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Closing date: 17th August 2010

Document title:

**Public consultation response
Foundation trust application**

Summary:

This document provides St George's Healthcare NHS Trust's response to the consultation of its foundation trust application. It explains the engagement process that took place during the 12 week consultation period and provides a summary of the consultation responses.

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BACKGROUND

1. Name of applicant

St George's Healthcare NHS Trust

2. Area served by the trust

Local community from London boroughs of Wandsworth and Merton and western wards in Lambeth – estimated population of 450,000 from these areas for general acute services.

The trust's community services division provides community services for the population of Wandsworth. We provide networked tertiary services to the southwest London sector of 1.3m people and to NHS Surrey with a population of 1.1m.

3. Contact details of the person responsible for the public consultation

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ABOUT THE PUBLIC CONSULTATION

4. Dates of the public consultation

Started: 25th May 2010

Finished: 17th August 2010

5. Which media were used for the public consultation document?

- Full consultation document in hardcopy
- Web-based consultation document
- Presentations at public and staff meetings

Open events were held across the local community in high volume public areas and within the NHS trust buildings. Senior representatives of St George's Healthcare were present and discussed the trust's plans to become a FT with members of the public and staff. Copies of the FT consultation document were distributed at these events:

- 25th May 2010: Consultation and FT launch event: boardrooms 1-4, second floor, Hunter Wing, St George's, University of London. 70 people attended with Foundation Trust (FT) consultation document to each attendee.
- 8th June 2010: Tooting Library, 75 Mitcham Road, London SW17 9PD (14.00-19.00). 50 consultation documents distributed.
- 17th June 2010: Grosvenor Wing foyer, St George's Healthcare NHS Trust (10.00-16.00). 122 consultation documents distributed.
- 22nd June 2010: Main foyer, Queen Mary's Hospital, Roehampton, London SW15 5PN. (10.00-15.00). 20 consultation documents distributed.
- 1st July 2010: Grosvenor Wing Foyer, St George's Healthcare NHS Trust (10.00-16.00). 189 consultation documents distributed.

- 6th July 2010: Wimbledon Library, Wimbledon Hill Road, London SW19 7NB (11.00-16.00). 80 consultation documents distributed.
- 13th July 2010: Main foyer, Merton Civic Centre, London Road, Morden SM4 5DX (10.00-15.00). 30 consultation documents distributed.
- 20th July 2010: Tooting Library, 75 Mitcham Road, London SW17 9PD (15.30-18.30). 36 consultation documents distributed.
- 12th August 2010: Foyer area A, St John's Therapy Centre, 162, St John's Hill, Battersea, London SW11 1SW. 10 consultation documents distributed.

Other

- 21st June 2010: FT presentation to Wimbledon Branch of Diabetes UK. 15 people attended.
- 13th July 2010: FT presentation to Wandsworth Older Person Forum. 25 people attended.
- 15th July 2010: FT presentation to Improving Cancer Experience (ICE) patient group people attended.
- 16th July 2010: FT presentation to Roehampton Forum. 30 people attended.
- 20th July 2010: FT presentation to Southfields Surgery Patient representatives. 4 people attended.
- 22nd July 2010: FT presentation to LINKs Merton. 20 people attended.
- 28th July 2010: FT presentation to BME peer support network: Merton Unity network. 15 people attended.
- 3rd August 2010: FT presentation to Tooting Town Partnership. 14 people attended.

6. Number of formal responses received

Hardcopy using pro-forma	28
Other hardcopy - letters	10
By email	52
Total	90

7. Was the pattern of responses to the public consultation in line with the demography and geography of the area?

The trust's view is that the responses (formal and informal) were broadly in line with the demography and geography of the local community. The trust did not request demographic information from respondents.

