

Appendix A6 Public Consultation

APPLICANT NHS FOUNDATION TRUSTS PUBLIC CONSULTATION RESPONSE AND EVIDENCE OF STAFF ENGAGEMENT AND INVOLVEMENT INTRODUCTION

This document is intended for applicant NHS Foundation Trusts to outline the information, which may be used to inform recommendations to the Secretary of State but which will be required to satisfy Monitor, that: robust public consultation has been undertaken; staff and stakeholder involvement in the development of the IBP has been actively sought and impacted; and the organisation can demonstrate a continued commitment to expand and progress the wider culture change and social responsibility required to operate as a NHS Foundation Trust.

It is therefore in the interest of all applications to provide as much information as possible to demonstrate this.

BACKGROUND

1. Name of Applicant Trust	Royal United Hospital Bath NHS Trust
2. Area served by Trust	City of Bath, Bath and North East Somerset, north and west Wiltshire, the Mendip area of Somerset and South Gloucestershire and the rest of England and Wales
3. Contact details of person responsible for the public consultation	Brigid Musselwhite, Project Director

ABOUT THE PUBLIC CONSULTATION

4. Dates of public consultation	Started	Finished
	21 March 2011	19 June 2011

5. Which media were used for the public consultation document?	Full consultation document in hard copy	yes	
	Summary consultation document in hard copy	yes	
	Web-based consultation document	yes	
	Talking book/audio/CD-ROM		no
	Large print versions	Available on request	
	Versions in ethnic languages The opportunity to provide the document in ethnic languages was advertised (in the relevant languages) on the inside front cover of both the full and summary consultation document	Available on request	
	Easy read version of the document An online easy read version of the summary document was produced in partnership with learning disabilities staff from the Trust and students with learning disabilities on internment at the Trust.	yes	

The Royal United Hospital NHS Trust (RUH) consultation programme included the following:

- Both the full and summary versions of the consultation document are available to download from our website
- Frequently asked questions from staff, patients and public placed on the website and updated weekly
- Email address and telephone number on website and on all printed materials for further information
- Posters advertising all public meetings distributed to libraries, council offices and all GP surgeries within our Constituencies
- Posters advertising meetings specific to a GP surgery (patient group) placed in relevant GP surgeries and health centres
- Flyers advertising the public meetings and inviting patients to attend, placed in all outpatient letters for 6 weeks – about 7,000 sent out
- Flyers handed out to members of the public in towns where a public meeting is to be held, a week before the meeting to raise awareness
- Details of all public meetings ‘tweeted’ using the RUH Twitter account
- Regular press releases issued to local papers, broadcast media.
- Paid for advertisements in a range of local newspapers, advertising the meetings
- Editorial and adverts in a wide range of local, parish and free magazines advertising the, consultation and application process and encouraging membership
- A presence at a range of community events and meetings where a formal presentation was not requested or appropriate
- Large display stand and literature placed in all the Trust’s out patient departments, waiting rooms and in selected community clinics
- Scheduled meetings with statutory partners
- Meetings and mailings to organisations connected with the Trust – charities, voluntary sector, commercial partners, carers, patient groups.
- Article placed in staff newsletter for all state schools in Wiltshire and Bath and North East Somerset
- Letter from the Trust’s chairman to councillors and MPs in all constituencies

People were invited to respond using a variety of methods:

- Verbally at all public and group or sector specific meetings
- Via the website
- Via a letter
- By email
- By giving information over the telephone to a dedicated FT Office number
- Using the feedback form within the consultation documents

Presentation at public meetings (please specify where meetings were held and the number attending each)

March	Event	Venue	No. of Contacts
21 March	Open public meeting: Royal United Hospital (RUH)	RUH, Combe Park, Bath	27
28 March	Open public meeting: Devizes, Wiltshire	The Castle Hotel, New Park Street, Devizes	1
29 March	Open Public meeting: Shepton Mallet, Somerset	Doulting Village Hall, 18 Chelynch Park, Doulting, Shepton Mallet	0
April	Event	Venue	No. of Contacts

