




Working in Partnership

A consultation on our NHS foundation trust application

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Introduction

This consultation document sets out our plans to become an NHS foundation trust. It explains the reasons for our application and what becoming a foundation trust will mean for our organisation and the people who work for us, our patients and the public, and our partner organisations.

Thank you for taking the time to consider our proposals to become a foundation trust. In particular, we would welcome your views on whether you agree with:

- our vision for our future as an organisation
- the minimum age for membership
- our proposal to have public, patient and staff constituencies
- our proposal to offer public membership to the whole of Greater London
- our proposal not to subdivide the patient membership
- our proposal for staff to automatically become members unless they choose to opt out
- our proposal to subdivide staff membership
- our proposed membership levels
- our proposed size and composition of the council of governors
- the minimum age of governors
- the proposed arrangements for council of governor elections
- the proposed plan for the board of directors.

Your views are important to us and we intend to set our priorities and shape arrangements to ensure your views and expectations are considered before we submit our final application to become a foundation trust. Throughout this document there are questions we would like you to respond to.

Please complete the enclosed response form or complete it online by visiting www.imperial.nhs.uk/foundation-trust by 10 February 2014.



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www.imperial.nhs.uk/foundation-trust



@ImperialNHS

Introduction from chair and chief executives

Becoming a foundation trust is an important step for our organisation - not an end in its own right. It should be seen as a symbol of an NHS organisation that is organised, run and led well.

We see achieving foundation trust status as a means towards:

- bringing our Trust closer to our patients and local communities
- further strengthening engagement with our people
- providing greater freedom to innovate and develop our services.

Ultimately, becoming a foundation trust will support the Trust's continuing development and improvement as an organisation that operates effectively on a daily basis in the interests of the patients we serve.

Over the past two years, we have reviewed, strengthened and developed our systems and processes to ensure we are listening and responding to our patients, people and partners. We have reinforced our leadership team and our governance arrangements to ensure we are providing the highest quality care and safeguarding our patients.

The Trust has achieved significant progress and is currently performing well on key areas, such as targets for waiting times, controlling and preventing cases of infection, and achieving a financial surplus.

We have also reviewed how we organise our clinical services and have put an improved internal structure in place to better reflect our clinical priorities. This also means our services are more closely aligned with the research and educational activities that we and our partners at Imperial College London are focusing on in our role as an academic health science centre.

All the members of our Trust board and our executive team, right through to the people working in our hospital wards and clinics, are keenly aware of the further challenges we face. We can never be complacent. It is essential that we continue to focus on getting the fundamentals right in everything we do, based on our main priorities of quality, safety and compassion.

Only through working together – 'from ward to board' – will we achieve not just the best clinical quality and outcomes for our patients, but the highest satisfaction for our patients too.

To help us deliver the best quality healthcare into the future, we have been working in partnership with our commissioners and other healthcare partners across north west London to develop plans to consolidate our core teams, skills and facilities onto specific hospital sites. We believe that our clear vision and strategy for the future will enable us to deliver a step-change in the quality of care and treatment we provide.

All these developments support our aim to achieve foundation trust status by the end of 2014.

Throughout this process, our approach will always be guided by the Trust's core values, and by our absolute commitment to improving the care and treatment our patients receive.

Putting patients first remains at the centre of everything we do and this will continue should we become a foundation trust.

We look forward to considering your views.



A handwritten signature in black ink that reads "Richard Sykes".

Sir Richard Sykes
Chair



A handwritten signature in black ink that reads "Nick Cheshire".

