



# **NHS**foundationtrust

FULL CONSULTATION DOCUMENT









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### Welcome...

...to our full consultation document which sets out how we plan to become an NHS Foundation Trust. We have a consistently strong track record of achieving high performing services for our patients; proudly ranking amongst the best ambulance services in the world.

We are confident that becoming an NHS Foundation Trust will help us continue to rank amongst the top performing ambulance services in the world. It will also enable much closer working with the communities we serve. Becoming an NHS Foundation Trust is about continually improving our services.

This document will help everyone understand what an NHS Foundation Trust is, how it will work for our Trust and why we want to become one.

Our consultation is your opportunity to engage in a full and frank debate with us regarding our future plans. We are delighted to announce we are the top performing ambulance service in the country. This is measured by set national targets and we aim to sustain this top performance with your support and help.

We want to highlight the significant benefits of becoming an NHS Foundation Trust, some of which include greater freedoms to set our own direction, opportunities to build a membership and working with new Governors. We want to share with you what we believe and understand these benefits will mean for our Trust. This really is a new era because 2009 was the year NHS Foundation Trust applications were opened up to ambulance services.

Participating in our consultation will mean you can influence how we intend to achieve our vision and proposed governance arrangements, that is, how we make sure high performance and clinical

standards are met, how we keep staff and patients safe and how we make best use of every taxpayers' pound we spend.

Your ideas have informed our plans because we have already been out and about talking to staff, patients and other organisations; both statutory and voluntary.

We have included a number of questions in this document. Your responses will be captured in a 'Corporate Register of Consultation Questions and Answers'. After the consultation the Register will be displayed on our website to make sure you can see the difference your input has made to our plans.

Whether you are a member of the public, one of our staff or a colleague from a partner agency, we believe our future success will depend upon your support and engagement in this process.

We look forward to meeting you at one of the consultation events we have planned to host or at one of the community events we will attend between 14 September up to 6 December 2009.

Find out more about our consultation at www.swast.nhs.uk under our consultation pages.

Thank you for helping us to help you.

**Heather Strawbridge** Chairman Ken Wenman
Chief Executive



### **Profile**

South Western Ambulance Service NHS Trust provides emergency, urgent care and non urgent patient transport services to the Cornwall and Isles of Scilly, Devon, Dorset and Somerset. We plan for major incidents to ensure we are prepared to protect those we serve. We cover an area of 17,094 sq km, serving a population of 2.8 million people with an influx of 16.5 million holidaymakers and visitors each year.

#### Our core business is:

- 999 emergency ambulance service;
- Urgent Care Service (often referred to as general practitioner out of hours services) provided from 22 local treatment centres across Dorset and Somerset:
- Patient Transport Service (non emergency medical patient transport services).

#### Our successes last year included:

- 999 control rooms answered 423,741 emergency calls to help patients;
- I rapid response paramedics and 999 ambulance vehicles attended more than 364,351 emergency incidents and took 234,596 patients to hospital;
- patient transport services carried out 267,971 patient journeys;
- emergency planning department provided support and training with other partners to prepare for major incidents;
- I Trust employed almost 2,500 staff and 955 volunteer responders;
- I working towards being a model employer eg

- staff voted our Trust as the 'best ambulance service to work for in the country' (Health Service Journal awards);
- Board continued to develop corporate and social responsibility duties to support culture change eq working with our volunteers;
- I staff worked with three air ambulance charities who fund our four life saving helicopters;
- our Training Colleges accredited by the Health Professions Council (only ones in the country);
- successful close working with staff unions;
- I developing good relationships with partner organisations eg Primary Care Trusts, Fire and Police Services, Overview and Scrutiny Committees and Local Involvement Networks (LINks);
- I improving performance on targets for response times, quality standards and clinical outcomes;
- I providing training courses for both public and private sectors in first aid and safety;
- providing ambulance cover for large public events such as the Glastonbury music festival.



### Mission, vision and values

### Our mission

Is to respond quickly and safely to save lives, reduce anxiety, pain and suffering.

### Our vision

Is to deliver high performing emergency and urgent care and non urgent patient transport services that are responsive, safe, clinically effective, financially viable, legally constituted and well governed.

### Our values adopted from the NHS constitution

### Respect and dignity

We value each person as an individual.

### Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time.

### Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need.

### Improving lives

We strive to improve health and well-being and people's experiences of the NHS.

### Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS.

#### Everyone counts

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind.

### Employer of choice

We create a positive culture of continuous personal and professional staff development.