12 April	Open public meeting: Trowbridge, Wiltshire	Arc Theatre, College Road, Trowbridge	8
May	Event	Venue	No. of Contacts
3 May	Open public meeting: Melksham, Wiltshire	Melksham Assembly Hall, Market Place, Melksham, Wiltshire	0
10 May	Open public meeting: Bath Rugby Club	Bath Rugby Club, The Hampton Stand, Bath	0
12 May	Open public meeting: Radstock, Bath and North East Somerset	Centurion Hotel, Charlton Lane, Midsomer Norton, Radstock	12
17 May	Open public meeting: Larkhall, Bath	New Oriel Hall, Brookleaze Buildings, Larkhall	6
24 May	Open public meeting: Keynsham	Keynsham Parish Hall, 1 The Park, Keynsham	16
27 May	Open public meeting: Twerton Village Hall, Bath	Twerton Village Hall, Landseer Road, Twerton	10
June	Event	Venue	No. of Contacts
6 June	Open public meeting: Chippenham, Wiltshire	Chippenham Town Council	6
7 June	Open public meeting: Yate Leisure Centre, Yate	Yate Leisure Centre Kennedy Way, Yate.	3
14 June	Open Public Meeting: Frome, Somerset	Rook Lane Chapel, Bath Street, Frome	8

Other (please specify)

The RUH also engaged with stakeholders, patient groups and community groups as part of the programme of consultation meetings. The meetings taking place during the consultation period are listed below

March	Event	Venue	No. of Contacts
15 March	South Gloucs LiNKS Health Service Group	Patchway Council Chambers, Rodway Road, Patchway	9
15 March	Bath & North East Somerset (B&NES) Health Overview & Scrutiny Committee Meeting	Council Chamber, Guild Hall, Bath	20
23 March	Bath Cancer Unit Support Group	William Budd Outpatient area, RUH, Combe Park, Bath	17
24 March	South Gloucestershire Senior Citizens Forum (Note: manned stand)	Armstrong Hall, Thornbury	N/A
29 March	Westbury Group Practice	Eastleigh Surgery, Station Road, Westbury	18
Date	Event	Venue	No. of Contacts
7 April	Bath GP Commissioning Group	B&NES PCT HQ, St Martin's Hospital, Midford Road, Bath	7
7 April	Breatheasy Group	Odd Down Branch of Combe Down Surgery, Sulis Road, Bath	20
7 April	B&NES care home managers	Blomfield Care Home, Paulton,	50
12 April	Somerset Overview & Scrutiny Committee	The Luttrell Room County Hall, Taunton	23

18 April	Chippenham Rotary Club	Chippenham, The Rotary Hall, 16 Station Hill, Chippenham,	40
20 April	Bath Stroke Group	Chelwood Drive Community Hall, Odd Down, Bath	22
21 April	Bath MIND Group	Hayhill Baptist Church, The Paragon, Bath	10
27 April	Avon & Wiltshire Mental Health Partnership Trust	Jenner House, Langley Park, Chippenham	17
30 April	67 th reunion of RUH nurses	Post Graduate Medical Centre (PGMC), RUH, Combe Park, Bath	50
Date	Event	Venue	No. of Contacts
5 May	Trowbridge Area Board	The Council Chamber, Wiltshire Council Offices, Bradley Road, Trowbridge	45
9 May	Chippenham Area Board	Chippenham Town Hall, High Street, Chippenham	48
11 May	Bradford on Avon Area Board	Cereal Partners UK, Conference Facility, Staverton, Wiltshire	47
12 May	Bath Chamber of Commerce	Royal United Hospital, Combe Park, Bath	40
12 May	Melksham Area Board	Melksham Oak Community School, Bowerhill, Melksham	44
18 May	Action for Pensioners, Bath	Fairfield House, Kelston Road, Bath	11
18 May	Age Concern, Bath	Day Centre, St Michael's Place, Bath	2
18 May	NHS Wiltshire	Southgate House, Pans Lane, Devizes	15
18 May	Diabetes UK Chippenham & District Voluntary Group	Jubilee Rooms, 32 Market Place, Chippenham, Wiltshire	12
19 May	Wilts Overview & Scrutiny Committee	Committee Room 3, County Hall, Bythesea Road, Trowbridge	28
20 May	Carers Support Wiltshire	The Independent Living Centre, St George's Road, Semington, Trowbridge	16
20 May	Bath Ethnic Minority Senior Citizen's Association	Fairfield House, Newbridge Road, Bath	19
24 May	Dorothy House Trustees Meeting	Winsley, Bradford on Avon, Wiltshire	16
24 May	B&NES Faith Forum	The Forum, Bath City Church	3
26 May	Bath Federation of Townswomen's Guild	Manvers Street Baptist Church, Bath	20
26 May	Norton Radstock College	Norton Radstock College South Hill Park, Radstock	16
31 May	Hearing & Vision Team	Wilts Council Offices, Beacon Business Park, Hopton Industrial Estate, Devizes	9
Date	Event	Venue	No. of Contacts
1 June	NHS Somerset	Assembly Rooms, Frome Memorial Centre, Christchurch Street West, Frome	20

