from good to...

great!

Our Consultation to become an NHS Foundation Trust

tell us what you think...
"There are very few public institutions which have as much support or sustain as much praise and criticism as the NHS."

People are justifiably proud of the NHS. Despite its many faults it is still the only truly ‘national’ health service in the developed world. And of course though there are many different parts of the NHS, it is hospitals, doctors and nurses which people most often bring to mind when thinking about their NHS.

Here in Leicester your hospitals, we hope supported by you, are on a journey, a journey which will take us “from good to great”. A journey from where we are now… generally good hospitals with generally good overall standards of care; to great hospitals with great overall standards of care.

We describe ‘great’ as ‘Caring at its Best’. It is the purpose to our working lives, whether we are doctors, nurses, pharmacists, physiotherapists, porters, cleaners, accountants or cooks… We want to deliver Caring at its Best on behalf of local people in Leicester, Leicestershire, Rutland and beyond.

This short magazine will explain how we intend to make the journey “from good to great” and will ask you the reader and your family and friends, to give us some honest feedback on our ideas.
We are called the University Hospitals of Leicester NHS Trust, which we know is a bit of a mouthful! We run the Leicester Royal Infirmary, the Leicester General and the Glenfield Hospitals.

We’re one of the biggest hospital Trusts in the country and employ almost 12,000 staff to take care of over a million patients every year.

We are called ‘University Hospitals’ because we work in partnership with the University of Leicester and De Montfort University to teach the next generation of doctors and nurses. We also work with the Universities on internationally significant research into the treatment, prevention and management of disease.

Most of our patients come from the city of Leicester and the counties of Rutland and Leicestershire. However, because we are home to many regionally, nationally and internationally recognised services, we also look after patients from others parts of the UK and from overseas.

Unlike some of the smaller hospital Trusts, there are very few services which we do not provide, and there are some which we provide on behalf of a wider regional, or national network.

Because we are a ‘teaching Trust’ and because we have a strong record in medical research, we are able to attract the best talent to work for and with us. This matters because it means local people benefit from the skills and knowledge of nurses and doctors who are leaders in their chosen field.

A bit about us...

"In 2008/09 we received £13 million of funding for research"
Becoming a Foundation Trust

We want our hospitals to become NHS Foundation Trust (FT) hospitals. Because we think that the freedom becoming a FT gives us will help us achieve our vision for better hospital services. Here is more detail on exactly what FT hospitals are...

What is an NHS Foundation Trust?
NHS FTs are still part of the NHS, but they have freedom from central government and belong to local people in a new way, but still need to follow rules and standards. An organisation called Monitor regulates FTs to make sure they are doing what they are supposed to.

However, because NHS FTs remain firmly part of the NHS, they still operate in line with NHS standards and principles - providing free care at the point of delivery, based on need, not ability to pay. NHS FTs have greater freedoms and flexibilities than normal NHS Trusts in the way they manage their affairs, for example...

- **FREEDOM** to set their own goals and make their own decisions
- **FREEDOM** to raise money independently to invest in services, instead of the current system of centrally controlled budgets
- **FREEDOM** to keep the extra money they make after paying for services, which can be invested in developing new services for local people
- **FREEDOM** to create new governance arrangements to make the Trust more accountable to local people instead of national government.

**MOST IMPORTANTLY...**

NHS Foundation Trusts give more power and a greater voice to local people and their staff over the delivery and development of local health services.

A VOICE FOR LOCAL PEOPLE

NHS FTs have ‘members’ made up of patients, local people and staff who are interested in their local NHS. Members can influence the way that their local hospitals are run because they have the power to elect their fellow members to a ‘Council of Governors’.

The Council of Governors works alongside the Board of Directors (people like the Chief Nurse, the Chief Executive and the Medical Director) and are closely involved in setting the strategy and direction of the hospitals. This is similar to how school governors work.

We already have over 14,000 public members from across Leicester, Leicestershire and Rutland, as well as 12,000 staff members. As a FT these members will play an important role in the exchange of information and ideas between us, and the communities we serve. They will tell us how we could improve our services and act as a link with the community, gathering views from their friends and family. When the time comes they will elect a ‘Council of Governors’ to represent them and their views.

The Council of Governors is not a talking shop. They have real power. For example the Governors can vote to remove the chairman of the hospitals or the non executive directors.