Do you support our mission, vision, values and future priorities?

# Our journey so far

Our Annual Report for 2008/09 can be viewed on www.swast.nhs.uk or ring 01392 261509 for a free copy.

The report documents how we continued to achieve all of the regulatory targets set for us with some minor lapses reported which are supported by improvement action plans.

These performance achievements have put us in a good position to continually improve our services and are helping us to integrate with other health

and social care organisations.

However, we are not complacent and know that we face a number of challenges and opportunities over the next five years and beyond.

To meet these challenges and to maximise our strengths we have agreed the below priorities known as our strategic goals. We hope you will share your views on our future priorities.

# Our future priorities

### High Performing

To achieve national ambulance targets by Primary Care Trust (PCT) area in a phased way over the period 2009/10 to 2014/15.

#### Right service, right place, right time

To implement changing patient pathways in line with national strategies. This will be emergent based on extant policy with a current emphasis on stroke and primary angioplasty.

#### Reduce A&E attendance

To continue to contribute to the target of 10% reduction per annum of A&E attendances at acute hospitals over 5 years.

### To be a credible competitor for Urgent Care Services

To secure Urgent Care Services over the period of the Integrated Business Plan (IBP), ensuring they are high quality, clinically safe, cost effective and fit for purpose, supported by innovative business partnerships to expand and grow the Trust income base.

## To be the obvious choice for Patient Transport Services

To secure Patient Transport Services over the period of the Integrated Business Plan (IBP); ensuring they are high quality, cost effective and fit for purpose.

### NHS Foundation Trust benefits and risks

Created under the NHS Act 2006, NHS Foundation Trusts remain part of the NHS and continue to treat patients according to NHS quality standards and principles. They provide free care based on need, not the ability to pay.

#### The facts

NHS Foundation Trusts are:

- established as 'Public Benefit Corporations' who have greater freedom to run their own affairs.
- establishing socially demographic representative memberships;
- helping local people and staff elect representatives to Councils of Governors;
- I locally accountable to members through the Council who appoint the Board of Directors;
- I controlled by a licence defining the services provided and setting borrowing limits.
- I regulated by an independent regulator, Monitor, who has powers to intervene;
- I free from central government control and Strategic Health Authority performance management;
- legally bound to work in partnership with other organisations and assets are protected;
- I subject to the risk of insolvency but service provision is protected;
- I inspected and reviewed by existing inspectorates eg Care Quality Commission to develop 'Quality Accounts'.

#### Key benefits

We want to become an NHS Foundation Trust to:

- achieve and focus on ambitions, innovation and competitiveness;
- better enable our next steps in the development of our high performing organisation;
- exploit new governance arrangements to enable us to reach into the diverse communities who live in our region, so that we can better translate their needs into our service delivery plans.

Our Trust is led by an ambitious high achieving Board and it wants to make its own decisions much faster in the future.

The NHS Foundation Trust regulator, Monitor and its Compliance Framework provides the right climate to achieve this by enabling independence with regulation, increasing focus on efficiency, quality and safety. www.monitor-nhsft.gov.uk.