2 June	Hathaway Group Practice Patient Group	Hathaway Medical Centre, Middleford Road, Chippenham	6
2 June	Corsham Area Board	Corsham Town Hall, High Street, Corsham	53
6 June	St Michael's Surgery Patient Group	St Michael's Surgery	10
7 June	B&NES LiNKs Group	Sports & Training Village, University of Bath	20
7 June	The Health Centre Bradford on Avon Patient Group	Health Centre, Station Approach, Bradford on Avon, Wiltshire	50
9 June	RICE Group	RICE Building, RUH, Combe Park, Bath	11
15 June	NHS B&NES/B&NES Council Partnership Board Health & Wellbeing	Bath Royal Literary and Scientific Institution, 16-18 Queen Square, Bath	33
15 June	Mendip Disability Forum	Tor Leisure Centre, Street Rd, Glastonbury	27
22 June	Frome Medical Practice Patient Participation Group	Frome Medical Practice, Park Road, Frome.	8

The RUH also ran a staff engagement programme ahead of the formal public consultation and the details of this can be found in Section 17.

6. Number of formal responses received		79
	Hardcopy, using proforma provided as part of the consultation exercise	67
	Others in hardcopy – letters etc	1
	On website	1
	By Email	0
	By telephone	0
	By Fax	0
	Verbally at public meetings. Responses given at partner and stakeholder meetings such as PCT, Overview & Scrutiny, Health Partnership Boards and at a Disability Forum	8
Others, please specify 2 responses were illegible	2	

7. Was the pattern of responses to the public consultation in line with the demography and geography of the area? Were there any groups or areas that were not adequately represented in the responses received? Please provide where necessary, details of Trust action plans to target under-represented areas

79 individuals and organisations responded formally to the foundation trust consultation. The responses were broadly in line with the demography of our constituencies in terms of age and ethnicity and whilst the responses were broadly in line with the geography of the area, we note that the number formal responses from Wiltshire south wasn't representative in terms of the

number of patients from this constituency who are referred to the hospital or those identified as eligible to become members. Based on referrals and membership eligibility we would have expected a similar number of responses as that of Wiltshire north.

The formal responders identified themselves as follows:

Responses by Constituency

Constituency	Number of responses
City of Bath	19
North East Somerset	20
Wiltshire north	20
Wiltshire south	2
Mendip area of Somerset	9
South Gloucestershire and the rest of England and Wales	4
Not stated	5

Breakdown of responses by ethnicity

Ethnicity	Number of responses
White British	61
White Irish	
White - other	4
Mixed – white & black Caribbean	
Mixed – white & black African	
Mixed – white and black Asian	
Mixed - other	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Asian or Asian British – other Asian	
Black or black British - Caribbean	
Black or black British - African	1
Black or black British – other Black	
Chinese	
Other ethnic group	
Not stated	13

Under represented groups and areas

In the weeks leading up to the formal Consultation, we arranged meetings with a wide range of consultees in each category in all constituencies. However due to a variety of reasons, we were not able to secure meetings with some community groups during the consultation period. Because we want to ensure we have consulted as widely and appropriately as possible, we will try to meet with the following community groups as a priority;

- members of the military, (which is a significant community within our catchment

- area)
- travellers
 - members of the community with learning difficulties
 - young people (16-20 years)
 - Polish speaking community.