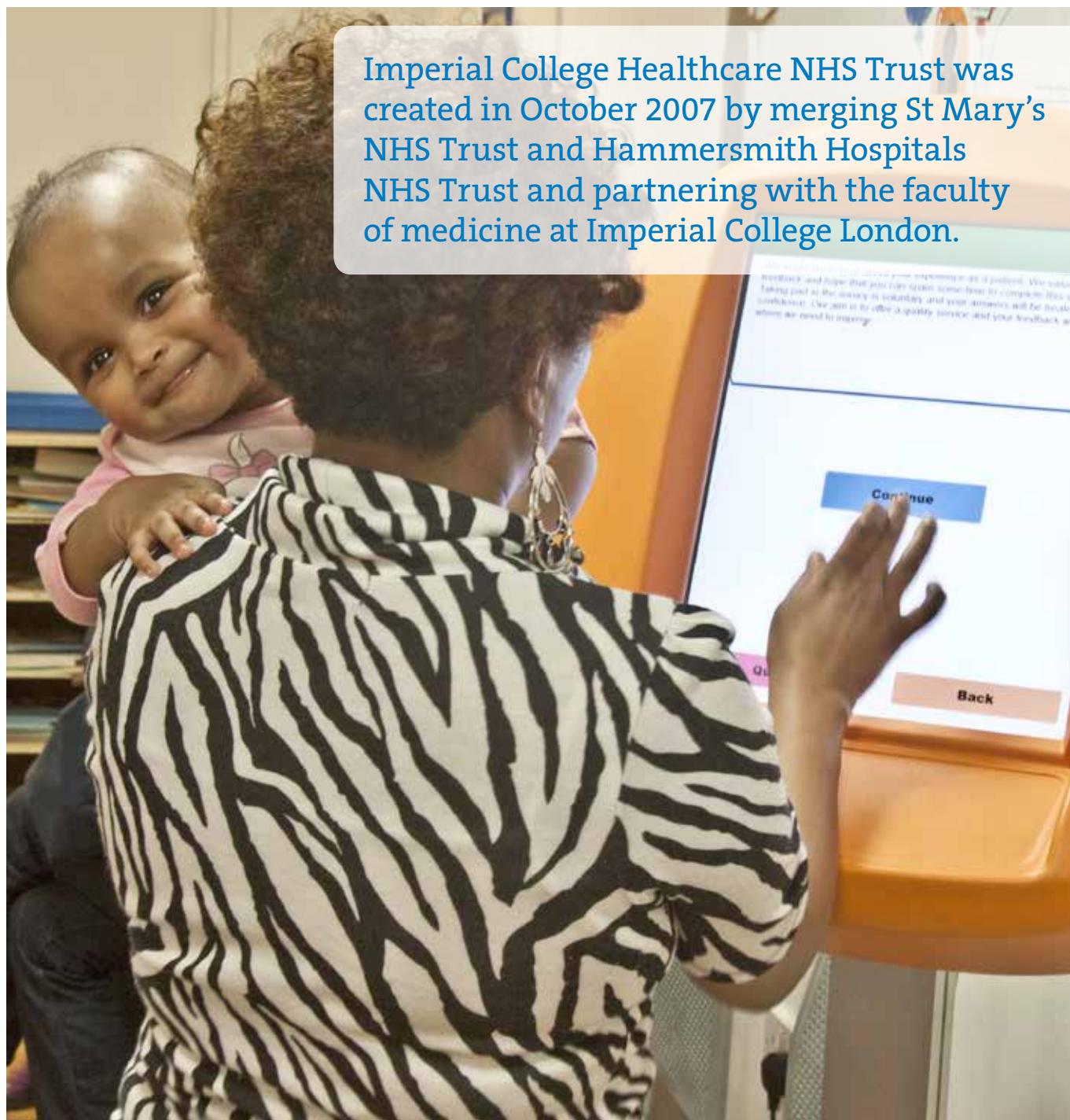
Nick Cheshire
Chief executive



A handwritten signature in black ink that reads "Bill Shields".

Bill Shields
Chief executive

About us



Imperial College Healthcare NHS Trust was created in October 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and partnering with the faculty of medicine at Imperial College London.

Now one of the largest NHS trusts in the country, in March 2009 we came together with Imperial College London to establish one of the UK's first academic health science centres (AHSCs).

The Trust has consistently provided high quality care by overall UK standards. We provided specialist care for patients from over 80 commissioners nationwide

in 2012-13, as well as providing a comprehensive range of healthcare services to our local population of nearly two million people in north west London.

The Trust is a centre of excellence hosting the National Institute for Health Research's largest Biomedical Research Centre in the UK.

What we do

Our hospitals

There are five hospitals in the Trust:

Charing Cross Hospital

Charing Cross is a general hospital that provides a range of adult clinical services. The hospital currently hosts one of eight hyper-acute stroke units in London. It is also a key site for teaching medical students from Imperial College London.

Hammersmith Hospital

Hammersmith is a general hospital and is well known for its research achievements, hosting a large community of Imperial College London postgraduate medical students and researchers. The hospital hosts the heart attack centre for north west London.

Queen Charlotte's & Chelsea Hospital

Queen Charlotte's & Chelsea provides maternity and women's and children's services. The hospital has extensive high-risk services and cares for many women with complicated pregnancies. The hospital also has a midwife-led birth centre for women with routine pregnancies who would like a natural childbirth experience.