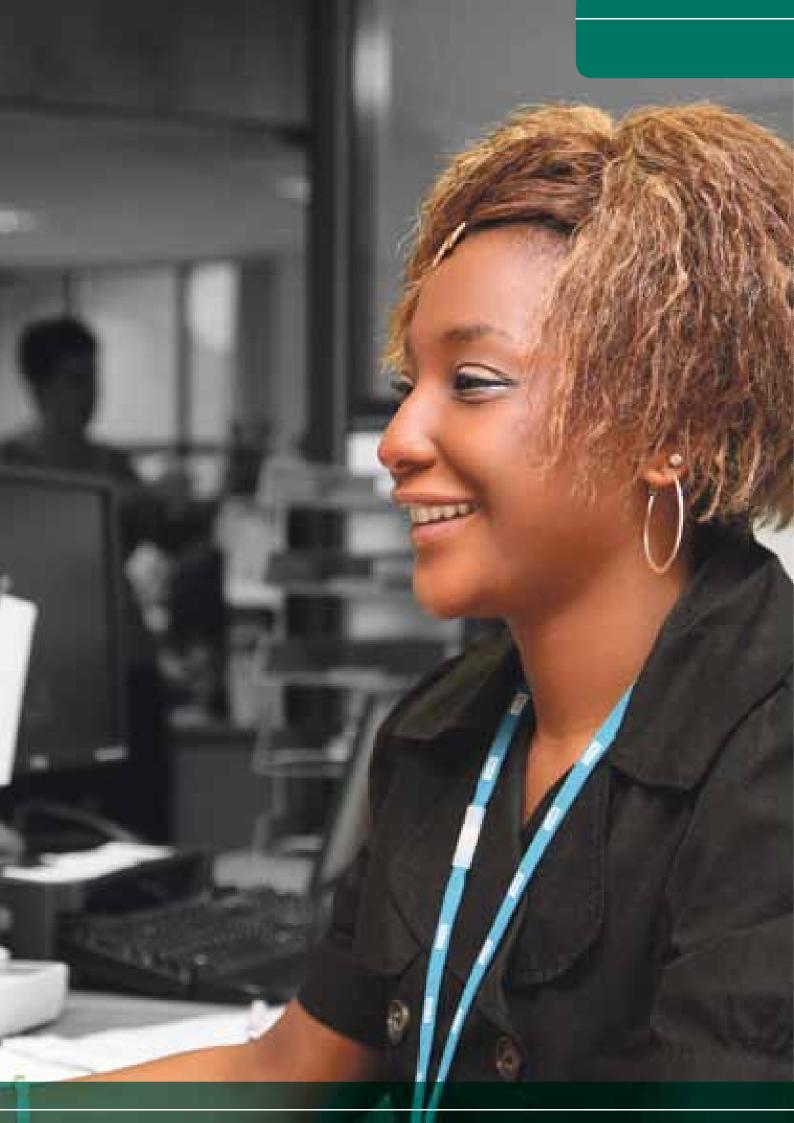
The autonomy, the governance arrangements and our plans for development, supported by staff and membership, better fits with NHS Foundation Trust status, rather than the current NHS Trust model.

#### Risks

The major risks to the Trust application are:

- I Impact of recession with no future growth in funding anticipated;
- I Cost Improvement Programme increase from 3% to 3.5% from 2010/11 onwards;
- I Increased demand from patients and health community on the three services.

Do you agree with our target membership of 17,783 members?



### What does it mean to be a member?

# The role of a member, whether you are a member of the public or one of our staff, will include:

- I helping to create more ways to communicate effectively with staff, patients and the public;
- having your say on the views of your local community;
- being consulted on our future plans for services;
- I choosing whether to participate in themed and time limited focus groups to help us understand more about things like our staff and patients' experiences and how we can tackle health inequalities;
- voting in elections to appoint representatives to be on the Council of Governors;
- being able to put your name forward for election to serve on the Council of Governors.

#### The Trust will help members by:

- sending out regular, jargon free communications to keep members informed about the Trust;
- I providing members with opportunities to get involved with the Trust eg becoming a community first responder;
- providing targeted information on health issues or health promotion topics;
- offering free health screening at planned events eg blood pressure or blood sugar checks;
- offering basic first aid courses to support public health initiatives;
- I offering information and training for those who want to find out about becoming a Governor;.
- I some members will have more time than others to devote to the role which is why we have set up different levels of membership involvement; ranging from receiving information or actively taking part in some meetings.

Please note we wish to be clear that members will not receive preferential treatment or benefit financially.

#### Our Council of Governors will comprise:

### 16 public governors representing the 4 constituencies:

- Cornwall and Isles of Scilly;
- Devon;
- Dorset;
- Somerset.

### 5 staff governors representing the 5 main areas of employment in the Trust:

- Accident & Emergency;
- Urgent Care;
- Patient Transport;
- Administration and support staff;
- Volunteers.

### 7 appointed governors representing:

- Local Authorities;
- Primary Care Trusts.
- Fire services;
- Police services;
- Council for Voluntary Services;
- Acute Trusts (A&E hospitals);
- Partnership Trusts (mental health).

Do you agree with our composition of Council of Governors? Do you have any ideas on what you think is a representative Council of Governors?



We will make every effort to reach all groups within our communities to ensure our membership is socially inclusive and accessible to all, regardless of age, gender, disability, sexual orientation, social or racial background, and political or religious beliefs.

#### Eligibility for public membership

Public membership will be open to those who live within our catchment area (see map below), which is defined by the 4 counties we serve.

We will actively seek members from our patients, carers and the public and ask all to opt-in to becoming a member of the Trust. We propose a lower age limit of 16 years and no upper age limit for members with voting rights.

A person may not become a member of the Trust if, within the last 5 years they have a record of aggressive or violent behaviour against any of the Trust's employees, have been dismissed from employment at the Trust or been removed as a member of another NHS Foundation Trust.