The most important benefit to the NHS and local people about becoming a FT is that it puts doctors, nurses, managers and local people together around the same table to think about what is best for patients... we think that is a powerful partnership!
“The most important benefit of becoming a FT is that it puts doctors, nurses, managers and local people together around the same table to think about what is best for patients… we think that is a powerful partnership!”

KEVIN HARRIS
Acting Medical Director

“To become one of the best hospitals in the UK, we have to provide the best possible care and patient experience in the land. We must ensure we do this through a process of continued innovation and quality improvement whilst at the same time ensuring our services remain as efficient as they can be so we use the resources available to us in the most effective way for the benefit our patients. We must have clear and achievable goals which are shared between the public and ourselves. I am quite clear that becoming an FT is a vital step that we need to achieve if we are to realise these goals. This is the type of hospital that I wish to work in and I am sure this is what the public expects of its health care services. That’s why I am fully supporting our journey becoming a Foundation Trust.”

MALCOLM LOWE-LAURI
Chief Executive

“It’s a great opportunity to revolutionise the way we provide care. It means we can be challenged by patients, the public and tax payers to develop as modern hospitals. It drives you to be better governed which drives up the quality of what we provide and it will put us in the best place to handle the financial challenges ahead of us.

Becoming a FT is the best chance for the Board, staff and the people we serve to take control of our future.”

Malcolm Lowe-Lauri, chief executive, joined the Trust in May 2009 from King’s College Hospital in London. They became a FT in 2006, so this is a process that Malcolm has been through before.

MARTIN HINDLE
Chairman

“Becoming a FT will give local people, the opportunity to engage significantly with us. We don’t want to just pay lip service to our membership; we want to have a relationship which is dynamic, innovative and creative so that they can help contribute to our current and future performance.

By bringing our staff, local people and our stakeholders together as governors and members of our FT, we can address their individual views whilst working towards a common goal. It’s absolutely essential that our FT governors are representative of the diverse groups of people that we serve.”

Our chairman, Martin Hindle, joined Leicester’s Hospitals in January 2007 from Peterborough & Stamford Hospitals NHS Foundation Trust, which was one of the first organisations in England to become a FT.”
Our Purpose,
Vision & Values

These are the things which guide us.
Our purpose... what are we here
to do? Our vision... where do we want
to be in the next 5 years? Our values...
how we will behave on our journey
“from good to great.”

**OUR PURPOSE**
To deliver ‘Caring at its Best’ for all the people who
visit Leicester’s hospitals either as patients, the public
or as staff.

**OUR VISION**
To be the number one major provider of emergency and
specialist services in England; recognised for the quality of
our care and the strength of our business. We want to be
in the premier league of research organisations.

**OUR VALUES**

‘We treat people how they would like to be treated’
We know what patients want when they come into hospital because it is what we would
want if we were in their shoes.

‘We do what we say we are going to do’
When we say that we will fetch a jug of drinking water or that an operation will take place on a certain
day, we will make sure it happens.

‘We focus on what matters most’
We will make sure that we do not waste time, money, or resources on doing things which are less important.

‘We are one team and we are best when we work together’
Whether it is team UHL, team NHS, team public sector or teamwork between hospitals, patients and the
public, we recognise that we are stronger, together.

‘We are passionate and creative in our work’
We know that our jobs are important and we always look for new ways of doing our jobs to improve the care we provide.

Over the next few pages we will look at what this all means in a little more detail.

"Last year, we saw 218,900 new patients in our outpatient clinics"
Last year we ran a series of events called, ‘The Big Conversation’. During these events we asked our staff to think about the things which they thought were most important to their patients and to their colleagues.

We asked our staff, nurses, porters, cleaners and doctors, to think about what it would mean to turn these values into something which made a real difference to the way that patients felt about being in hospital.

The results were really interesting. For example, many of our nurses told us that they knew that what patients often wanted, above everything else, was more time for their nurse to talk with them, explain what was going on and generally reassure them. However, when things are busy, nurses felt that there was not always enough time to do this.

So rather than say ‘We will treat people how they would like to be treated’ and leaving it at that, we asked our staff to decide how we should behave, every day, as individuals to make sure that we always do the right things for our patients and one another.