St Mary's Hospital

St Mary's is a general acute hospital that diagnoses and treats a range of adult and paediatric conditions. The hospital also provides maternity services and hosts one of four major trauma centres for London.

Western Eye Hospital

Western Eye is dedicated to ophthalmology. It offers the only 24-hour emergency eye care service in west London.



Our services

The Trust treats patients at every stage of life – from conception through to care of the elderly – with over 55 specialist services for both adults and children. These clinical services are organised into four clinical divisions:

- Investigative sciences and clinical support
- Medicine
- Surgery, cancer and cardiovascular
- Women's and children's

Our major partner

Imperial College London

The Trust came together with Imperial College London in March 2009 to create the UK's first academic health science centre (AHSC). Imperial College London has a campus on each of our main sites and is closely integrated with all our clinical specialities.



Performance highlights

2012-13

Throughout 2012-13 the Trust made important progress as one of the largest acute trusts in the country.

- There were almost 1.3 million patient encounters at our hospitals
- 811,000 outpatients attended our hospitals
- 280,000 patients attended our emergency departments
- 82,500 patients were admitted for emergency care
- We undertook 65,000 day case procedures
- 9,500 babies were born at Queen Charlotte's & Chelsea and St Mary's hospitals
- We treated over 1,800 stroke patients
- 450 primary angioplasty heart attack treatments were performed in Hammersmith Hospital's heart attack centre
- Over 700 head injuries were treated in the major trauma centre at St Mary's Hospital
- More than 46,000 patients were recruited into clinical trials
- More than 600 individual research projects were active
- 13 nominations and awards were received for excellence in medical education
- We employed some 9,500 people
- Our annual turnover was £971 million

We improved the quality of care to our patients

Our focus on quality has brought benefits to patients, with indicators demonstrating that the Trust is maintaining and improving its performance, in a range of areas resulting in swifter, safer treatment for patients.

- 97.2 per cent of patients attending our emergency departments were treated, admitted or discharged within four hours, which is above the national target of 95 per cent.

- We met the six week diagnostic test target each month.
- We improved our referral to treatment performance – achieving the three standards (admitted performance; non-admitted performance; and incompletes) at aggregate Trust level; and in 53 out of 57 of our specialties by March 2013.
- We improved performance against the eight national cancer targets – from achieving three in June 2012, to achieving all eight in March 2013.
- The number of patients who acquired an MRSA blood stream infection in our hospitals, fell from 13 patients in 2011-12 to eight in 2012-13, against a threshold of nine cases.
- The number of cases of *C. difficile* fell from 142 in 2011-12 to 86 in 2012-13, against a threshold of 110 cases.

The sum of these efforts is reflected in our mortality rates, which are amongst the lowest in the country, as evidenced in the fact we are in the top four performing trusts for Summary Hospital-Level Mortality Indicator (SHMI) ratios.

We received the highest rating – Level Three – in the NHS Litigation Authority's (NHSLA) assessment of our acute services in August 2012. The Trust received excellent results passing 48 out of the 50 standards. The standards are specifically developed to reflect issues that arise in the negligence claims reported to the NHSLA.

While the Trust has made good progress it faces current and future challenges and recognises areas for further improvement. Throughout 2013-14, there continues to be a focus on meeting all the national cancer standards, preventing infections wherever possible and improving patient experience.

Across the Trust we are working hard to ensure that patients receive not only high quality clinical care but timely, safe and caring treatment as well.

Getting things right for those that matter

Listening and responding to our patients and the people who work for us, is fundamental in our mission to deliver quality care.

The Trust continues to develop new and existing initiatives to ensure patients and families have a good experience of our care. Simple feedback systems are in place to tell us what we are getting right and where we can improve. We adopt a 'ward to board' approach, providing visible and accessible leadership and a commitment to openness in all that we do.

We are engaging with our people based on the commitment to giving staff at all levels the opportunity to approach and hear from senior managers through a range of initiatives.

Improving our financial performance

Having eliminated the underlying deficit in 2011-12, our financial plan for 2012-13 was to deliver a surplus to give us the stable platform for an application to become a foundation trust. We delivered the financial improvements for the year by scrutinising every function of the Trust to identify efficiency savings and eliminate wastage.