### Eligibility for staff membership

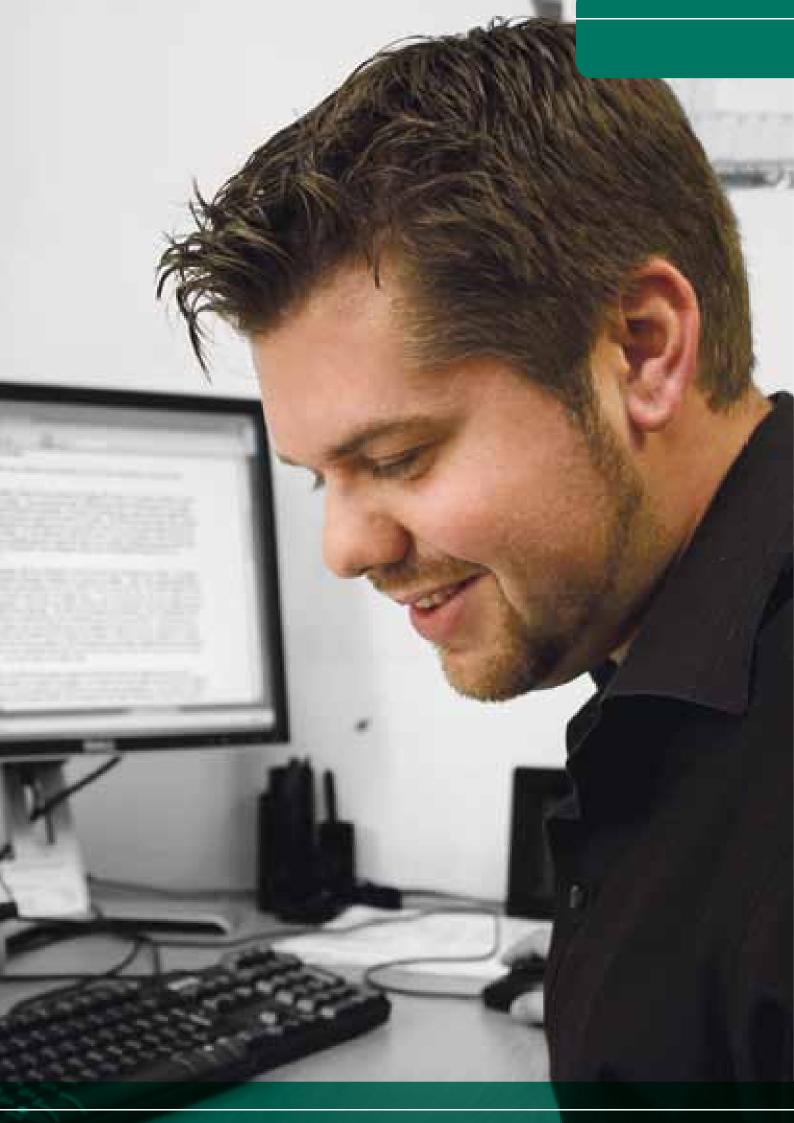
Staff membership - staff will automatically become members and need to 'opt-out' if they prefer not to be a member.

We propose that the following staff are eligible for membership:

- staff on permanent contracts;
- staff on contracts of at least 12 months.;
- I staff continuously employed by the Trust for 12 months or more.
- I staff are part of the staff constituency and cannot register for public membership unless they leave the Trust's employment;

I volunteers will need to opt in to become a member and we propose this will form part of the recruitment process in the future.

Do you agree staff should be automatic members?



Do you agree with our proposed governance arrangements and structure?

### Governance arrangements

The key document for our proposed governance arrangements and structure as an NHS Foundation Trust will be our draft constitution.

The governance we propose has been informed by legal advice and comprises:

#### Membership

- I to have a representative membership which consists of staff and the general public;
- I members belong to constituencies and vote to elect Governors to join the Council of Governors. These members can also choose to stand themselves to be elected onto the Council of Governors.