These are some of their stories and ideas...
Everyone who works in the NHS would like to think that they do their very best for their patients, the families and their colleagues at work.

“We treat people how they would like to be treated”

We spend a lot of time asking people about their visit to hospital. Were staff polite? Did we take enough time to explain what was happening? How was the food? Most of the time we get things right, but sometimes we get it wrong.

Retired Police Chief Superintendent Martin Caple already works with the Trust as a Patient Advisor, which in some respects is like the role of governor. He joined UHL as a Patient Advisor in 2002 and feels that he’s been able to make an impact for the benefit of patients.

“The hospital encouraged my feedback and actively looked for opportunities to involve me in spot-checks on the wards, and to give my opinion as a patient or visitor in a variety of ways, including involvement in nurse training. I’ve also been pleased to be involved in cleanliness visits around the hospitals. The Trust has made a real commitment to involving lay people to challenge its decisions.”

“There needs to be a closer link between the Board and patients, so they understand the reality of what happens in their hospitals and I believe that becoming a FT will enable that with closer engagement and involvement through governors and an engaged membership. I support UHL on its journey to becoming a Foundation Trust. I believe it will give them the financial independence they need to make improvements to services and buildings, as well as involving patients and the public more.”

The Council of Governors will receive regular reports from the Trust about the experiences of patients in hospital. Because the governors are one step removed and independent they will, quite rightly, challenge us to make sure we keep improving the experience of our patients. We also expect that the Governors will shed new light on some of the things we think we do well but in reality do not. This is because it sometimes takes people who are slightly removed from the day to day to point out what is obvious.
"We do what we say we are going to do"

"Last year, we had only 998 patients waiting more than 2 weeks for a diagnostic test."

Hospitals are busy places and every year we seem to get busier. This is why there are more doctors and nurses working in our hospitals now than at any time in the past. The NHS is also a busy environment in terms of new policies and initiatives. Sometimes it seems that no sooner have we understood and mastered one target, than another one takes its place!

But our staff have agreed that if we say we are going to do something then we should do it. Whether that is refilling a water jug or driving down waiting lists even further.

What we need are critical friends who will remind us when we have unfulfilled commitments. For example, if our senior staff have said that they will achieve a target that patients needing an emergency hip operation will get it within 48 hours, then our Council of Governors, amongst others, will hold us to account if we look like we are not fulfilling that aim.

Leicester’s Hospitals made the commitment to being a ‘listening organisation’ when they recruited Patient Advisors in 2002. Geoffrey Smith joined in 2004 and believes that UHL were ahead of the game in recruiting them.

"Our real strength lies in that we act as critical friends both inside and outside of the organisation – part of UHL and part of the local community. We bring a wealth of knowledge and experience from our backgrounds to our roles. I hope that as a FT the elected governors also do that, and still continue to challenge this organisation and act as a critical friend as we have over the past five years.

I hope that the governors will continue what we’ve started, but taking it to a new level."

Members, through their Council of Governors, can hold the board of directors of an NHS FT to account. In fact, in extreme circumstances, if they are not happy with the performance of the Trust they can pass a vote of no confidence in the board and remove the Chairman and Non Executive Directors.

Note: We don’t anticipate this being the case at UHL, but it is important that you know that FT governors have real powers!
The NHS has sometimes been criticised for focusing on what matters most to the NHS rather than to its patients, the public or staff.

Equally doctors and nurses have criticised ‘the management’ from time to time for putting targets ahead of other concerns, like quality. The reality is that big complex organisations, like hospitals, can only focus on a certain number of things at once. If the number of things becomes too big, the focus start to blur.

To become truly patient centred, the NHS, and hospitals like ours, must be better at listening to what local people say about their health service and better at involving local people, staff and patients in planning services. This will mean setting local priorities and looking to local people and partners to help decide what those priorities should be, rather than to central government.

Brian Mashonganyika, became a member in 2006 when studying for his degree. As a young person, he has a vested interest in young people and getting them more interested and involved in the NHS. He has helped us to recruit younger members and often joins in activities that involve our members.

“Membership is a fantastic way to become more involved and to help challenge the NHS. People, particularly young people, often don’t know how to get involved and provide feedback, so FT membership is a great way of encouraging that.

I hope that in becoming a FT, UHL will spend more time understanding the needs and interests of their membership, particularly younger people, so that it becomes a listening organisation in the truest sense of the word.”