On an annual turnover of £971 million, the surplus of £9 million was an £8.5 million overachievement on our plan. This demonstrated the continued improvement the Trust has made and needs to sustain into 2013-14. We also delivered cost improvements of £54.1 million, which was £2 million more than planned.

Caring for the future

World first for Ovarian Cancer

Together with our partners Ovarian Cancer Action, we pioneered the first ever implant of an alfapump® system as part of the treatment for ovarian cancer. The device is implanted under the skin to manage malignant ascites by draining a dangerous build-up of fluid from the abdomen into the bladder to be passed out in urine. This system has the potential to provide a significant level of improvement to the quality of life for women with ovarian cancer and to reduce the number of hospital visits. If clinical trials are successful, the implants could change treatment for many types of cancer.

High-tech vest helps investigate abnormal heartbeats

Our cardiologists were the first in the UK to test a high-tech vest to accurately pinpoint the cause of rapid and abnormal heartbeats. The Trust was one of only three centres worldwide, and the first in the UK to use the system. Each vest contains around 250

electrodes that are used to determine exactly where in the heart abnormal electrical activity is causing problems. Computer images are then generated to produce an 'electrical map' of the patient's heart, which can be used to track the rhythm disturbances to within a few millimetres, so treatment can be planned.

Developing new technology to offer tailored treatments

The Imperial Clinical Phenome Centre brings together a unique collection of state-of-the-art technologies that analyse the chemical make-up of tissue or body fluid samples. This helps doctors to accurately predict how a disease will progress and how well the patient is responding to treatment. The centre has developed an 'intelligent knife' that can tell surgeons immediately whether the tissue they are cutting is cancerous or not.



Our vision for the future



The Trust's emerging vision and strategic objectives

To improve the health and wellbeing of all the communities we serve and, working with our partners, accelerate the implementation into clinical practice of innovations in research, teaching and clinical service in order to transform the experience of our patients

Four strategic objectives have been developed to support the achievement of this vision:

1. To develop and provide the highest quality, patient-focused and efficiently delivered services to all our patients.
2. To develop recognised programmes where the specialist services the Trust provides (defining services) are amongst the best, nationally and internationally and leverage this expertise for the benefit of our patients and commissioners.
3. With our partners, ensure high-quality learning environment and training experience for health sciences trainees in all disciplines and develop a satisfied workforce that is representative of the communities the Trust serves.
4. With our partners in the academic health science centre and leveraging the wider catchment population afforded by the Academic Health Science Network, innovate in healthcare delivery by generating new knowledge through research, translating this through the AHSC for the benefit of our patients and the wider population.

Our clinical strategy has been developed following the principles set out in Lord Darzi's 2007 strategy for the capital, *Healthcare for London* and more recently, the *Shaping a healthier future* programme for north west London. Both are firmly based on three principles which we strongly support:

- Localising routine medical services where possible means better access to care closer to home and improved patient experience.

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

- Centralising specialist services where necessary drives up quality through better clinical outcomes and safer services for patients.
- Integrating patient pathways between primary and secondary care, with involvement from social care, to give patients a joined-up service.

Our plans are consistent with the *Shaping a healthier future* proposals to ensure patients benefit from the:

- most modern medical techniques/models of care
- highest standards of clinical expertise
- best possible facilities.

Our hospitals are home to acute medicine centres including the major trauma centre at St Mary's Hospital, the hyper-acute stroke unit at Charing Cross Hospital and the heart attack centre at Hammersmith Hospital. Working closely with the London Ambulance Service, our acute medical teams are fully prepared with the skills and equipment to provide high-quality lifesaving care around the clock. Paramedics take patients directly to one of

these centres rather than the nearest A&E, giving patients access to specialist care and better chances of survival and full recovery.

The development of our clinical strategy for services across our hospital sites has been led and defined by our senior clinicians based on improving both the outcomes and the experience of patients while they are under our care.

We see each of our three main hospitals developing their own distinctive and interconnecting character: with Hammersmith continuing on its path as a specialist hospital with a strong focus on research; St Mary's being the acute/emergency hospital for central London; and Charing Cross developing as a flagship local specialist health and social care hospital with planned/elective surgical innovation and care services.

Operating from three main hospital sites all providing local services as well as their particular unique function:

- Hammersmith Hospital: Specialist
- St. Mary's Hospital: Major Acute
- Charing Cross Hospital: Local and Elective

Plans to improve healthcare as a foundation trust and AHSC

Being an AHSC with Imperial College London brings significant benefits for our patients, staff, students and local population, as we take new discoveries and innovations, and promote their application in our hospitals and across the NHS.