ABOUT THE COMMENTS

8. Responses from major stakeholders

Name	Broadly in favour	Broadly neutral	Broadly opposed	Main issue raised
NHS Wandsworth	X			Reassured to hear that the patient voice and experience will be at the core of all decisions made
NHS Sutton and Merton	X			The role of primary care is not clear and we suggest an emphasis on clinical rather than organisational integration to

				ensure benefits to the patient
NHS Lambeth	X			Acute commissioning arrangements need to take account changes in policy and resources and its likely impact on the trust
Royal Marsden NHS FT	X			Not enough detail in the strategic priorities
South West London and St George's NHS Mental Health Trust	X			Trust may want to reconsider its strategic partners in view of impending changes in NHS structure
St George's, University of London	X			More emphasis on the trust as a centre of excellence for the civic community of South West London and in working in close partnership with other acute trusts and primary/community care
Kingston University		X		Suggest Kingston University on the council of governors as they train a large range of clinical professions
Wandsworth LINK	X			Focus on finances rather the high quality services to patients
Wandsworth Council – Adult Care and Health Overview and Scrutiny Committee	X			The document does not say how the trust will use FT status to improve performance or meeting the challenge and uncertainty of finances and commissioning. There needs to be improvements in the trust's aspiration to become an exemplary employer.
Merton Council - Healthier Communities and older People Scrutiny Panel	X			Explicit reference to the health prevention agenda and early intervention. Commitment to working with other local providers and GPs
Sutton Health and Well Being Scrutiny Committee	X			
Surrey County Council Health Scrutiny Committee	X			Board meetings and decisions should be made in public to ensure greater transparency and engagement, so that the effects of implementation, including consultation and dissemination stand a better chance of being addressed properly
Justine Greening	X			Broad support

– MP for Putney				
Local councillors	X			Clarity on any gap in the regulatory mechanisms for foundation trusts. Where will local services go to if PCT's are abolished?
St George's Healthcare NHS Trust staff	X			Why no post for staff-side? More emphasis on the young. Will more meetings for governors and key staff make the trust less efficient?
NHS Wandsworth and Community Services Wandsworth staff	X			There should be congruence with strategic vision of health professional bodies at a regional and local level.

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

64

9(a) Was there an OSC review process?

Wandsworth Council discussed the application at their OSC meeting on Wednesday 8th September 2010

Excluding those recorded at 8 (above), how many responses were

Broadly in favour	Broadly neutral	Broadly opposed
62	1	1

TRUST RESPONSE

10. Does the trust have any comments about the general tone of responses received?

There was strong support for the plan to become a FT, both from statutory and other key partners, the public and from NHS staff.

The DH White Paper '*Equity and excellence: Liberating the NHS*' was published in the middle of the public consultation, and several statutory partners made reference to the proposed changes in operational policy and NHS re-organisation, service provision, engagement with GPs and the commissioning framework.

Respondents wanted to see better emphasis on joint working with statutory and voluntary partners.

Respondents wanted a strong, informed and supported council of governors and an engaged membership to ensure the trust develops robust systems for listening and responding to the community at large.

A technical issue was raised as to illustrating the non-voting non-executive directors on the trust board in the public consultation document.