#### Council of Governors

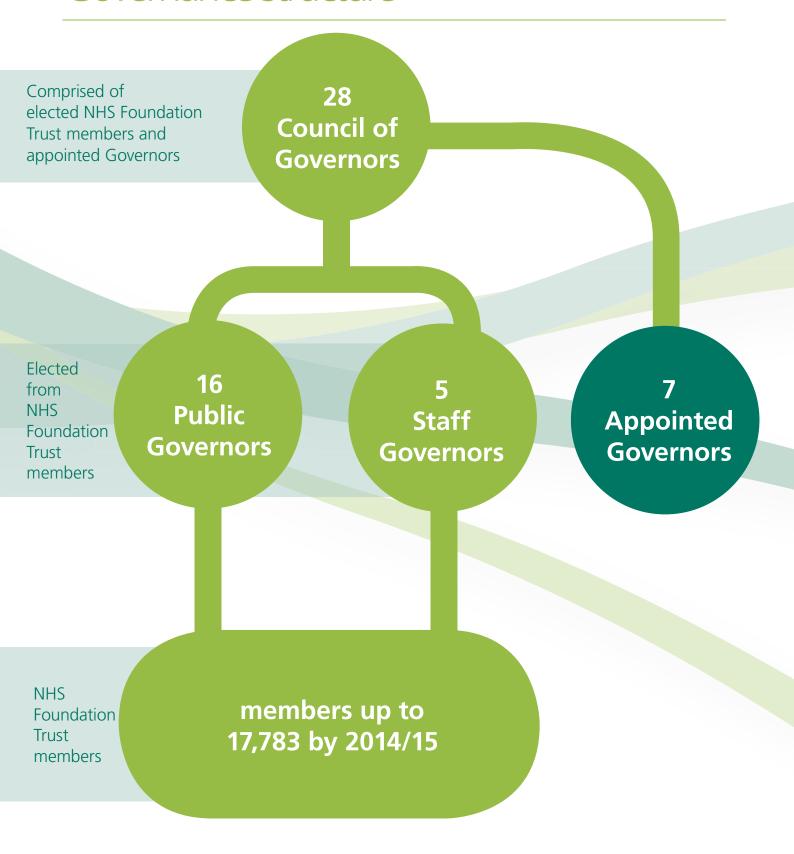
- I to be made up of elected members and appointed individuals or representatives from key groups eg Local Authorities or Primary Care Trusts;
- I to play an active part in building relationships with members and represent their views to the Board of Directors:

- do not undertake operational management of the Trust but they will be able to challenge the Board of Directors and collectively hold them to account for performance;
- I to be invited to comment upon and advise the Board on future plans.

#### **Board of Directors**

- I are responsible for setting and implementing strategic direction, all aspects of performance and day to day management eg allocation of resources;
- exercise all powers of the NHS Foundation Trust;
- I the Chairman of the Board of Directors will Chair both the Board of Directors and the Council of Governors;
- I the Chairman's deputy will be selected from the Non Executive Directors:
- a Senior Independent Director will be appointed by the Board of the Directors, in consultation with the Council of Governors, to act as a point of contact if Governors have concerns and normal channels of communication have not resolved any issues.

### Governance structure



#### We are proposing 2 constituencies:

- public (includes patients);
- staff (includes volunteers).

We propose to have 4 areas which match the 4 counties we serve and the operational divisions of our ambulance service.

Members of the public will join the public constituency. They will be able to stand for and represent the county they live in or vote for their Governor to represent them on the Council of Governors.

How do you think we should encourage people to become members and Governors?



Do you agree with our lower age limit of 16 years to be a member?



Do you agree with Governors serving for 3 years?

### The Council of Governors

#### Council of Governors and members:

- the Council of Governors will represent the interests of the members and partner organisations in the governance arrangements. This will enable the population served by our Trust to be directly involved in the running (governance) of our Trust.
- Composition of Council of Governors:
- by law at least 51% of the Council must be drawn and elected from public members. The rest of the Council will be drawn from staff members and Governors appointed in agreement with local partners.
- The roles and responsibilities of the Council of Governors are to:
- express their views to the Board of Directors on future plans;

Do you like our approach and style in communicating to you?

- I hold the Board of Directors collectively to account for the performance of the Trust, ensuring Directors act in such a way that the Trust does not breach its licence (terms of authorisation);
- I adhere to the 7 Nolan principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership (details of these are at www.public-standards.org.uk);
- I receive the annual accounts, any report of the auditor on them and the Annual Report;
- I review the Trust's Membership Strategy, ensuring representation and engagement levels are maintained and increased as appropriate;
- I review the Trust's composition of the Council of Governors;
- when appropriate, make recommendations for revisions to the Trust's Constitution;
- appoint, and if appropriate, remove the Trust's external auditor appointed to review and publish a report on any aspect of the Trust's affairs;
- I decide the remuneration (pay) and allowances, and other terms and conditions of office, of the Chairman and Non Executive Directors;
- appoint, and if appropriate, remove the Chairman and Non Executive Directors;
- approve an appointment of the Chief Executive;
- I regularly feed back information about the Trust, its vision and performance to the constituencies and stakeholder organisations that either elected them or appointed them.



