

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST – FOUNDATION TRUST EQUIVALENT STATUS

1. SUMMARY

- 1.1 Representatives of Nottinghamshire Healthcare NHS Trust attended the Joint Health Scrutiny Committee on 14 July 2009 to address the Committee's points regarding its consultation process, and its governance proposals associated with the Trust's potential move to Foundation Trust equivalence. The Committee received a paper and a presentation which responded to those points. The representatives were requested to attend the Committee again on the 15 September to give an update on progress, and to present the outcome of consultation.
- 1.2 This paper supports the September update. The Trust would like to formally thank the Committee for its contribution to the consultation process. The Committee's comments were thoughtful, and based on experience of democratic process. They have resulted in a change to our proposals, and an improvement in our planned governance structures. We are grateful for your response and guidance.

2. INTRODUCTION

- 2.1 The Trust Board considered the outcome of consultation at its Board on 30 July. The outcomes are summarised in the attached report. The full Trust Board paper can be found at <http://www.nottinghamshirehealthcare.nhs.uk/board-introduction/board-meeting-information/board-papers-2009/july-2009/>
- 2.2 The next steps are to:
- Appoint Partner Governor Members
 - Elect Public Governor Members
 - Elect Staff Governor Members

The timetable for this will be determined to fit with the overall timescale.

- 2.3 This report is **structured** to address each of the key points raised at 14 July committee above, followed by a stock take on the process of consultation to date.

The **purpose** of this report is so that the Committee may:

- Note our proposals following consultation, in particular noting the response to the Committee's suggestions
- Fulfil its duty of scrutinising the consultation process itself, by noting the extent of consultation activity.

3. REMINDER OF DIALOGUE TO DATE

3.1 The committee has made a number of contributions to the consultation process so far. This section acts as a reminder on those issues that have been discussed previously, but are not currently under debate.

3.2 Governor Member development induction and training programme

The Committee considered this at its meeting in July, and were happy with our proposals, giving useful advice as to the type of training that Governor Members might need.

3.3 Ensuring the voice of users and carers is protected

The Committee expressed a view that if a separate user and carer constituency was not created then a way of protecting their voice/input would need to be built in. The Committee received a briefing on our proposed Communities of Interest model at its July meeting, and felt this was a good way forward.

4. RESPONSES TO KEY POINTS RAISED AT 14 JULY 2009 COMMITTEE

4.1 Partner Governor Member places should be offered to organisations that work with communities such as the Police and Housing Associations so that the impact on communities of living with people with mental health problems can be represented. The committee has articulated the view that it is important to balance “community” issues with “individual” issues. Public safety and sense of safety are part of this. We can report that the Chair and Chief Executive are considering partner governor member appointments, and are actively considering the appointment of a Housing Association.

4.2 Offer a Partner Governor Member to Nottingham University Hospitals Trust due to the close links between the two organisations.

This has been considered. However we have concluded that our discretion on the appointment of Governors should consolidate our strategic relationships with the third sector. We do not underestimate the importance of our inter-dependence with other NHS providers, but we feel these are well-resourced and established through existing mechanisms for inter-trust dialogue.

4.3 Increase the number of Public Governor Members from the city to reflect the higher level of need amongst city residents.

The Trust Board specifically considered the Committee’s advice at its meeting on 30 July 2009. It was agreed to appoint a further two Governor Members from the City to reflect the proportionally higher mental health needs in the City.

5. THE CONSULTATION PROCESS

5.1 Our consultation ran for 12 weeks beginning on 1 May 2009 until 24 July 2009. The following paragraphs give a brief overview of the responses to consultation and the outcomes following our careful consideration of the points that were raised during consultation.

5.2 The Committee will recall the detailed list of activity undertaken by the Trust in the last paper we submitted. The table below gives a numerical overview of activity for the period between 1 May and 24 July 2009.