11. What were the main topics that attracted critical response and what was the trust's response?

Issue	Trust response
<p>There is a need to ensure that Merton patients are not disadvantaged with the focus on integrating Wandsworth community services (NHS Sutton and Merton)</p>	<p>Merton GPs and Community Services Merton have been invited to join the working groups on community services integration to explore common pathways of care across the boroughs where possible</p>
<p>Acute commissioning arrangements need to take account of changes in policy and resources and their likely impact on the trust (NHS Sutton and Merton)</p>	<p>The trust has taken account of the changing landscape and have made recommendations to the final structure for the council of governors</p>
<p>Monitor allows those aged 16 to become a governor rather than 21 (SW London & St George's Mental Health NHS Trust, Wandsworth Council)</p>	<p>We have considered several comments to this regards and have decided that the minimum age for Governors will be 16 years old</p>
<p>Suggest Kingston University on the council of governors as they train a large range of clinical professions (Kingston University)</p>	<p>The trust agrees with the comments from Kingston University and has revised the council of governors to include Kingston University, instead of the SWaN Academic Alliance</p>
<p>The Board of directors and council of governors will become uncritical advocates for the trust's senior management (Wandsworth LINKs)</p>	<p>A comprehensive training and induction programme for governors will ensure they have the confidence to be critical friends to the board of directors, as laid out in their duties</p>
<p>Size of the council of governors may be unwieldy and add to overall management costs (Wandsworth LINKs)</p>	<p>The trust recognises that a large council of governors will not be easy to manage and has carefully considered multiple options to ensure fair representation of the public, patients and stakeholders, as required by Monitor guidelines on the council of governors</p>
<p>The document does not say how the trust will use FT status to improve performance or meet the challenge and uncertainty of finances and commissioning</p> <p>There needs to be improvement in the trust's aspiration to become an exemplary employer</p> <p><u>Membership</u> should include all volunteers working for recognised voluntary</p>	<p>A summary of the Trust's 5 year Integrated Business Plan will be published in due course.</p> <p>There is a strong Staff Survey action plan in place and staff domains are an important part of the FT application</p> <p>Volunteers are recognised in the trust's staff membership. There is no single voluntary organisation in Wandsworth that</p>

<p>organisations in the hospital. Consideration should be given to allocating a staff governor seat to volunteers/voluntary organisation as recognition of the contribution they make</p> <p>Community Services staff should be allocated a place on the council of governors</p> <p><u>Structure for council of governors and board of directors</u> How will the Trust address the proposed changes in the White Paper will require how GPs will be represented if PCT's will cease to exist after 2013</p> <p>Care should be taken over the size of the council of governors to ensure effectiveness. A large representative membership will be key to securing a strong council</p> <p>More detail on the role and powers of the council of governors required and to be included in the constitution (Wandsworth Council – Adult Care and Health Overview and Scrutiny Committee)</p>	<p>represents the voluntary sector. The trust has allocated seats to Wandsworth and Merton LINKs to ensure the views of the voluntary sector are heard.</p> <p>Community services colleagues will be able to stand for election to the council of governors in existing staff categories and local elected public governors will also be able to represent the views of the community</p> <p>The trust has revised the allocation of nominated governor seats to commissioners and will work with GPs and through the South West London Clinical Cabinet, the Local Medical Council and other GP groupings to take over the seats allocated to our present PCT Commissioners</p> <p>The trust's final proposals are in line with similar sized acute FTs and will ensure engagement from a broad section of stakeholders and support meaningful engagement through the principle of 'no decision without me'</p> <p>Full details on the role, responsibilities and power to the council of governors, as set by Monitor, will be included in the constitution</p>
<p>Staff must be supported to fulfil their roles as members of the organisation.</p> <p>Concerns that any changes to employee terms and conditions could disadvantage other local hospitals</p> <p>Merton Council should be allocated a place on the council of governors, as the trust</p>	<p>Staff governors will be supported to be effective in their roles and the trust will build on corporate staff engagement plans</p> <p>Under current legislation, any NHS trust (FT or non-FT) can change its terms and conditions. The trust has no plans to do so as it will destabilise availability and fair opportunities to NHS staff in the sector and beyond</p> <p>Merton Council will be allocated a seat on the revised council of governors, as a</p>

<p>provides care for a significant number of Merton residents</p> <p>Adequate remuneration package should be in place for the governor role, as this type of work can incur significant additional expenses and time commitment and should not discourage members of the community (Merton Council- Healthier Communities and older People Scrutiny Panel)</p>	<p>significant percentage of their population attends the trust. Merton is the only council in the southwest London sector that does not have an acute hospital in their borough</p> <p>Remuneration allowances for FT governors are in line with NHS guidance and should not be exceeded, to ensure fairness for all governors in other FTs</p>
<p>Board meetings and decisions should be made in public to ensure greater transparency and engagement, so that the effects of implementation, including consultation and dissemination, stand a better chance of being addressed properly (Surrey County Council Health Scrutiny Committee)</p>	<p>Trust board meetings are held in public as required under NHS guidance, except for closed sessions on commercially sensitive topics. All relevant papers are made public on the trust's website www.stgeorges.nhs.uk</p>
<p>Several respondents were not sure if the proposed eligibility to patient and public constituency categories excluded patients and the public from other local catchment areas whose populations we serve</p>	<p>The trust revised its eligibility to allow anyone over the age of 16 to become a member, irrespective of residence, and brought these two constituencies together to allow for consistency and ease of operations in the voting process.</p>

