire	6 June	2.30pm
Yate Leisure Centre, Yate, South Gloucestershire	7 June	3pm
Rook Lane Arts Centre, Frome, Somerset	14 June	7pm

*subject to possible change so please check our website for most recent dates.

Any member of the public is welcome to attend any meeting; it doesn't have to be in the constituency (geographical area) in which you live. Our constituencies cover over 95% of the Trust's activity and cover the Local Authority and commissioning areas for the Trust.

There are six constituencies:

- Bath
- North East Somerset
- Wiltshire North – consisting of Kennet and North Wiltshire
- Wiltshire South – consisting of West Wiltshire and Salisbury
- Somerset (Mendip)
- South Gloucestershire and the rest of England & Wales.





In addition, if you are a member of a community group and would like us to attend one of your meetings and explain more about becoming a member of the Trust, please get in touch at NHS Foundation Trust Membership Office, Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG or email, foundationtrust@ruh.nhs.uk

Benefits of Membership

As a member you can expect:

- Regular jargon-free communications to keep you informed about your hospital and its 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.

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.

To be a member and/or a Governor you must:

- Be over 16 years of age
- Live in, or have a second home, in Wiltshire, Bath, North East Somerset, Somerset (Mendip) or South Gloucestershire or the rest of England and Wales
- Not have a record of aggressive or violent behaviour against any of the Trust's employees, have been dismissed from employment by the Trust, or been removed as a member of another Foundation Trust.

We will have two membership groups:

1. Public (may include patients, carers and general public members who live within England and Wales).
2. Staff of the new NHS Foundation Trust (members of staff will be members of the staff group and may not choose to be a member of the public constituency regardless of whether they are a local resident or patient)

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.

Numbers of Members

We're aiming to have 3,500 members by April 2012 in addition to our staff members, rising to 5,000 within two years of being authorised as an NHS Foundation Trust. We want to ensure our membership is demographically representative of our community and has a fair representation across all six Constituencies.

Types of Membership

Membership is free and you have a choice about your level of involvement. All members will have the opportunity to vote in Governor Elections but on the membership form you can choose the type of membership you prefer. We are proposing three levels of membership:

Level 1 Keep in touch

Simply receive a newsletter at regular intervals throughout the year.

Level 2 Get Involved

As well as receiving the newsletter, you'll be invited to Trust events and be able to put forward your views in surveys and consultations.

Level 3 Work with the Trust

As well as the newsletter and Trust events, we will keep you up to date with information about standing for election to the Council of Governors.

We're extremely keen to ensure that the membership is representative of the local community and we will actively encourage people from all sections of the community to register for membership. Further details of our membership strategy can be found on our website www.ruh.nhs.uk/foundationtrust. Copies can also be posted to you.





The structure we are proposing for involving all members will be an important factor in the way our NHS Foundation Trust is governed and the arrangements we propose are made below. Please take time to read this section carefully

Governance

Governance is described by Monitor, the regulator of NHS Foundation Trusts, as “the process whereby organisations make strategic decisions, determine who is involved and ensure accountability is maintained.”

This section outlines how we propose to govern the RUH as an NHS Foundation Trust. We are required to operate in accordance with the National Health Service Act 2006.

Our future governance centres on three main areas:

- Our Members
- Our Council of Governors
- Our Board of Directors

Governors

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.

We plan to have 21 Governors; 11 of which will be Public Governors and 5 will be Staff Governors, elected by the staff and public members. The remaining 5 Stakeholder Governors will be appointed by partner organisations as identified by the NHS Foundation Trust.

Governors do not undertake operational management of NHS Foundation Trusts; rather they collectively hold to account the Board of Directors for the Trust's performance and advise on its future development. It's the Governors' responsibility to represent members' interests, in particular with regards to the strategic direction of the Trust. Legislation provides Governors with statutory responsibilities and more details about their roles and responsibilities can be found on our website at www.ruh.nhs.uk/foundationtrust

The table below shows the proposed make-up of our Council of Governors.