Imperial College London has a campus on each of our main sites and is closely integrated with all our clinical specialties. The Clinical Sciences Centre of the Medical Research Council is also based at Hammersmith Hospital, providing a strong foundation for clinical and scientific research.

Imperial College Health Partners

The Trust is a member of Imperial College Health Partners, which formed in June 2012 as an exciting development to promote the diffusion and adoption of discoveries and innovations into everyday clinical practice across north west London. The partnership is a limited company bringing together healthcare providers, including acute and specialist hospital, mental health, and community care services, working in partnership with Imperial College London.

Imperial West

In March 2013, Imperial College London launched its vision for Imperial West, a new research and translation campus in White City, west London. The centrepiece of plans for the major new campus, which is situated a short walk from Hammersmith Hospital, will be the £150 million Research and Translation Hub. The hub will provide state-of-the-art space for academics and business partners that can be adapted to keep pace with the changing demands of scientific discovery and innovation.

Application for AHSC designation 2014-2019

Imperial College AHSC has begun its application to the Department of Health to be redesignated an AHSC from April 2014 for a further five years. The role expected of AHSCs is to:

- increase strategic alignment of NHS providers and their university partners, specifically in world-class research, health education and patient care
- improve health and healthcare delivery, including the increased translation of discoveries from basic science into benefits for patients.

Through this, AHSCs will be able to realise their potential as drivers of economic growth through research partnerships with commercial life science organisations.

Question 1: Do you agree with our vision and strategy for the future?



Our values

Across the Trust, our people are focused on getting the fundamentals right in everything we do – that means we operate on the principles of quality, safety and compassion and our shared values.

Provide the highest quality care

We will:

- involve patients in their treatment decisions and outcomes
- demonstrate a respect for privacy, dignity, choice and independence
- reassure patients and take time to talk to them as individuals
- ensure we achieve the highest standards of patient safety
- be caring, compassionate and kind to others
- show empathy and be sensitive to an individual's needs
- offer support, advice and encouragement to others.

Respect our patients and colleagues

We will:

- engage, listen to and value the contribution of others
- be polite, courteous and non-judgemental in our communication
- encourage involvement and ownership
- appreciate, recognise and reward the contribution of individuals and teams
- be respectfully open and honest in giving and receiving feedback
- appreciate the qualities of individuals and work together towards a common purpose
- be responsible and accountable for our own and collective actions.

Encourage innovation in all that we do

We will:

- encourage and support creativity to generate ideas for ongoing success
- explore and push the boundaries of research, technology and clinical practice to give us a competitive edge
- develop confidence and maximise potential through learning, nurturing and development
- endeavour to continuously improve and implement positive change
- create a stimulating teaching environment through sharing knowledge and experience with others.

Work together for the achievement of outstanding results

We will:

- embrace teamworking to get the best results
- demonstrate integrity and transparency in our decision-making
- recognise and be responsive to change to protect and grow our activities
- use our energy and initiative in seeking opportunities to invest in our future success
- ensure wise and responsible use of resources
- strive to continuously improve on performance.

Take pride in our success

We will:

- be motivated and ambitious to achieve success
- demonstrate a commitment to excellence
- share and celebrate achievements and success, building pride in our reputation
- embrace challenge and work together to overcome problems
- be approachable, visible and inspirational as a role model for others.

What is a foundation trust?

A foundation trust is a type of NHS organisation that offers significant opportunities for patients and members of the public to get involved in how it is run. Foundation trusts also have more financial freedom than other NHS trusts and are regulated differently.

Foundation trusts are part of the NHS and subject to NHS standards, performance ratings and systems of inspection – they are free at the point of use.

However, foundation trusts are different from existing NHS trusts in several important ways. Foundation trusts:

- are independent legal entities - public benefit corporations
- devolve decision-making from central government to local organisations and communities
- have different governance arrangements to NHS trusts as they are accountable to local people, who can become members and governors
- are not directed by government so have greater freedom to decide, with their members and governors, their own strategy and the way services are run
- can be more responsive to their local communities; anyone who lives in the areas they serve, works for the foundation trust, or has been a patient or service user, can become a member
- are not run for profit, but do have more financial freedom to raise capital funds from both the public and private sectors, they can also retain financial surpluses to invest in the delivery of new NHS services, whereas NHS trusts have to return their surpluses to the Treasury
- are regulated by Monitor, rather than the Department of Health.