12. What were the main areas attracting support locally?

We asked the following eight questions in the consultation, which included a field for open comments. The key themes that emerged included:

Q1. Do you support our vision and strategic priorities?

95% were in support. Respondents wanted more emphasis on strategic partnership working between health and social care and with local communities (strategic partners)

Q2. Do you agree with our plans for involving our members?

95% were in support. Respondents wanted clarity over the influence members could have and ensuring that members were representative of the community (strategic partners, staff, public)

Q3. Do you agree with our proposals for our patients and public constituencies?

75% were in support (strategic partners, staff, public)

Q4. Do you agree with our limits on age for members and governors?

84% were in support. Some respondents questioned the reasoning of a minimum age criteria and the lack of an upper age limit and suggested that the governor minimum age

should be consistent with membership age or be raised to 25 (strategic partners, staff, public)

Q5. Do you agree with our proposals on staff membership?

86% were in support. Some respondents suggested an opt-in rather than an opt-out approach to staff membership. The trust also received feedback on the eligibility of joint staff appointments with St George's, University of London (SGUL) (staff, St George's, University of London)

Q6. Do you agree with our structure for the council of governors and the board of directors?

89% were in support. There were suggestions for a more inclusive council of governors that recognised local stakeholders and strategic partners (strategic partners, public).

Q7. Do you agree with our transitional arrangements?

94% were in support.

Q8. Have you got any other comments?

- Better accountability required in the constitution
- Improved links with council and academic partners
- Ensure that the council of governors has and develops the right skills to be effective, is representative and does not become a place for single issue campaigners and lobbyists
- Keep the emphasis on patient care and safety
- Have you got the capability to manage your finances successfully?
- Better commitment to work with other community services providers and GP's in local boroughs
- Individual health professional bodies have their strategic vision, what are your arrangements for working with these professional groups in the acute and primary care sectors?
- Clarification over eligibility in staff groups
- Patients should be at the heart of delivering your strategic vision
- The process on the integration with community services Wandsworth has been open and fair and you should use this as a benchmark to progress further
- Why have you not got a lower age for membership as you treat many younger children
- Does the board structure need to include non-voting non-executives?
- Do not rule out investment in technology as a way of improving efficiency

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

Membership	Respondents were generally in favour of membership. Some wanted further detail on what membership really meant and how it would enhance what is already happening in terms of engagement. Several respondents wanted the trust to ensure that membership was reflective and inclusive of local populations. The criteria for membership for 'bank staff' was not clear.
Board of governors	There was a concern that the council of governors should have the skills and abilities to hold the board of directors to account and not become a 'token' council that become an advocate for the board of directors and management team. There was some concern that a large council of governors would be unwieldy. The powers of the council of governors were not clear, and there was concern that any such powers were not strong enough to hold the board of directors to account. There were comments on the composition of the council of governors, especially with regard to the nominated governors. Staff also made comment as to the