11 Public Governors (elected)	5 Staff Governors (elected)	5 Stakeholder Governors (appointed)
2 Bath 2 North East Somerset	Elections will be open to any member of staff who holds a permanent contract.	1 NHS Wiltshire (to be replaced by a representative from a GP Commissioning Consortium from April 2013)
2 Wiltshire North – consisting of Kennet and North Wiltshire		1 NHS Bath & North East Somerset (to be replaced by a representative from a GP Commissioning Consortium from April 2013)
2 Wiltshire South – consisting of West Wiltshire and Salisbury		1 Wiltshire Council
2 Somerset (Mendip)		1 Bath and North East Somerset Council
1 Rest of England and Wales including South Gloucestershire		1 University Partner

Please refer to our Membership Strategy for more details at www.ruh.nhs.uk/foundationtrust

Governors will play an important and highly effective role within our governance processes and we as a 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. They will be elected to service for a period of three years and can be re-elected to serve for a total of six years.





The Council of Governors

All elected and appointed governors sit on the Council which will be chaired by the Chairman of the NHS Foundation Trust. The Council of Governors provides a formal point of contact between the membership and the Board of Directors of the NHS Foundation Trust.

The Council of Governors has the following responsibilities:

- Appointing the Chair and other Non-Executive Directors of the Board of Directors
- Approving the appointment of the Trust's Chief Executive
- Receiving and commenting upon forward plans submitted by the Board of Directors
- Receiving the Trust's annual report, annual accounts, quality accounts and annual plan

We are keen that our Council of Governors is large enough to be representative of our membership and small enough to work well as a formal group with our Chairman and with the NHS Foundation Trust as a whole. We also recognise that our Council of Governors could benefit from the expertise and knowledge of other key organisations.

Board of Directors

The Board of Directors is responsible for the day-to-day leadership of the NHS Foundation Trust. It is made up of six Executive Directors, (a maximum of seven is allowed). These are paid employees of the NHS Foundation Trust. There are six Non-Executive Directors, (a maximum of seven is allowed) who receive payment for this role but who are drawn from outside the organisation and provide expertise that is helpful to the operation of the Trust.

Specifically the Board of Directors performs the following roles:

- Sets the strategic direction of the Trust
- Makes sure the Trust is working within its terms of authorisation as an NHS Foundation Trust
- Makes sure that the Trust delivers its annual plan through effective performance monitoring
- Seeks and gains assurance that services and activities are undertaken to necessary standards
- Sets the organisational 'tone' for behaviour and values expected from all staff.

The membership of the first Board of Directors will be the existing RUH Trust Board Executive and Non-Executive Directors. The management of the Trust links with its membership through the Non-Executive Chairman.

We want our members to contribute to and share our vision for the future of our hospital as an NHS Foundation Trust. We are committed to delivering healthcare you can trust.

As we have said, we plan to develop in three key areas over the next few years. These areas are:

- Caring for those with cancer
- Developing the hospital site
- Merger with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust.

How to make your views known

We hope this document has helped to explain our plans to become an NHS Foundation Trust. Before we make any further decisions we would like to hear what you think about our plans. The following shows you the timetable we want to work to and how you can get involved at the various stages.

DATE	WHAT WE ARE DOING	HOW YOU CAN GET INVOLVED
21.3.11 – 19.6.11	Public Consultation	Comment on our proposals: at public meetings on line by post Listen to our proposals at your group or committee meeting
From 21.3.11	Recruiting members	Apply for membership: on line by post at the RUH
Between 1.12.11 and 31.3.12	Electing Governors	Stand for election

Remember you can have your say on our plans in four ways:

- Complete the questionnaire and send the form back to us, using the Freepost envelope provided with this document
- Attend a meeting on our proposal and tell us what you think.
- Fill in the feedback form online www.ruh.nhs.uk/foundationtrust
- Email us at foundationtrust@ruh.nhs.uk



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Published March 2011

Written and produced by
the Communications Department.