Detailed consultation and engagement plans will be drawn up to ensure full and meaningful consultation and involvement.

Meetings already arranged beyond the consultation phase as part of engagement with under-represented community groups

July	Event	Venue	No. of Contacts
5 July	Traveller Liaison Working Group	South Gloucestershire Council Offices Badmington Road Yate	
19 July	Keynsham Town Council*	Committee Room 1, Council Chambers, Keynsham Town Hall, Keynsham	
August	Event	Venue	No. of Contacts
9 August	Bath East Asian Chinese & Friends Group	27A Westgate Street, 1 st floor, Bath	

*Town and parish councillors in this area were keen to listen to the consultation but there was no suitable date during the formal consultation period.

ABOUT THE COMMENTS

8. Please list responses received from major stakeholders (individuals and organisations) and their general view – include local MPs, local authorities, local NHS organisations, professional and staff representative bodies, local commercial organisations, national and local voluntary organisations.	Name	Broadly in favour	Broadly neutral	Broadly opposed	Main issue raised
	NHS Bath & North East Somerset (B&NES)	✓			
	Bath & North East Somerset Council/NHS B&NES Partnership Board Health and Wellbeing	✓			
	Bath & North East Somerset Health Overview & Scrutiny Committee	✓			
	Bath GP Commissioning Group	✓			
	Bath Chamber of Commerce	✓			
	B&NES LINKs group	✓			
	Bath Cancer Unit Support group	✓			
	Age Concern Bath	✓			
	Bath Stroke Group	✓			
	Bath Mind Group	✓			
	Avon & Wiltshire Mental Health Partnership Trust	✓			
	NHS Wiltshire	✓			
	Wiltshire Council Health Overview & Scrutiny	✓			

	Committee				
	Carers Support Wiltshire	✓			
	Wiltshire Council Hearing & Vision Team	✓			
	NHS Somerset	✓			
	Somerset Health Overview & Scrutiny Committee	✓			
	Mendip Disability Forum	✓			
	Diabetes Uk, Chippenham & District Grop	✓			
	NHS Somerset	✓			
	Jacob Rees-Mogg MP	✓			
	Don Foster MP	✓			
	Duncan Hames MP	✓			
	James Grey MP	✓			
	South Gloucestershire LINKs health service group	✓			
	South Gloucestershire senior citizens forum*		✓		
	Dorothy House Hospice	✓			
	Norton Radstock College	✓			
	Trust's Consultative and Negotiating Committee	✓			
	Hospital League of Friends Charity	✓			

*At their request, consultation documentation – handbooks and guidance, was sent to a meeting of the Forum but the offer of a presentation was declined.

9. Apart from those listed in 8 (above), how many other responses were received in total?

Approximately 300. This includes informal responses, comments and questions at meetings where it has not always been possible to identify whether or not they are in favour of the proposals due to the nature of the question asked or comment made.

9b. Was there an OSC review process?

Executive Trust representatives attended meetings for committees which cover five out of our six constituencies. The committee covering the sixth constituency, South Gloucestershire and the rest of England and Wales, requested printed copies of the consultation summary for members to consider. The response from each OSC is contained in Section 8.

10. Excluding those recorded in section 8, how many responses were:-	Broadly in favour	Broadly neutral	Broadly opposed
	75%	25%	0

TRUST'S RESPONSE

11. Does the Trust have any comments about the general tone of responses received? For example, were those opposing the proposals expressing fundamental objections or picking up minor (possibly technical) issues?

There were no direct objections to the proposals. Where relevant comment was made, the majority of people or contacts at the meetings were in favour of the RUH becoming an NHS Foundation Trust - attracted by the proposition of membership and the roles and responsibilities of the Council of Governors.