	number of seats allocated to elected staff governors. Some respondents felt that volunteers should be allocated a seat to recognise the contribution they make.
Board of directors	A comment was received on the inclusion on non-executive non-voting director of the list of the board of directors
Elections	None
Constituencies	There was comment that, as the trust is a tertiary centre, the constituencies should reflect these. There was comment over which constituency applied to SGUL staff and joint appointments
Boundaries	There was comment that not all local boroughs in southwest London were represented in the public constituencies, and that the proposal could exclude many people who wanted to support it but did not meet the eligibility criteria
Constitution	None
Age limits	There were several comments in relation to lower and upper age limits, the rationale for different age limits in different settings and the age limits for membership vs. age limits for governors
Youth representation	Several respondents felt that children and young people were excluded in the proposals for age limits and that mechanisms to ensure their voice was heard should be stronger
Staff representation	There was comment on the eligibility of bank and contract staff. There was comment that professional groups were over-represented and that staff should have clear support to undertake any duties
Vision	There was strong support for the trust's strategic vision, however several respondents wanted more detail and were not clear as to how FT status would enhance the vision. Strategic partners wanted closer alignment of a common 'partnership vision' that was implicit in achieving the strategic vision. There was a strong emphasis on working with preventative health strategies
Transitional arrangements	There was broad support for the published transition arrangements
HR strategy	There were few comments to this domain. A strategic partner wanted more emphasis on improving the staff survey results to support strategic aims
Communications	Communication to members should be short and realistic and not self-congratulatory in tone
Other issues	More working with professional health bodies (such as pharmacists and dentists) to co-ordinate strategic vision More working with initiatives planned in the community through local partnership boards and public health

	More transparency at all levels of the organisation and in the decision making process
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14. Is there anything else about the public consultation exercise and outcome that you would like the Secretary of State or regulator to know?

The trust had originally intended to launch the public consultation on Tuesday 20th April 2010, which was before the 2010 general election had been called. Following recommendations from Wandsworth Council the trust agreed to re-schedule the launch date.

Some councillors and OSC's were in summer recess for part of the consultation. The trust assured councils that their comments would be taken into account when their respective committees met after the formal public consultation.

Based on a review of the experiences of other trusts in their public consultations the trust made a decision to engage with as many members of the public and staff during the public consultation as possible, and presented the proposals to become a FT at other meetings with local stakeholders and patient and public groups. This ensured the trust had the maximum opportunity to speak directly to the public during this period.

The trust also offered its staff to attend meetings to present the trust's FT plans, which was issued in a letter accompanying the mail-out of the public consultation document.

15. Details for the person who will be available to answer detailed queries on the public consultation and provide copies of any responses required for further scrutiny

Name: Wilfred Carneiro
 Address: Foundation trust membership office, Ground floor, Grosvenor Wing, room 0.062
 St George's Healthcare NHS Trust
 Blackshaw Road, Tooting, London SW17 0QT

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STAFF ENGAGEMENT, INVOLVEMENT AND WIDER CULTURE CHANGE

16. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHS foundation trust application?

The trust has and is continuing to conduct a robust process that allows staff to play an active part in the discussions.

Discussions about the FT application began before the launch of our public consultation and these have continued with groups of staff through the organisation and across professional groups and grades.

FT has also been an agenda item on the joint partnership committee which meets monthly and includes senior directors and union representatives. The trust secretary has held frequent meetings with members of union representatives to discuss FT in more detail.

The trust's FT plans were also part of regular discussions with Community Services Wandsworth (CSW) staff through the integration process. Several staff from CSW responded to the public consultation.

An email address and telephone number for the membership office has been widely circulated to staff in several communications.

To date (November 2010), the trust has:

- Held three staff open forums (attended by 150 staff)
- Presented FT briefings with time for discussion to 30 staff meetings within services since March 2010 (500 staff)
- Received 25 formal replies to the public consultation by email from staff
- Presented FT plans to the staff leadership forum and updated this forum at each meeting
- Attached a letter in the January 2010, June 2010 and November 2010 payslips to all staff informing them of the application and updating progress
- Dedicated FT intranet pages for staff with a direct link on the intranet homepage
- Provided regular staff updates in weekly email bulletin to all staff
- Published articles on FT in February, July, September and December issues of the trust's bi-monthly corporate magazine
- Discussed FT at Clinical Management Board meetings, and presented to Divisional Management Boards