Regulation

Monitor is the regulator of health services in England, and being independent of central government, is directly accountable to parliament.

In relation to foundation trusts, there are three main strands to their work:

- determining whether NHS trusts are ready to become foundation trusts
- ensuring that foundation trusts comply with the conditions they signed up to, that they are well-led and financially robust
- supporting foundation trust development.

For information visit the Monitor website: www.monitor-nhsft.gov.uk

Our hospitals will continue to offer high-quality NHS care to our patients. We will still be judged against national performance targets, including those set by England's independent healthcare inspector the Care Quality Commission.

For more information visit the Care Quality Commission website: www.cqc.org.uk



Why we want to be a foundation trust

Becoming a foundation trust will demonstrate that our healthcare meets the highest standards of safety and quality and that the Trust is a well-governed organisation.

It will also give us freedom to develop and improve facilities and services that our patients, people and partners tell us they need.

We know from other NHS trusts who have made the transition to foundation trust status, that the greater freedom to plan and develop our services based on what our patients need and to manage our own finances will allow us to build on our successes and make further significant improvements. This will ensure that:

- we see patients quickly and efficiently
- we can provide services that are as safe as possible
- patients have a good experience of our healthcare
- we make best use of research and education to enhance our understanding of healthcare and develop a workforce which is highly skilled
- we develop our facilities and equipment to provide a modern, high-quality environment.

What will becoming a foundation trust mean?

- Achieving foundation trust status is a means to an end – it is a symbol of a well-organised, well-run, well-led organisation.
- We intend to use this process as an opportunity to develop relationships and engage our people to develop the right model of membership and governance.
- Our membership and council of governors will bring the Trust closer to the people we serve and work for us.
- Everyone working for the Trust will automatically be a member with a choice to opt-out.

- As a foundation trust, if we make a financial surplus we can invest this in services and would have more freedom to borrow for capital projects, like new buildings.
- We would still be required to deliver on national targets and standards like the rest of the NHS, but we would have greater flexibility in how we achieve these.

Becoming a foundation trust will help ensure we keep our patients at the heart of running our hospitals, further strengthen our engagement with our people, and give us greater freedom to grow and develop our services.

Benefits for patients and public

Becoming a foundation trust will enable us to improve the quality of our services as well as our facilities for both healthcare and research. Foundation trust status will bring financial freedom enabling us to direct surpluses and to responsibly borrow money to invest in improvements to our hospital environments. This will allow us to provide healthcare in modern, fit-for-purpose facilities.

Benefits for our people

Our employees keep us at the forefront of healthcare provision and research. Foundation trust status will give the people who work for us a stronger voice by providing a new forum where staff can provide feedback and influence decision-making.

Benefits for the Trust

A structured process to engage and consult with our people, patients, public and partners on a regular basis. Increased financial freedoms will enable us to greatly improve our services and facilities for both care and research, at a faster pace in more efficient facilities. Foundation trust status will bring greater flexibility enabling the Trust, working with our partners, to better manage itself based on shared priorities with greater freedom from central control.

Our proposals

How it will work – our proposed governance arrangements

Governance is the way in which the organisation structures itself to ensure there is effective strategic leadership and executive management functions, to use taxpayers' money wisely and meet all aspects of our duty of care to patients, commissioners and the public.

Monitor, the regulator of health services in England, requires us to develop new governance arrangements that will increase community and partnership working through a membership structure and council of governors.

The basic governance structure of all NHS foundation trusts includes:

- membership
- council of governors
- board of directors.

The membership

Membership of a foundation trust is an excellent way of becoming more involved in the way that healthcare works.

Foundation trusts offer patients, members of the public, the people who work for them and other partners, the opportunity to become a member of the Trust. Becoming a member gives people more of a say in how the Trust is run. Members are able to:

- vote in elections for the council of governors, or stand for election as a governor
- give opinions on plans for the future direction and development of the Trust
- attend key meetings and events
- receive regular information about the Trust
- convey their views to governors
- act as ambassadors for the Trust
- access Health Service discounts.

Having an engaged and effective membership will enable the Trust to ensure that we represent our patients, people and the local communities we serve, providing a real opportunity for people to get involved in the work of the Trust and influence the local healthcare landscape.

Membership is free and open to all those over the age of 16 provided that they meet the membership criteria.