We also concluded that a minority could be said to be 'broadly neutral' as neither overly positive nor negative comments were made at a meeting or subsequently.

Where there were negative comments, these tended to be unrelated to the proposals or consultation and were made by attendees who were taking the opportunity of the consultation meeting to raise localised issues such as patient and visitor parking, signage, food and standards of correspondence.

12. What were the main topics that attracted critical comment and what was the Trust's response?

<p>1. How can you become a Foundation Trust with an historic debt? <i>(Bath Action For Pensioners; Somerset Overview and Scrutiny Committee; public meeting, Trowbridge; Melksham Area Board; public meeting, Radstock; Bath Cancer Unit Support Group; St Michael's Surgery Patient Group; public meeting, Yate; Warminster Area Board; public meeting, Twerton)</i></p>	<p>We are balancing our books and returning a surplus, in order to repay the final installments of a £38 million loan taken out in 2006. We have been paying that back at £6-£7m a year. We are still required to deliver £13.7m by 2013/14. We have a good record of repaying our historic debt and our ability to repay has demonstrated good financial management. We have achieved this through efficiency savings and partnership work.</p> <p>We are in discussions with the regulatory body (Monitor) and this is not thought to be a stumbling block to achieving FT status.</p>
<p>2. Concerns around car parking. Will becoming an FT in any way improve parking at the hospital? Will you continue to charge for car parking? <i>(Somerset Overview & Scrutiny Committee; Westbury Group Practice Patient Participation Group; Bradford and Avon Surgery Patients Group; public meeting Frome; Frome Medical Practice; public meeting, Radstock; public meeting Twerton; Diabetes UK Chippenham District Voluntary Group; public meeting Keynsham; Norton Radstock College;)</i></p>	<p>We are exploring the idea of a multi-storey car park with planners at Bath & North East Somerset Council, but the council isn't keen on such developments.</p> <p>It is a source of income which is primarily used to fund the cost of running the car parks and associated staffing. A small proportion of the income does help fund patient services. We do offer lower rates for visitor parking over five days. We have to strike a balance as we cannot have prices so low that we become a commuter car park, and we need to deliver a green travel plan. We link to the park and ride at Odd Down and are trying to link with others. We have reduced staff parking considerably to make more visitor parking spaces.</p>
<p>3. Why is membership restricted to 16 year-olds and over? Who will be representing the interests of children? <i>(Public meeting, Yate; BaNES Health and Wellbeing Committee; Dorothy House Trustees Meeting)</i></p>	<p>This is a very important issue but given the responsibilities involved, we think the lower age limit to be a Governor or member should be 16. Nevertheless the RUH provides services for children and young people and is keen to hear about their experiences. We are looking into creating a group or perhaps a youth board as a sub group of the council of governors that takes into account the views of younger people.</p>

13. What were the main areas attracting support locally? (please indicate in brackets the main source(s) of this support, e.g. patients, public, staff)

Our key areas for service development, as outlined in the consultation document, were broadly welcomed by all groups we engaged with. However the following areas also attracted positive responses:

The principles of membership of the NHS Foundation Trust
(patients, public and key patient groups such as the Mendip Disability Forum, Age Concern Bath and the Chippenham area diabetes group)

The role of the Council of Governors as being able to hold the Trust Board 'to account'.
(public, NHS Partners, Wiltshire OSC)

More freedom to invest our funds and hold over surplus.
(contacts at several public meetings, staff, patient groups meetings such as Bradford on Avon and Area Boards such as Corsham)

14. Specifically, what was the general tenor of responses with regard to:

Membership	Positive
Board of Governors	Positive
Board of Directors	Neutral
Elections	Not able to say as our consultation has not gone into detail on elections
Constituencies	In favour
Boundaries	In favour
Constitution	Neutral
Age limits	Broadly in favour
Youth representation	Not discussed
Staff representation	Broadly in favour
Vision	Broadly in favour
Transitional arrangements	Not discussed
HR strategy	Broadly in favour (staff)
Communications	Broadly in favour
Any novel suggestions received as a result of consultation	no
Other issues – please specify	none

15. Is there anything else about the public consultation exercise and outcome that you would like to let the Secretary of State or regulator know?