With over 14,000 public members from across the city and counties, a Leicester FT will have a tremendous opportunity to work with local people to help decide what matters most to them. This could lead to some really interesting debates around how the hospitals prioritise things like building schemes... for example, would it be more important to create extra car parking at the Royal Infirmary, or a bigger space to treat our cancer patients? These kinds of questions and your feedback would really put patients at the heart of planning.
But if you then consider the radiologists who have taken X-rays and CT scans; the phlebotomists who have analysed the blood; the clinic clerks who have made sure that the doctors have the right patient notes; the booking centre staff who have co-ordinated the appointment; the infection control nurses; the supplies people who ensure that the right equipment and medical devices are to hand; the accountants who make sure that equipment is paid for and the cost of operations are reimbursed… the list goes on.

Of course it does not always work seamlessly. When we hear about patients waiting around in hospital, it is usually as a result of one part of the system not working in tandem with another.

This is as frustrating for staff as it is for patients. So, when we talk about being ‘one team and at our best when we work together’ it is in recognition that we all have a part to play if our patients are to receive ‘Caring at its Best’.

The team also includes organisations like the universities, who in partnership with us, are training and developing the next generation of doctors and nurses to work in the NHS.

Finally, and importantly, ‘the team’ involves you, the public, our members and everyone with an interest in their local hospitals. So team UHL is counted in the tens of thousands!

Deb Baker, Service Equality Manager at Leicester’s Hospitals, has recently used the membership to gather feedback about the Trust’s proposed Single Equality Scheme.

“It’s extremely valuable having access to a group of people who have already declared an interest in what we do as an organisation. It’s a major benefit to be able to ask people who will be affected by the decisions we make as group of hospitals, what they think of them. Their views can help shape policy and play a part in the strength and success of the UHL.”

Members of Leicester’s hospitals are already taking part. Their involvement in consultations and surveys help us to decide everything from what our visiting hours should be, to what our key strategic priorities should be … in doing so, we try to make sure that all our plans have the interests of local people right at the heart of them. Along with a quarterly magazine called, ‘Trust Talk’ which keeps them up to date with what we’re doing, they also receive regular updates and bulletins from us as well as invites to membership events.

As a FT, the public, as well as some of our partners like the Councils, PCSs, Universities and staff groups, will all be represented on the Council of Governors. This means that there will be a forum where all those people who can change health services for the better can come together to work as one team.
Their ideas, once researched and tested, are at the forefront of many new techniques ranging from keyhole surgery for heart patients to testing for new flu anti-virals.

And it is not just the doctors and nurses doing the creating! Our facilities staff, working with microbiologists, pioneered a new approach to hospital cleaning which uses a combination of steam and hydrogen peroxide vapour to eradicate any bacteria on wards... which is in part why these hospitals have some of the lowest incidences of infection anywhere in the country.

People may not think that hospitals are the most creative places in the world, but we would disagree. Improving healthcare is a creative process.

**Breakthroughs in medicine and surgery happen because doctors are constantly thinking about new ways of making people better.**

Normally, when wrestling with problems, the NHS only talks to people already in the NHS about how to solve them. FT status will deliver an engaged membership and a Council of Governors who, will help us look at things a little differently. We expect to become more creative, more inventive by working in partnership with staff, local people and other organisations to create better services.
We want to be, “The number one major provider of emergency and specialist services in England; recognised for the quality of our care and the strength of our business. We want to be in the premier league of research organisations”.

Our vision

Here is an example
Doctors and nurses tell us that some of our key services are in the wrong place, or the ‘pathway’ for patients to access the service is wrong. Stroke doctors say that ‘time is brain’… this means the longer it takes to deliver the right treatment following a stroke, the more likely there will be lasting damage to the victim.
Currently, if a patient arrives in the Emergency Department (ED) at the Royal Infirmary with a suspected stroke, they do not have access to a stroke specialist. This is because all our stroke specialists and the stroke unit are based at the General Hospital, which is 2 miles away from the Royal. Instead, they will be seen by an emergency consultant who will test for stroke and send the patient across the hospital for a CT scan. If the scan comes back showing a clot, the patient will be transferred across the city to the General Hospital where the specialist stroke team are based. Here, they will be given thrombolytic drugs (clot busters) and admitted to the stroke ward. Once stabilised, their rehabilitation will start.