FT presentations to staff groups staff meetings	January 2010 – to date
Launched FT pages on intranet	January 2010
All staff letter from CEO and chairman in pay slip	January 2010
Regular updates in eG	February – to date
Gazette: FT Q&A from staff side, answered by the chairman	February 2010
One Message: mention of foundation trust	February 2010
FT briefing document for staff. Published in intranet and handed out during open forum.	March 2010
All staff open forum about FT	March 2010
One Message: detailed article about FT plans	April 2010
One Message: mention of foundation trust	May 2010
FT launch	May 2010
Weekly stand in Grosvenor and Atkinson Morley wing entrances	May, June, July 2010
All staff letter about FT consultation and open forum from CEO and Chairman in pay slip	June 2010
All staff open forum about FT	July 2010
Gazette: article about the launch and consultation	July 2010
All staff email from CEO reminding staff of the deadline of the consultation	August 2010
Gazette article. Update on consultation and the membership team	September 2010
FT newsletter	October 2010
All staff letter from CEO and chairman in pay slip to welcome staff as FT members	November 2010
All staff open forum about FT	November 2010
FT posters around the trust	November 2010

As part of the ongoing process of engaging, involving and informing staff, the trust plans to identify FT leads in each of its four clinical divisions. The FT leads will act as a contact point within the divisions, helping to improve the quality of information and feedback to the Foundation Trust Steering Group (FTSG) in a two-way process. As part of post-integration

plans, the trust will have a dedicated programme of activity on FT with staff from the CSW division.

16 (a) 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 trust's second strategic aim is 'to become an exemplary employer'. This was the driving focus of the Human Resources & Organisational Development strategy for 2010-2015. This strategy was informed by previous staff engagement in developing a new vision, values and strategic aims.

Findings from the Annual Staff Survey and detailed work in preparation for successful integration of CSW have also contributed to the development of the broad HR strategy. Merging the Organisation Development strategy with the HR strategy has ensured that people development across the trust and staff groups supports service development plans and the organisation goals of the trust.

CSW staff have been directly engaged in developing the vision and strategy for CSW. This development was integrated at service level and informs all the delivery and action plans for specific care groups/clinical teams. CSW holds quarterly road shows to inform staff about service developments and also to take questions/ ideas. Following integration, CSW staff have adopted the trust's strategic aims, and as a division are contributing to the development of the five year Integrated Business Plan and annual objectives.

17. 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?

In 2010 the trust launched a new set of values developed through staff, patient and public focus groups. These values build on the cultural journey initiated after the organisation's 'Turnaround' project and will support St George's Healthcare to achieve its vision for the future. The values are brought to life by a set of clear behaviour standards. Staff are also supported to express these values and behaviours through objective setting, appraisal, training and, where necessary, performance management.

Key to support this will be the modelling of inclusive practices by managers and others in leadership roles. The development of diverse leadership, people management skills, cultural competency and effective communication through the organisation and in their personal behaviour will enable cultural change.

The trust won the partnership category in the 2010 Healthcare People Management association Awards for its 'One Team @ St George's' initiative. This is a structured programme to developing congruence and partnerships in the organisation. The initiative was focused on developing the skills of staff at Agenda for Change bands 1-4, to inspire a culture of excellent service. It is jointly managed by staff side and delivered in conjunction with a third party.

The trust has recognised that co-operation with other community and voluntary organisations are vital for future and growth. Building on partnerships in place with maternity, children's and sexual health services the trust has engaged with local communities through diversity outreach activities. A well-developed student placement scheme is in place and the trust has been represented on the board of BEST Wandsworth (Business and Education working together) since spring 2010.

The trust has been invited to formally join the partnership boards of Wandsworth and Merton Councils and is working with them and voluntary sector partners in co-developing

partnership solutions and strengthen ties. This will involve the sharing of information and resources as appropriate.

The trust is seeking to build on our social partnership models, such as its Tamil Maternity Advocacy project which has been in place for four years and has helped the partner to develop its range of advocacy services across southwest London. St George's Healthcare is committed to learning from and implementing good practice in social enterprise from its statutory partners in health and social care. This will require the trust's managers and clinicians to think 'outside the box' and recognise the wide benefits that can be derived from social and voluntary sector partnerships.