The consultation period coincided with local council elections in two of our constituencies and due to purdah, this constrained the extent to which we would have liked to consult across the 13 week time span with all constituents in all areas.

16 Please provide contact details for the person who will be available to answer detailed queries about

the public consultation and provide copies of any responses required for further scrutiny?

Name: Brigid Musslewhite, Project Director
Address: Royal United Hospital Bath NHS Trust, Combe Park, Bath BA1 3NG
Telephone number: 01225 821462
Email: brigid.musselwhite@nhs.net

STAFF ENGAGEMENT, INVOLVEMENT AND THE WIDER CULTURE

17. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHS foundation trust application? Where have staff dialogue and views influenced the broad HR 'strategy', which in turn supports the service development plans and organisational goals for the Trust?

The RUH has worked with staff to ensure that all are aware of our proposals to become an NHS foundation trust (FT). In February 2010 a focus group was established. This comprised of a wide range of staff and their views and comments were used to shape the tone and method of wider staff communication and engagement. During February and March members of the Trust's Executive team attended an extensive number of staff group meetings and in addition, there were a total of 12 'open' staff meetings to which any member of staff was invited. Existing staff Governors from neighbouring NHS foundation trust hospitals were invited to 2 of these to talk about their experiences and answer questions our staff may have. The meetings attended are listed below.

Staff Group	Date	No. staff attending
Porters, cleaners	16-Feb	30
Open staff meeting	22-Feb	2
Emergency Dept, Medical Short Stay Unit, Medical Assessment Unit and Ambulatory care	24-Feb	17
Charlotte ward	24-Feb	11
Open staff meeting	24-Feb	11
Pathology	25-Feb	39
Oncology sisters	28-Feb	11
Open staff meeting	28-Feb	0
Theatres	28-Feb	71
Clinical Reference Group	01-Mar	11
Pharmacy	02-Mar	39
Surgical Divisional Board	02-Mar	13
Open staff meeting	02-Mar	6
Matrons	03-Mar	7
Children's Centre	04-Mar	14
Education/ Occupational Health	07-Mar	17
Open staff meeting	07-Mar	28
Open staff meeting	07-Mar	14
Specialty Division Management Team	08-Mar	9
Anaesthetics	09-Mar	21
Appointments Team/Elective Bookings	09-Mar	28
Medicine Sisters	09-Mar	14
Medical Records	09-Mar	22
TCNC	11-Mar	10
Open Staff Meeting	11-Mar	6
Finance	14-Mar	32
Ward Staff (North) drop in session	14-Mar	2
Radiology	15-Mar	14

Catering	16-Mar	16
Orthopaedic Dept secretaries	16-Mar	14
Volunteers	17-Mar	16
Doctors F2 Grade	17-Mar	15
Open staff meeting	18-Mar	6
Surgical sisters	21-Mar	20

A total of 586 staff attended the meetings

Staff will automatically become a member of the NHS foundation trust unless they specifically choose to opt out. To date, 0 staff have selected to opt out

A staff handbook was also made available to all staff at all meetings and editions were sent to managers for local distribution to those staff who didn't attend a meeting. This gave further details of the Trust's plans and more general information about foundation trusts, how they are run and how they differ from NHS trusts. Within the booklet was a questionnaire about the consultation which staff were invited to complete and return. They could also complete the questionnaire online. An FT section was established on the Trust's intranet giving specific information on the Trust's application and general FT information. The site also contained a regularly updated 'FAQ' section. Regular updates on our foundation trust application appear in the weekly e-newsletter, monthly team bulletin and there is a regular foundation trust article in our quarterly *insight* magazine.