- act in the best interests of our Trust and adhere to the Trust's values and code of conduct;
- I hold constituency meetings to communicate with members;
- I liaise with patients and service users regarding their patient experience;
- I offer and provide talks to engage with interested stakeholders.

Governors will not be paid but will be able to claim expenses, such as travel and other necessary expenses to carry out their Council of Governors' duties.

An elected Governor may hold office for up to 3 years and will be eligible for re-election at the end of the 3 year term. They can hold office after re-election up to a maximum of 9 years.

### Members will be barred from becoming Governors if:

- I they have within the last 5 years been convicted of any offence with a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months;
- I they are subject to a Sex Offender Order;
- I they are bankrupt and not been discharged;

What do you most agree with in our plans?

- they or their spouse, partner, parent or child, are a Director of the Trust;
- I they have been dismissed from paid employment in a health service organisation in the last 2 years;
- their position as Chairman, member or Director of an organisation has been terminated for reasons other than the end of their period of office;
- they are a member of a Local Authority Overview and Scrutiny Committee;
- I they are a member of a Local Involvement Network (LINk).

A Governor must resign if he/she is no longer a member of the Trust.

What do you most disagree with in our plans?

# Composition of Governors

We are proposing to have 3 groups of Governors with a minimum age of 16 years. Governors will either be elected by the membership or appointed by the Trust's partnership organisations to serve on the Council of Governors. We propose there will be:



16 public Governors

7 appointed Governors ▲

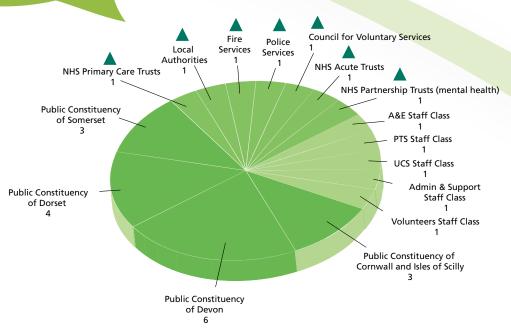


5 staff Governors

are public and staff?



The number of Governors in each area is based upon the proportion of the population. Come to one of our events to find out more and have your say.



### The Board of Directors

The Board of Directors will be responsible for the day to day management and strategic development of the NHS Foundation Trust.

We propose it should consist of:

- 7 Non Executive Directors including a Chairman;
- 6 Executive Directors including a Chief Executive, a Finance and Performance Director, a registered GP and a registered nurse.

This adheres to the NHS Act 2006.

The Chairman and the Non Executive Directors will be appointed by the Council of Governors.

The Chief Executive will be appointed by the Non Executive Directors and the appointment approved by the Council of Governors. The Chief Executive and Non Executive Directors will appoint the Executive Directors. However, transitional arrangements are explained below.

### Next steps

We want to ensure that the transition from NHS Trust to NHS Foundation Trust does not disrupt our services. We are experienced with successful organisational change and have proposed a set of transitional arrangements based on this experience, and these include:

- I the current Non Executive Directors, including the Chairman, should be appointed for a minimum of 12 months following the establishment of the NHS Foundation Trust, or until the end of their current tenure, whichever is longer;
- I an additional Non Executive Director to be appointed by the Council of Governors at their first meeting to ensure that a majority of our Directors will be Non Executive Directors;
- I the existing Chief Executive and Executive
  Directors to be appointed to the NHS Foundation
  Trust's Board of Directors; if they so wish;

Do you agree with our transitional arrangements?

officer, in consultation with the Chairman and Chief Executive, will approve membership applications, consult and agree arrangements with our partner organisations for the selection of appointed Governors, and give a final ruling on any matter that arises in relation to membership.

This adheres to the NHS Act 2006.

## Have your say

There are several ways in which you can participate in this consultation process:

#### Complete the comments section

Complete the section opposite and return it to us and use the FREEPOST envelope provided to: Lynne Paramor, Consultation Coordinator, South Western Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter, Devon EX2 7HY.

#### By letter

If you feel your response requires more detail please write to us using the FREEPOST envelope provided to: Lynne Paramor, Consultation Coordinator, South Western Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter, Devon EX2 7HY

By email: Send your comments to: ft@swast.nhs.uk

Telephone: Call: 01392 261509

Text: 07977 570077

Via the internet: www.swast.nhs.uk/ft

#### Working with existing groups

If you would like us to present to an existing group please contact 01392 261509 to arrange a convenient date and time.