We want to achieve this, not out of pride, but out of the belief that local people, our patients and our staff, want their hospitals to be the best.
For us to achieve this, we are going to need to move ‘from good to great’. That will require improvements to the way we do things, how we do things and where we do things.

The future
In future we want it to work much more quickly…
from good to great!

The patient will arrive in ED with a suspected stroke and be seen straight away by a stroke specialist. They will be tested and scanned using the close by CT scanner. A stroke will be confirmed and they will be taken straight upstairs to the specialist stroke ward where they will be given clot busting drugs. Once stabilised, their care plan will be agreed with the community stroke team and they will be discharged to recover with support at home.

We are constantly thinking about how we can make our services better for patients. For example, how we can move some of our services out of hospitals and into the community closer to where people live. As we develop these ideas over the coming months we will share them with staff, patients, public and stakeholders… and we’ll want to hear your views.
“Members are invited to take part in the election process to elect the people who will represent their views on the Council of Governors.”

Structure of Membership

Our members will be given the opportunity to elect their representatives on the Council of Governors.

In becoming a member, people are simply showing an interest in their local hospitals.

Members are not expected to do anything in return for becoming a member, though many do. Members are invited to take part in the election process to elect the people who will represent their views on the Council of Governors.

As with the public membership, staff members are not required to do anything in return. They are also invited to elect, from their colleagues, people to represent their views on the Council of Governors.

Our membership is made up of a number of “constituencies”. There will be two main categories of member:

- **Staff**
- **Public, patient and carers**

Members of one constituency will not be able to join any other constituency, so our staff members will not be eligible to join as a public, patient or carer member.

**Staff**

The staff membership will be broken down into four job types:

- **Medical and dental staff**;
- **Nursing and midwifery**;
- **Other clinical staff**;
- **Administrative and support staff**.

Staff membership will be open to:

- staff who have a permanent contract of employment;
- staff on a fixed term contract of employment lasting at least twelve months;
- staff with an honorary contract of employment of at least twelve months or who have exercised functions for the Trust for at least twelve months, including as a volunteer.

Staff automatically become members, unless they indicate that they do not wish to.

**Public, Patients and Carers**

Members of the public, as well as patients of the Trust and their carers, family and friends, can join one of the following public constituencies:-

- Leicester City;
- Leicestershire County;
- Rutland County.

The map below illustrates the boundaries of these constituencies, which follow the relevant electoral boundaries of local government bodies.
“The Governors represent the views of either the people who elected them (the staff or the public) or the interests of their partner organisations (like the County or City Councils)”

Council of Governors

The Governors will advise the Board of Directors on matters of future strategy and plans, the priorities for the Trust and the views and opinions of their local communities.

The Governors will be able to appoint or remove the Chairman and the non executive directors, approve the appointment of the Chief Executive and set the pay of the Chairman and the non executive directors. In other words, they have real power.

The Council of Governors’ meetings are chaired by the Trust Chairman.

Our members will be given the opportunity to elect their representatives on the Council of Governors at an early stage in the formation of the NHS Foundation Trust.

Our patient, public and carer constituencies will be able to elect the following number of governors:

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number</th>
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<tbody>
<tr>
<td>Leicester City</td>
<td>7</td>
</tr>
<tr>
<td>Leicestershire County</td>
<td>12</td>
</tr>
<tr>
<td>Rutland County</td>
<td>1</td>
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</table>

Our staff members will elect the following number of governors:

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Medical and dental staff</td>
<td>1</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>2</td>
</tr>
<tr>
<td>Other clinical staff</td>
<td>1</td>
</tr>
<tr>
<td>Administrative and support staff</td>
<td>1</td>
</tr>
</tbody>
</table>
We will also ask the key partners of the Trust listed below to appoint a governor:

- Leicester City PCT 1
- Leicestershire County and Rutland PCT 1
- University of Leicester 1
- Leicester City Council 1
- Leicestershire County Council 1
- Rutland County Council 1
- De Montfort University 1
- Leicestershire and Rutland Local Medical Committee 1
- Age Concern, Leicestershire and Rutland 1
- Leicestershire Centre for Integrated Living 1
- University Hospitals of Leicester Staff Side 1
- East Midlands Ambulance Service 1
- Leicestershire Partnership NHS Trust 1

Monitor, the regulator of NHS Foundation Trusts, requires all Governors to be aged 16 years or over. We agree and propose that our Governors and Members should be aged 16 years or over.