15 staff responded formally to the consultation using the pro-forma questionnaire. Staff responses have been integrated into sections 12 and 13 where appropriate

In February 2011 the Trust ran a strategic workforce forum attended by more than 50 staff including clinicians and staff side members. The purpose of the forum was to include staff in the building of the new Welfare Strategy to underpin the IBP. Furthermore we meet with staff side representatives each month to discuss a wide range of HR related matters, including the Trust's staff engagement action plan. This plan introduced the concept of 'Listening into Action' which is being progressed.

18. How did (and for the future 'how will') the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in its broadest sense?

The RUH engages and involves its staff through ever developing channels of communication such as the weekly e-newsletter, team briefing, monthly open staff meetings, the hospital's quarterly magazine, Twitter, and a soon to be established Facebook site. In addition, staff are invited to join focus groups when there are plans for localised or strategic change – for example, ward moves, new service provision, the FT application process.

In addition to this the RUH continues to develop constructive relationships with Unions and the Trust's staff side consulting and negotiating committee (TCNC). The RUH works closely with the TCNC about matters relating to organisational change, policies and terms and conditions and the annual action plan based on issues raised in the national NHS Staff Survey. The results of the annual staff survey form an integral part of the Trust's on-going engagement with staff in improving working conditions and environment. Staff input has been sought in the writing of the workforce strategy through workshops, discussions and the circulation of drafts to key staff side and Trust management groups.

Senior Executives regularly carry out ward and departmental visits to better understand staff concerns and to see the implementation of initiatives around patient safety and patient experience. More than 100 of these visits have been carried out over the past year with a positive response and feedback from staff.

Staff are also closely involved in the Trust's Equality and Diversity Agenda and there have been a number of events and meetings to ensure the Trust is addressing staff needs and the needs of our patients in this

area.

Other forums for staff involvement and consultation include an initiative called 'Seeing it my way' – which deals with patients and carers with learning disabilities, training programmes for dementia care and patients with Parkinson's Disease, the Health Information Group – a monthly meeting at which staff, carers and patients discuss developing and improving patient orientated information.

Foundation Trust status will allow the Trust to engage and involve staff more fully and proactively through membership and through the elections of Staff Governors who will sit on the Council of Governors.

19. How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussion been analysed from a cost/benefit perspective and integrated into the service development plans outlined in the business plan?

The RUH has four main service developments, which are set out below:

1. Deliver its Quality, Innovation, Productivity and Prevention (QIPP) programme. The Trust has identified six themes for improvement; length of stay, admission avoidance, outpatients, theatres, clinical support and non-clinical productivity.

2. Develop its cancer services. The Trust will continue to develop the quality of its existing services, ensuring that the care and treatment delivered meets national standards and is based on best practice. The Trust also plans to expand the range of services provided to its local population as well as expanding its capacity to meet the increasing demand for cancer services.

3. Develop its estate. The objective is to implement an Estates Strategy which will address 75/80% of the backlog maintenance (over a 6 year period), improve the quality of facilities, specifically the layout, design and co-location of services and through this, support delivery of the QIPP programme. The first phase of this programme is a project to address significant accommodation challenges within pathology services.

4. Merge with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD). This service development reflects the stated strategic intent by the Board of Directors of the RUH and the Board of Directors of the RNHRD to merge the two organisations following the achievement of NHS Foundation Trust status by the RUH. The proposed merger will be subject to completion of a full business case, including detailed financial and transactional analysis by both parties in line with Monitor REID guidelines (Risk Evaluation in Investment Decisions) and the NHS Transaction Manual (Gateway Reference 11382). A full consultation process will be agreed by both parties. The RUH and RNHRD will carry out any consultations with their Governors, staff and wider membership, as required.

In terms of internal engagement about these plans, it has and will continue to be delivered in ways appropriate to the staff group. Taking QIPP as an example; staff across the organisation have been involved in the QIPP plans at varying levels. At one level, all staff have been asked to put forward cost saving measures, however small, to the Efficiency Board and been given feedback on their ideas. The monthly Team Brief, which is a support to managers in communicating strategic messages at a departmental level, also outlines relevant QIPP developments. At a ward or department level, staff affected by changes or ward closures/mergers have been consulted with and involved in the change process from the start.