#### In person

A number of public consultation events have been arranged where we will host presentations throughout the day to ensure plenty of opportunities to have your say.

Location	Date	Time	Venue
Devon	05.10.09	09:00 - 21:00	The Guildhall, Guildhall Square, Plymouth, Devon PL1 2AD
Cornwall	09.11.09	09:00 - 21:00	The Truro Town Hall, Municipal Buildings, Boscawen Street, Truro, Cornwall TR1 2NE
Dorset	11.11.09	09:00 - 21:00	The Bournemouth International Centre, Exeter Road, Bournemouth, Dorset BH2 5BH
Isles of Scilly	19.11.09	09:00 - 14:30	On St Marys (tbc - www.swast.nhs.uk/ft)
Somerset	01.12.09	09:00 - 21:00	The Albemarle Centre, Albemarle Road, Taunton, Somerset TA1 1BA

If you wish to attend any of these events or have any special requirements please call 01392 261509 so we can ensure appropriate arrangements are made.

# Questions to consider in this consultation

Question 1:  Do you support our mission, vision, values and future priorities?	Yes No	Additional comments:
Question 2: Do you agree with our target membership of 17,783 members?	Yes No	Additional comments:
Question 3: Do you agree with our composition of Council of Governors? Do you have any ideas on what you think is a representative Council of Governors?	Yes No	Additional comments:
Question 4:  Do you agree staff should be automatic members?	Yes No	Additional comments:
Question 5:  Do you agree with our proposed governance arrangements and structure?	Yes No	Additional comments:
Question 6: How do you think we should encourage people to become members and Governors?		Additional comments:

Question 7:  Do you agree with our lower age limit of 16 years to be a member?	Yes No	Additional comments:
Question 8: Do you agree with Governors serving for 3 years?	Yes No	Additional comments:
Question 9:  Do you like our approach and style in communicating to you?	Yes No	Additional comments:
Question 10: What do you most agree with in our plans?		Additional comments:
Question 11: What do you most disagree with in our plans?		Additional comments:
Question 12: Do you agree with the composition of our 2 constituencies - which are pubic and staff?	Yes No	Additional comments:
Question 13:  Do you agree with our transitional arrangements?	Yes No	Additional comments:

If you have any further comments you can add them on a separate sheet.

# What happens next?

We will be working with the NHS South West Strategic Health Authority for the next few months. There are 3 key relationships and assessment stages to becoming an NHS Foundation Trust; which includes undertaking a formal consultation. Below is a high level summary of activities.

### Stage one - from now to 31 March 2010

Work with the NHS South West who assess and develop our Trust to become financially viable, legally constituted and well governed.

The consultation period will take place within this stage from 14 September to 6 December 2009.

#### Stage two - 1 April to 30 April 2010\*

Work with the Secretary of State for Health to assess and support our application.

#### Stage three - 1 June to August 2010\*

Work with Monitor (regulator for NHS Foundation Trusts) for authorisation process.

If we meet all legislative requirements for all 3 stages we have the potential to become an NHS Foundation Trust from September 2010. However, we recognise this timetable may be extended.

\*The timescales quoted are not guaranteed

# Frequently Asked Questions

I So what difference will it actually make to a member of the public if South Western Ambulance Service NHS Trust becomes an NHS Foundation Trust?

Better governance and accountability because anyone who is eligible could join as a member and bring forward patient and public views on how our services are planned and developed.

I Is this privatisation of the NHS through the back door?

No. The legislative basis for NHS Foundation Trusts was created in 2003 and more than half of all acute and mental health NHS Trusts who are eligible are now NHS Foundation Trusts.

If we are successful in becoming an NHS Foundation Trust, we will still be very much a part of the NHS, just like other NHS Foundation Trusts. We will continue to be subject to the same targets, regulation and policies that govern all NHS organisations and all of our assets will continue to belong to the NHS.

I Do you have plans to ensure you continue to deliver high performing services?

Yes, applying for NHS Foundation Trust status includes the preparation of a 5 year business plan which outlines our income and expenditure. This has involved detailed business intelligence gathering, resulting in realistic plans which we consider are achievable. This 5 year plan builds on what we have accomplished over the past few years. It will be rigorously tested by Monitor, the NHS Foundation Trust regulator.