Elections
Elections of public and staff members to the Council of Governors will be held every three years. We propose to use a proportional representation system. This means a single transferable vote. Usually, any mid-term vacancies will be filled by the unsuccessful candidates for that area or class with the most votes – this will mean that we minimise the need for by-elections. However, in the unlikely event that the number of public governors in post fell to below 50 per cent of the total in post, we would hold by elections to fill those vacancies.

A term of office will be therefore a maximum of three years. A mid-term appointment would also count as one term. We propose that no governor can serve more than two consecutive terms without a break of three years (after which they would be eligible to stand for election again).

These rules will be clearly set out in the Foundation Trust’s Constitution.

We would be interested to learn of your views on our proposed election arrangements.

Board of Directors
The Foundation Trust’s board of directors will be made up of executive and non-executive directors, appointed for their expertise. They are responsible for the strategic direction, management, leadership and day to day running of the organisation.

All Foundation Trusts are required to have a board of directors in which a majority are non-executives, including the Chairman. The Board of University Hospitals of Leicester NHS Trust currently comprises of:

- a non-executive chairman
- seven other non-executive directors
- five executive directors.

We would be interested to learn of your views about how we might set about establishing the new board of directors, taking into account the fact that there are legal provisions for the transition of our existing chief executive and non-executive directors to the first board of directors in the new NHS Foundation Trust.

Our New Name
Following a successful application, we are proposing to rename our Trust the University Hospitals of Leicester NHS Foundation Trust.
What other people have said

About our plans to become a NHS Foundation Trust

CHARLOTTE JONES
Midwife
“I want us to become a FT because I believe in the freedoms and benefits it will bring to us. With the increasing birth rate, our services have never been so popular, so it would be great to think that FT status could help us develop the kind of services that parents want and that staff want to work in.”

TIM RIDEOUT
NHS Leicester City Chief Executive
“University Hospitals of Leicester plays a unique role in delivering the city’s healthcare services. With FT status they will be able to shape those services even closer to Leicester’s unique pattern of healthcare needs, informed by their widescale and ever-growing public membership.”

DR CHRIS TRZCINSKI
GP and Chair of NHS Leicestershire County and Rutland Professional Executive Committee
“The independence of FTs does raise benefits such as strengthening local partnerships, which are all excellent and to be supported. Appropriate processes will be put in place to ensure that the local PCTs are able to commission appropriate services from the Trust.”

ZUFFAR HAQ
Co-Chair of Leicester City Local Involvement Network (LINK)
“I support the hospitals in their bid to become a FT. They are an excellent organisation which has proved over the years that they can run an effective, businesslike hospital Trust. It is time for the hospitals to take the next step in their development and I am sure that FT is a significant part of that… we look forward to working with them to improve the service for patients in the city and further afield.”

JOHN ALLEN
Clinical Nurse Educator in our Emergency Department
“No two Emergency Departments in this country are run in the same way; they all have different typical patient types, resources, pressures, responsibilities and coverage. Becoming a FT would allow us to improve our service, based around local needs and expectations - turning us from the emergency department into Leicester Emergency Department.”

JULIA SPENCER
Service Manager in Renal & Urology
“I see becoming a FT will enable us to deliver our services proactively to our local population. I am hoping it will allow the Renal and Urology directorate to develop and take forward some of the exciting projects we have, to deliver a world class service, working in partnership with our local population to meet the needs of our patients”

“Last year, we treated 141,800 emergency patients”
What other people have said

ANDREW FURLONG
Consultant and Clinical Director of Musculo-Skeletal

“The benefits of us becoming a FT, as I see them, are that it would allow us more freedom to develop our services in line with the specific needs of our patients within Leicester, Leicestershire, Rutland and beyond. It would allow us greater financial freedom to raise capital and invest surpluses in local services and it would allow greater opportunities for patients and staff to be involved in development of local services.”

DEBBIE ADLERSTEIN
Fundraising manager for Leicester’s Hospitals Charity

“I support Leicester’s Hospitals becoming an FT. It will, through governors and members, bring us closer to the people we serve making us responsive to what they want from their hospitals. This will undoubtedly make fundraising easier because people will want to gift something they feel part of and that they can see they’re making a real difference to.”