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

In 2008, the trust appointed divisional chairs (DCs) to lead its clinical divisions. The DCs are clinicians by profession. They are accountable for clinical quality, performance, governance, finance and service developments within their divisions.

In 2008, St George's Healthcare also introduced a more rigorous business planning process which includes workforce planning. Each division and individual clinical service within the division undertakes discussions about the current and future direction of service provision.

Market analysis of activity for each service is provided by a marketing manager and a SWOT and cost/benefit analysis is conducted within the service. The business plans are reviewed annually and the development of any new service involves substantial discussions with clinicians, a formal business planning process and an enhanced level of scrutiny and evidence which is presented for discussion to the trust's Clinical Management Board (CMB).

CMB and care group meetings regularly discuss strategy and service development. The CMB has a wide membership to ensure a broad representation of clinical professions.

Individual clinicians have annual personal objective setting that includes any responsibilities for job and workforce planning, and the business planning cycle. These are informed by the trust strategy and corporate objectives.

Clinicians have also been involved in the Darzi 2008 review of Healthcare for London (HFL) services. This review informed the healthcare for southwest London. Clinicians from St George's Healthcare are now working with commissioners, GPs and other stakeholders in reviewing the case for change to assess which plans meet the criteria set out by the new Secretary of State for Health.

Within the clinical divisions, the trust has developed divisional management and governance board meetings and individual care groups have a planned cycle of management team meetings. This process ensures a formal mechanism is in place for ensuring that information is shared and that strategy/service developments are discussed up and down the organisation.

Specifically, Community Services Wandsworth (CSW) has undertaken a programme of service reviews which has involved services identifying and leading their transformation prior to integrating with the trust. The reviews and action plans and the impact that they generate are ongoing at strategic, service and team level. The trust is building this process into its transformation plans which has already seen staff engage proactively in service improvement through the organisation.

19. 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 has long established relationships with local PCTs and more recently with the Acute Commissioning Unit for South West London. We have direct meetings with the boards of NHS Wandsworth and NHS Sutton and Merton who are the trust's two largest commissioners by volume. Relationships are also maintained with up to 60 other PCTs, through service level agreements for speciality and tertiary services.

In 2009, the trust helped to establish the South West London Academic Health & Social Care Network (SWLAHSN), which brings together local PCTs, acute hospitals, St George's Mental Health NHS Trust, local councils and two universities in its membership. The network seeks to address the health and social care needs of the community in southwest London. It will be an increasingly important forum by which the trust can engage with multiple partners on areas of common interests. The network will also support discussion for how impending changes in health and social care policy can be implemented throughout the sector.

The trust has joined the partnership boards of Wandsworth and Merton Councils and will seek to progress on this opportunity through the use of local compacts.

St George's Healthcare is a member of the Tooting Town Partnership, a federation of the local business community (supported by Wandsworth Council) which brings together local business interests, the police, council and other partners in developing the long-term strategic interests of Tooting and in securing its sustainable business and employment.

The trust has formed a productive relationship with Wandsworth LINKs through a series of monthly meetings with the chair, chief executive and trust secretary. We will seek to develop better relationships with Merton LINKs who will join our council of governors as a nominated partner.

We have opened informal discussions with GP clusters in our local boroughs in preparation for transitional arrangements as they take over their duties as commissioners. To support this relationship, the trust has a dedicated GP relationship manager with local knowledge.

The trust has developed its first draft of ***"Looking beyond the perimeter road -a corporate social responsibility framework"***. We will undertake a public consultation on this framework with nominated governors, members and staff. We intend that the trust will be held to account on the framework through the council of governors. In particular, the trust is working with community organisations such as Transition Town Tooting and other statutory partners in developing a sustainable carbon-reduction vision for Tooting that impacts on health and wellbeing in its widest sense.