Question 2: Do you agree that the minimum age for membership should be 16?

The constituencies

The foundation trust membership will be drawn from three constituencies:

- Public members
- Patient members
- Staff members

Our patients are from diverse backgrounds. To develop an effective membership we must actively seek to make our public and patient memberships representative of those who use our services.

We aim to ensure our public and patient membership is:

- sizeable – our aim is to have 10,000 patient and public members by the end of 2014
- representative – in terms of age, gender, ethnicity, socio-economic status and geographical location.

Public constituency

Foundation trusts can choose between having a single 'public' constituency and a constituency that is divided into distinct geographical areas. Our proposal is for a single public constituency for Greater London covering the 32 London Boroughs and the City of London.

In order to become a public member of our proposed Foundation Trust, you:

- must reside in the region of Greater London
- must apply for membership by filling out and submitting a membership application form
- cannot be a member of Trust staff, who are only eligible to join the staff constituency.

Trust volunteers will also be able to join the public constituency provided that they reside in the Greater London region.

Question 3: Do you agree that the public constituency should encompass the whole of Greater London?

Patient constituency

Foundation trusts can choose if they wish to add a constituency for patients. Anyone who has been a patient of the Trust, including private patients, within the last five years is eligible to become a member.

Some foundation trusts have sub-divided the patient constituency to include 'carers'. It should be noted however, that splitting this constituency would require a minimum of three sub-sections.

Question 4: Do you agree that we should have a public and a patient constituency?

Question 5: Do you agree that the patient constituency should not be sub-divided to include carers?

Staff constituency

Our people are partners in the development and delivery of our services and are central to the success of our organisation. As such, we believe that all staff should automatically become members of the Trust, unless they specifically choose to opt out.

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

Opportunities for involvement

As a member you can choose how often and to what extent you want to be included. Members will

Question 6: Do you agree that staff members should automatically become members of the Trust unless they choose to opt out?

Question 7: Do you agree that only staff directly employed by the Trust should be eligible for staff membership?

Question 8: Do you agree that the staff constituency should be sub-divided as clinical and non-clinical?

be asked to indicate which level of membership they would like to have when they join. As a member you can change your level of membership at anytime.

Informed Member – receive information, newsletters and updates from us about important changes to healthcare.

Involved Member – receive regular information; get involved by attending annual public meetings and a range of activities including health events; and, vote in elections for council of governors.

Active Member – play a more active role; receive information and regularly get involved in activities such as focus groups, surveys, consultations, service development projects; volunteer to support a service; help to collect views from other local people on a range of issues; and, a whole range of other activities. You may also want to consider standing for election as a governor.

The level of engagement chosen does not affect a member's eligibility to vote in the elections for the council of governors.

Question 9: Do you agree with the proposed levels of engagement with our members as described?

Council of governors

The council of governors is the body through which the membership maintains dialogue with the Trust board. It has a number of important roles and responsibilities, including:

- ensuring that the Trust operates in accordance with its licence as a foundation trust
- representing the views of, and provide a link to, the public, staff and partner organisations
- further developing and approving the membership strategy
- appointment of the chairman
- appointment of the non-executive directors
- approving the appointment of the chief executive
- commenting on the forward plans and

strategic direction of the Trust including any significant changes in the services provided

- appointing the Trust’s auditor
- receives annual report and accounts.

Proposed composition of the council of governors

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

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

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

Total size of council of governors

31

Question 10: Do you agree with the proposed size and composition of the council of governors?

Who can become a governor?

Any member is eligible to become a governor so long as they are not disqualified by statutory or other grounds as set out in our constitution.

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

Monitor requires all governors to be aged 16 years or over and we propose 16 as a minimum age.

Elections

Elections would be held for all public, patient and staff representatives on the council of governors. We propose the following:

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

Question 11: Do you agree with the minimum age of governors being 16?

Question 12: Do you agree with our proposed arrangements for elections?





The board of directors

Background

As a foundation trust we will continue to have a board of directors made up of non-executive directors (NEDs) and executive directors. They will be legally accountable for the running of our organisation. They set our strategic aims and objectives, and are responsible for the management, leadership and day-to-day performance of the organisation.

All NHS and NHS foundation trusts are required to have a board of directors in which a majority are NEDs. The chairman of the Trust is automatically appointed to the council of governors. The board of directors is the overall accountable body for the running of the Trust.