- I What do you know from other NHS
  Foundation Trusts regarding the kinds of
  people who stand for Council of Governors?
  We have learnt that these people have
  usually got the time, interest and drive to get
  involved.
- Yes, reports from other NHS Foundation Trusts suggests that Governors are beginning to become a highly effective part of governance processes.

### I Do Governors get any support if they have particular needs?

Yes, we will be able to offer support, training and regular communications which can be tailored to differing needs eg hearing loops.

### I Will existing staff pay, terms and conditions change?

No. This is a myth. We have no plans to do this for existing staff.

### I How could you change staff pay, terms and conditions?

Only in full consultation with staff and unions and any such proposal would only be reached if the Trust Board and the Council of Governors agreed upon this as a proposal for the future.

- I Have any of the 120 Foundation Trusts moved away from the NHS Agenda for Change pay, terms and conditions?

  No.
- How will you ensure that a single issue group does not dominate the membership?

  We will put into place strong governance arrangements to manage the membership and to ensure it is representative of the population we serve.

Is it the right time to apply to become a Foundation Trust during a recession?

Yes, we must be and are financially viable,

legally consituted and well governed; whether operating services within times of recession or within times of stronger economic conditions.

### I Why have some NHS Foundation Trusts failed?

A small minority have failed and this is not because they are operating as a NHS Foundation Trust but because their management and governance arrangements were not appropriate.

### I How will you make sure you do not fail as an NHS Foundation Trust?

We aim to continue to have robust governance and accountability structures in place and you can help by becoming a member and putting yourself forward to be a Governor.

- Will patient care remain your top priority? Yes absolutely.
- Yes, we believe staff too are a top priority?
  Yes, we believe staff too are a top priority and we want them to enjoy the safest and best possible work environments we can provide which is why developing our Human Resources and Workforce strategy is so important to us to make sure we continue to develop the right culture based around our values. We want to be a model employer.

Find our more at www.swast.nhs.uk/ft

### Contact details

Lynne Paramor
Consultation Coordinator
South Western Ambulance Service NHS Trust
Abbey Court
Eagle Way
Exeter
Devon EX2 7HY

Tel: 01392 261509 ft@swast.nhs.uk

All information in this document is correct at the time of going to print, but is subject to change.

# membership form

Section one: contact details
Are you: Member of public Volunteer of the Trust If you are a member of staff you are an automatic member so you do not need to complete this form.
Title (Mr/Mrs/Ms/Miss/Other): First name:
Second name or initial: Surname:
Address:
County:
Postcode:
Telephone:
Email address:
Date of birth:/ (dd/mm/yyyy)
We will communicate with you via email if an email address has been provided as this is the most cost effective method of communication. By providing this email address I authorise the Trust to use and disclose my personal data for the purpose of email communications, and that data can be provided to any appropriate third party outside of the European Economic Area in countries which do not have similar protection in place.
Section two: Getting involved
In signing up to become a member of the Trust I am interested in:  Receiving regular newsletters and information about the Trust.  Taking part in surveys, consultations and attending events.  Receiving a free health check at a planned member event.  Becoming a Governor in the future.
As an NHS Foundation Trust, we will be required to make public the list of names and constituency areas of members (not addresses or other personal information).  If you DO NOT want your name included on this list, please tick here

#### Section three: About you

The Trust is	committed to equal	opportunities and	developing a	membership t	hat reflects the	diverse co	ommunities	that
we serve. Ple	ease complete the fo	ollowing informatio	on to help us	understand mo	ore about you:			

Gender:	Male 🗆	Female $\Box$		
Ethnicity:				
White British		White Irish	White Other	
Black Caribbear	1	Black African	Black Other	
Asian Indian		Asian Bangladeshi	Asian Pakistani	
Asian Other		Other Not Stated	Mixed White and Black Caribbean	n 🔲
Mixed White an	ıd Asian	Mixed White and Black African	Mixed Other	
Chinese		Do not wish to answer		

### Thank you for taking the time to complete this form

The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the Data Protection Act. Full details available upon request.

As you have completed an expression of interest form the Trust will automatically convert you to a member once we become an NHS Foundation Trust. The Trust will write to you to inform you of this at the appropriate time, at which point, if you no longer wish to be a member you can choose to opt out. You will also receive a newsletter to give you more information about our plans.

Please return this form to: Lynne Paramor, Consultation Coordinator, South Western Ambulance Service NHS Trust, Abbey Court, Eagle Way, Exeter, Devon EX2 7HY

Alternatively you can complete this form online at

www.nhs-membership.co.uk/swas or telephone: 0800 923 1505

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