Table 1

Activity	Figure
Number of individuals consulted	1169
Partner organisations consulted	27
Written responses - Total	170
Notifications of support from Key Strategic Partners (including letters and minutes)	13
Total contacts made	11664
Meetings held or attended	76

5.3 The responses to the consultation have been very supportive about our intention to be a Foundation Trust Equivalent and very positive about the way we are dividing our constituencies. The respondents felt that a separate service user and carer constituency would reinforce stigma. A particular point made by BME communities was that it would be especially difficult for their members to identify themselves as a service user due to cultural considerations. The tables below summarise, in percentage terms, the 137 responses to 5 of the 6 core questions of the consultation.

Table 2

Question	Yes	No	Don't know	No response
Do you agree with our proposal to be a FTe?	88%	3%	5%	4%
Do you agree with the way we are subdividing our public constituency?	77%	7%	5%	11%
Do you think we should have a separate service user and carer constituency?	32%	53%	8%	7%
Do you agree with the number of Governor Members we are planning to have?	60%	17%	9%	14%
The first 3 questions each gave a clear majority view, which we adopted. In relation to question 4 we have increased the governor member numbers by 2 for the City, and 2 for the staff.				

Table 3

Question	Profession	Division	Alternative idea	Don't know	No response
Do you think we should have staff grouped according to profession, or according to division/service?	30%	36%	9%	9%	16%
This question gave a majority to a divisional model, but with only 6% difference from the professional model. The professional model was strongly supported by the staff-side organisations. The 9% "alternative ideas" propose some combination of the 2 models. The Trust Board has decided to adopt the professional model, but to expand the numbers of Staff Governor Members by 2 to allow divisional sensitivity to be built in.					

5.4 Following on from the consultation we now have a comprehensive overview of what the Members' Council will look like – this is demonstrated in the table below. The committee is asked to pay particular attention to:

- the increase in Public Governor Members for the City. This has been increased to reflect the requirements in the city.
- the increase in Staff Governor Members. This has been increased to even up the Staff Governor Members across the divisions.

Table 4

Members' Council		
	Divisions	Governor Members
Public/service user and carer constituency	Nottingham City	6
	Nottinghamshire County	11
	South Yorkshire & the rest of the East Midlands	2
	The rest of England and Wales	2
Staff constituency	Medical	1
	Nurses	2
	Allied Health Professionals	1
	Clinical Support Staff	1
	Non Clinical Support Staff	2
Partner appointment	Nottingham University	1
	Nottingham City Council	2
	Nottingham County Council	2
	Bassetlaw PCT	1

	NHS Nottingham City	1
	NHS Nottinghamshire County	1
	High Secure Commissioner (NHS West Cheshire)	1
	Medium Secure Commissioner (Welcome to NHS Leicestershire County and Rutland)	1
	Discretionary Partners To reflect our strategic intentions to work with: <ul style="list-style-type: none"> • Carers • Our diverse communities • Our 3rd Sector provider partners 	3
Total		41

6. A summary of steps to be taken to “round off” the consultation, including the proposed consultation report

6.1 The consultation period may be over but there are a number of steps to be taken to ensure that the responses and results are communicated effectively. The Committee is requested to note next steps proposed below.

6.2 Proposed consultation report

We propose an A5 summary booklet that follows the same style and tone of the original consultation document. It will be an overview of the consultation results and recommendations with an introductory paragraph from the Chair and Chief Executive about the consultation and how well it went, and how many people we’ve consulted.

6.3 Methods of communication

- Email to staff – link to PDF of booklet on the Intranet - we will also offer discussions around the outcomes should individuals want it
- Hard copies posted across all sites for staff and patient use
- PDF on intranet and internet
- Email to members - PDF of booklet attached
- Letter to partners with hard copy booklet
- Bespoke briefings for MPs and MEPs
- Bespoke briefings for Partner Governor Members

7. **CONCLUSION**

In conclusion, the Committee is asked to:

- Note the content of this report
- Note the Trust's response to the key points raised at the Committee meeting on the 14 July 2009.
- Comment on our Consultation Process in order that it is properly scrutinised.