JOHN SINNOTT
Chief Executive, Leicestershire County Council

“The County Council understands the value that can be added to NHS organisations in achieving Foundation Trust status and has been supportive of the work towards this locally with UHL and other NHS partners.”

PROFESSOR AZHAR FAROOQI
City GP and NHS Leicester City Clinical Cabinet Chair

“As a local GP, I support University Hospitals of Leicester’s application to become a FT. It will give UHL greater flexibility to provide patients with improved access to a wider range of services.”

DEBRA MITCHELL
General Manager for Surgical Services

“I am really looking forward to UHL becoming a FT. The reputational advantage of being a FT as a provider and employer of choice will have a positive impact on the Trust. The financial freedom that comes with FT status is really exciting - it will give us the opportunity to plan and improve our services into the future, moving away from the traditional financial year regimes.”

REBECCA BROWN
General Manager for Cardio Respiratory Services

“The Trust is able to boast areas of real clinical excellence, which are both nationally and internationally renowned, such as ECMO and TAVI. Being a FT will give us the freedom to continue to promote and grow these specialist areas within an organisation that is forward thinking; especially within financial management, and strategically focussed to the healthcare needs of the local community and wider region.”

SANJIV NICHANI
Consultant Paediatrician

“...I am looking forward to UHL being granted FT status with anticipation because it will give a new dynamism and impetus, not just to the Leicester Children’s Hospital Services, but the entire Trust. FT status will help us attract the best talent from the national pool. It will allow us to adopt new practices, such as employing Advanced Nurse Practitioners across the various specialties in Paediatrics. It will also considerably enhance our efforts to make Leicester Children’s Hospital services the pre-eminent tertiary paediatric provider for the entire East Midlands as well as parts of the West Midlands.”

KARL NICHOLSON
Professor of Infectious Diseases

“I have worked for the Trust and University of Leicester for over 25 years, and since arriving, Leicester has become recognised internationally for its work in the field of respiratory virus infections, specifically influenza.

Over the years, our Infectious Diseases Unit at Leicester’s Hospitals has received substantial funding from a number of areas, including the Department of Health, for research in respiratory virus infections and we have collaborated with other scientists around the world. None of these developments would have been possible without the tremendous support of both the University and Trust and the shared vision to become foremost in healthcare provision and research. FT status will provide new opportunities and momentum to attain these goals.”
SHEILA LOCK  
Chief Executive at Leicester City Council

“I fully support Leicester's Hospitals in their bid to become a FT. The further development of Leicester Hospitals as a FT will enable us to ensure we have services focused on the needs of local people, delivering the right services, in the right place, at the right time. The governance of such arrangements means we can influence how the hospital is run to ensure maximum local benefit.”

SUE MASON  
Head of Nursing for the Medicine & A&E Directorate

“Being a FT will provide us with greater opportunities to develop better services for patients, giving us the financial autonomy to determine our priorities and invest in the type of care that matters most to patients.”

ROSEMARIE WHITTAKER  
Chair, Rutland Local Involvement Network

“UHL already has a national reputation as a pace-setter in many clinical fields, bringing great benefits to patients from Leicester, Leicestershire and Rutland. Becoming a FT should help it stimulate more innovation and apply more creativity in providing cost-effective, well-designed services to meet the needs of patients.”

ERIC CHARLESWORTH & JOHN BAKER  
Joint Acting Chairs, Leicestershire LINk Board

“Leicestershire LINk is delighted to support the application for Foundation Trust status for UHL. We believe it is a vitally important milestone in healthcare provision. It will build on excellence of service, be accountable to local views and allow the people of Leicestershire to contribute and express their vision, their hopes and aspirations for a health service of outstanding quality, worthy of its place in the 21st century. The LINK supports the Government’s intention that there should be a strong public voice at a local level and that closer working between all Trusts and LINks, in a more open and transparent manner, needs to be achieved.”

CATHERINE GRIFFITHS  
Chief Executive, NHS Leicestershire County & Rutland

“We support UHL’s application. Foundation Trusts are publicly accountable in new ways which ensure that local voices are listened and responded to. For the people of Leicestershire and Rutland, this means they will increasingly be able to take part in meaningful conversations with all representatives of the local NHS… PCTs, GPs and Trusts, about their aspirations for local health.”