At a wider level;

- the fortnightly Clinical Reference group meets with senior management to debate Trust policies and approaches
- clinical divisions have clinician led 'boards' that meet monthly to agree divisional approaches
- a recent clinical conference engaged clinicians in discussion about new operational model- graduated care
- planning for the 2011/12 Annual Business plan involved clinicians at Divisional

levels in developing annual business plan for the specialty

- o proposals for service developments are captured in 'business cases' for agreement at Management Board which has a significant number of clinicians as it's members. All business cases detail costs and benefits to the organisation of the piece of equipment, post or development in question.

The relevance to improved patient care and patient experience remains a common theme throughout as well as the overall need for staff to understand that we must balance our books and make the savings required.

20. How is the Trust developing/managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility and playing a role in the wider community?

The Trust works in partnership with a range of public, voluntary and independent sector organisations. During the last 18 months our most successful new service programmes have been the result of effective partnership working and they include:

- o dementia care – working with the Alzheimer's Society to develop and improve the standard of care and environment we provide to patients with dementia.
- o acute stroke ward – by working in partnership with our primary care partners and ambulance services, we have developed specialist acute care pathways for those suffering a stroke and those at risk of stroke.
- o Out of hours GP provision – working with primary care to provide an out of hours GP in our Emergency Department.
- o Project Search – working with a local specialist college to offer training and longer term employment for teenagers with learning disabilities
- o prisoner rehabilitation – working with a regional open prison to offer employment within our estate department.

In terms of good citizenship and social responsibility we have partnerships in place to encourage patients staff and visitors to use local transport and subsidised park and rides schemes to help promote a 'greener' approach to travel. Another aspect of our role in the community is the provision of work experience and sixth form conference events for those students interested in a career in health. We also have a 'patient experience group' and a 'health information group' which meet regularly to better understand the needs of our patients from all sectors of the community in terms of their hospital or care experience, communication and information needs.

21. What is the degree of 'integrations' of first-rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself

There are a variety of examples of the level to which first-rate HR practice is integrated into all the main function of the RUH. These include:

- o our updated Workforce Strategy will be submitted to the Trust Board for final ratification and then disseminated
- o During 2011 we will be establishing a Strategic Workforce Committee to support implementation of strategy and best practice, as a sub-committee of the Management Board
- o the annual strategic workforce forum in March 2011 was attended by over 50 senior managers and clinicians and staff side to support strategy development.
- o a wide range of policy and practice captured on intranet pages with a 'For managers' section

- there is a regular HR presence at Divisional, Management and Trust board level and in key strategic committees, e.g. Quality board, Efficiency board, Non-clinical governance committee
- a number of action plans stemming from the national staff survey results and our internal staff engagement programme hold Executive Directors and operational management accountable for implementing improvement and change.

22. How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?

The key ways in which the RUH is able to demonstrate its commitment to staff training and development and career progression include the following:

- an action plan to increase level of appraisals which signed off by Trust board is now in place and early indications show that it is being effective.
- we have a study and professional leave policy in place
- staff on Agenda for Change Bands 1-4 can develop their careers and skills with support for achievement of a wide range of NVQ qualifications
- there is a training matrix of mandatory skills plus we also offer staff a wide of a variety of optional learning either through e-learning packages, professional off-site courses as well as coaching , business and management skills for lead clinicians.
- Staff intranet site offers comprehensive information, support and advice about skill and career development
- There is a library on site which staff can and do access for research and training materials.

We also believe potential can be unlocked through improving conditions in the workplace and so we provide staff with

- subsidised gym and swimming pool
- flexible working conditions
- on site nursery
- subsidised travel to work options
- employee assistance programme for counselling and welfare issues

In addition we have run campaigns to encourage staff to improve their health and welfare at work, for example:

- a campaign called 'Taking Time to...' encouraged staff to interact with colleagues more, take a short break, stop and think etc
- 'walk to work week' encouraged staff to either walk to of from work or take a short walk in their lunch break.