20. What is the degree on 'integration' of first-rate 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?

In 2009, a senior HR manager was integrated within each division at St George's. The divisional HR managers work alongside the divisional management teams, ensuring that good HR practice is developed, owned and mainstreamed within the divisions and service lines. Monthly divisional scorecards include HR metrics within their Key Performance Indicators and these are included in the quarterly performance reviews by executive directors of the divisions. Since this process was adopted, the divisions have increasingly taken responsibility for developing good HR practice as a core part of their business activity.

The trust's recently established CSW division has developed a forward looking process to embed HR and organisational development within the wider staff group. The wider trust is committed to learn from, exchange and develop good practice from CSW and other directorates within the organisation. This process will be further underpinned throughout full integration of this new division.

There are a number of different levels through which this has been approached in CSW:

- Policy and framework development
- Leadership programmes
- HR and professional development processes.

21. 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?

All staff are supported to undertake annual individual appraisals to set personal goals and development. During 2009/10, St George's Healthcare seconded a senior manager to work on increasing the number and quality of appraisals which is now recorded within divisional scorecards. Staff are supported by formal training sessions and information on the Intranet to prepare for these appraisals.

Staff have mandatory study programmes that are tailored to their roles and are also allocated a personal study day allocation for them to develop their careers.

All permanent staff have the opportunity to use the library services of St George's, University of London, who are co-located with the trust on its main hospital site. The library services are also available electronically to all registered users, thus further enabling staff to access these resources flexibly. Where appropriate and possible, staff are encouraged to attend a wide variety of learning lectures and clinical seminars which are organised through the university or individual clinical care groups.

In the past few years, the trust has developed a wide range of internal leadership programmes to many grades of staff, and there has been a deliberate emphasis to ensure a professional skill mix on these programmes.

In particular, clinicians who attend the 'Engaging Clinical Leadership Programme' are encouraged to focus attention on the training and development needs of staff in their areas.

The trust has and will continue to develop a wide range of NVQ programmes, delivered on site with South Thames College, for staff who are seeking formal qualifications to help them in their career development.

This commitment to developing staff at all grades and unlocking their potential is supported with programmes such as 'Leadership at the point of Care', a programme directed at Healthcare assistants and Bands 1-4 staff. The programme builds staff morale, encourages a deliverable project by each participant in their work area, enhances team relationships and improves patient and family satisfaction with care and service.

In terms of policy and framework development, the CSW division has implemented the use of competency assessments for all staff. This activity engages staff in the delivery and maintenance of high standards across key quality domains.

CSW has delivered and invested in a number of leadership programmes for senior and intermediate level managers, for clinical team leaders ('changing gear') and for front line staff ('stepping stones'). These programmes are holistic, cover a range of leadership and management issues and are designed to build skills and allow staff to test out their

understandings within their peer group. In addition, coaching and action learning sets have been promoted and facilitated. Action learning sets are internally facilitated, allowing CSW staff to develop transfer group work skills.

CSW staff engage in annual objective setting and performance appraisal. In addition, there are clinical and professional supervision systems in place – some of these are generic and some are specific (for example, around child safeguarding). Managers are expected to, and do, participate in investigations and hearings as required to do so.

St George's Healthcare supports internal and external career development opportunities where these are available and actively seconds staff to progress their career development when these arise.

Our recently agreed HR & OD strategy included a mapping exercise in identifying and developing the trust's top 100 leaders. This is being supported over the next three years and ties into the NHS London Leadership Development programme.

Appendix 1: Revised structure of the council of governors

Council of governors - 33	
24 Elected governors	9 Nominated governors
Public governors (19)	Education (2)
Wandsworth 7	St George's , University of London 1
Merton 5	Kingston University 1
Lambeth 2	
All other 5	Partnerships (3)
	Wandsworth Link 1
Staff governors (5)	Merton Link 1
Medical and dental 1	Tooting Town Centre Partnership 1
Nursing and midwifery 2	
Allied health professionals and other technical and clinical staff 1	Strategic partners (2)
Admin, non-clinical staff, volunteers and staff employed by major contractors 1	NHS Wandsworth 1
	NHS Sutton & Merton 1
	Local authority (2)
	LB Wandsworth 1
	LB Merton 1