“Last year, we delivered 10,800 babies”
Finally...
This is your chance to get involved

We hope you enjoyed reading this magazine and that you understand a bit more clearly what an NHS FT is and how Leicester’s Hospitals will benefit. It will give us:

the freedom to set our own goals and make our own decisions
based on what local people want and need from Leicester’s hospitals;

the freedom to keep any extra money that we make after running our services
We can then invest these in developing new services for local people;

and the freedom to create new governance arrangements
which will make us more accountable to local people instead of national government.

We hope that in reading this magazine you also understand the kind of organisation we are, and that we strive to be – the best, which is what local people deserve.

We really believe that we can achieve our vision and with your support, successfully attain FT status, which is a stepping stone towards becoming the best.

On the next 2 pages is a short questionnaire which we would like you to take 5 minutes to complete.

Once you have done that, please put the form in the FREEPOST envelope we have provided and send it back to us.

Thank you for your help!

Get involved, you really can help make a difference
Tell us what you think...

We would like to know your thoughts and feelings about the plans in this magazine

Please take a few minutes to complete this very short feedback form and return it to us at:
Freepost RLXE-ZAEL-BHZY, University Hospitals of Leicester NHS Trust,
Foundation Trust Project Office, Gwendolen House, Gwendolen Road, Leicester, LE5 4QF

Alternatively, you can complete the same form via our website at www.uhl-tr.nhs.uk/foundationtrust
If you need any help completing the form or would like some more information please contact
foundation.trust@uhl-tr.nhs.uk

Your opinion counts. Tell us what you think

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<td><strong>1:</strong></td>
<td>Do you support us in our proposal to become an NHS Foundation Trust?</td>
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<td><strong>2:</strong></td>
<td>Do you agree with our proposed name change?</td>
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<td><strong>If not,</strong> what would you suggest?</td>
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<td><strong>3:</strong></td>
<td>Do you agree with our membership proposals?</td>
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<td>Boundaries:</td>
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<td>Staff representation:</td>
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<td><strong>4:</strong></td>
<td>Do you agree with our proposed constituencies?</td>
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<td>Do you have any comments you wish to make about them?</td>
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<td><strong>5:</strong></td>
<td>Do you have any views on the establishment of the Board of Directors?</td>
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<td><strong>6:</strong></td>
<td>Do you have any views on our proposed election arrangements?</td>
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<td><strong>7:</strong></td>
<td>Do you agree with our proposals for the Council of Governors?</td>
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<td>Do you have any comments you wish to make about them?</td>
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Continued overleaf...
Tell us what you think... (continued)

8: Do you agree with the proposed age limits for members and governors (16 years and over)?
   Yes □  No □

   Do you have any comments you wish to make about them?

9: Do you have any comments on our vision and values?

10: Do you have any other comments you wish to make?

About you

Are you: Member of staff □  Public □  Stakeholder organisation □

   Name of stakeholder organisation:

Date of birth  D D M M Y Y Y Y

Are you male or female? M □  F [ ]

Postcode: □ □ □ □ □ □ □ □

Your ethnic group: (please circle one)

White: British / Irish / other White

Mixed: White & Black Caribbean / White & Black Asian / White & Asian / other mixed

Asian or Asian Indian: Indian / Pakistani / Bangladeshi / other Asian

Black or Black British: Black / Caribbean / African / other Black

Chinese or other ethnic group: Chinese / other ethnic group

If you would like to know about the outcome of the consultation, please include your contact details:

Name:
Address:

Postcode: □ □ □ □ □ □ □ □

Email address:

How would you like to hear from us? Email □  Post □

The consultation ends on Sunday, 11th April, 2010. A summary of all responses will be collated into a report. This report will be viewed by our Trust Board, SHA and Monitor as part of our FT application.
How to contact us...

University Hospitals of Leicester NHS Trust
www.uhl-tr.nhs.uk

Assistance with the key points of this document can be made available in written or spoken form. For further advice, please contact the Service Equality Manager on 0116 258 8295.

If you have any questions or require further assistance, you can contact the Service Equality Manager at 0116 258 8295.
great!

Our Consultation to become an NHS Foundation Trust

thank you...