NEDs are appointed from outside the Trust to constructively challenge and contribute to the development of the Trust, support and scrutinise the performance of executive directors, and add value through their skills and experience. NEDs must be members of the foundation trust.

The executive directors are responsible for all aspects of the day-to-day running of the Trust and have specific, delegated areas of responsibility.

The proposed structure of the board of directors

We propose that our board of directors should comprise:

- a non-executive chair
- a chief executive
- non-executive directors
- executive directors.

The board will have a majority of NEDs.

The chair

Our chair is a non-executive director. As well as being the chair of our board of directors they will also be the chair of our council of governors once we become a foundation trust. This dual role ensures a direct link between our directors and governors by ensuring that our governors are involved in and can contribute to our future plans.

Non-executive directors

Our non-executive directors are appointed from outside our organisation. They have significant experience and specialist expertise gained from a wide-range of backgrounds. They use their experience to help improve our organisation by providing challenge to the development and implementation of our plans. They use their specialist expertise to support our executive directors in specific areas of their work, and scrutinise their performance.

Executive directors

Our executive directors are responsible for the day-to-day running of our organisation. They each have personal professional expertise and are responsible for specific areas of the business.

Question 13: Do you agree with our proposed plan for the board of directors?



Let us know what you think

Why comment on our proposals?

A key part of our foundation trust application is consultation with our patients, people, the public and partner organisations. We would like to hear what you think of our proposals and provide you with an early opportunity to apply for membership.

We will carefully review and consider all the feedback we receive and this will be reflected in our application for foundation trust status.

A summary of the results of the consultation and our response will be made publicly available.

When can you comment?

Our consultation will run for a period of 12 weeks from 11 November 2013. As part of this consultation, we will be meeting with elected representatives, overview and scrutiny committees, staff, partner organisations and holding public meetings, where you can give us your views.

Public meetings will be held on:

- **Wednesday 11 December 2013** (18.00-19.30)
Small Hall, Kensington Town Hall, Kensington W8 7NX
- **Tuesday 17 December 2013** (18.00-19.30)
Oak Suite, W12 Conference Centre, Hammersmith W12 0HS
- **Thursday 16 January 2014** (18.00-19.30)
Great Western 2, Hilton Hotel, Paddington W2 1EE

Refreshments will be provided.

Next steps

The findings of this consultation will be submitted to the Trust board.

Changes to our proposed arrangements will be considered on the basis of the findings.

We will provide feedback to you on the outcomes of the consultation should you wish to receive this (if so please indicate this on the response form provided).

Note: You can ensure that you are continuously involved, informed and consulted by signing up as a member of the Trust using the response form provided.

How to have your say

You will find enclosed a response form with a membership section. Please tell us what you think by completing and returning in the FREEPOST envelope provided.

You can respond online at www.imperial.nhs.uk/foundation-trust.

You can find out more at our website, by emailing us or phoning us on our dedicated helpline to find out more.

You could attend any of our public meetings to present your views.

We look forward to hearing from you.



020 3312 7674



ft@imperial.nhs.uk



www.imperial.nhs.uk/foundation-trust



[@ImperialNHS](https://twitter.com/ImperialNHS)

The deadline for submitting responses is 10 February 2014.

There is no deadline for joining as a member.

Longer term

Spring 2014: NHS Trust Development Authority assesses our foundation trust application for submission to Monitor

Summer 2014: Monitor undertakes official assessment

December 2014: Imperial College Healthcare NHS Trust is awarded foundation trust authorisation (if successful)

Alternative formats

This document is also available in other languages, large print, and audio format upon request.

Este documento encontra-se também disponível noutros idiomas, em tipo de imprensa grande e em formato áudio, a pedido.

Waxaa kale oo lagu heli karaa dokumentigaan luqado kale, daabacaad ballaaran, iyo cajal duuban haddii la soo waydiisto.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

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Este documento también está disponible y puede solicitarse en otros idiomas, en letra grande y formato de audio.

Dipas kërkesës, ky dokument gjithashtu gjendet edhe në gjuhë të tjera, me shkrim të madh dhe në formë dëgjimore.

Public consultation on our foundation trust plans:

From Monday 11 November 2013 to Monday 10 February 2014

Imperial College Healthcare NHS Trust
Communications directorate
Salton House
St Mary's Hospital
Praed Street
London W2 1NY



020 3312 7674



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If you require this document in an alternative format or language, please contact the communications directorate on 020 3312 7674.

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