

**Annual Planning Review submission for 2017/18 and 2018/19 – Operational plan narrative**  
**Publishable Version****Section 1: Strategic context**

Blackpool Teaching Hospitals NHS Foundation Trust operates within a regional health economy catchment area that spans Lancashire and South Cumbria, supporting a population of 1.6 million. The Trust provides specialist care for Cardiac and Haematology services across this region; a range of acute services to the 330,000 population of the Fylde Coast health economy and the estimated 11 million visitors that visit the seaside town of Blackpool each year; and a wide range of community health services to the 440,000 residents of Blackpool, Fylde, Wyre and North Lancashire.

It is recognised that the Trust's strategic vision needs to address the key issues associated with achievement of clinical and financial sustainability, and that significant changes will be required in order to meet the most immediate issue of financial sustainability. However, the strategic vision must also deliver improvements in clinical quality and safety and ensure increased levels of efficiency, whilst meeting the needs of the local population.

The Trust has been a key participant in the development of the Lancashire & South Cumbria Sustainability and Transformation Plan (STP), with its own organisational priorities forming part of the Fylde Coast Local Delivery Plan (LDP), which in turn forms part of the STP. The vision for the STP is to improve outcomes and experience for citizens within the context of limited resources. This is fully reflected in both the Fylde Coast LDP and the Trust's five year strategy. The Trust strategy was developed during 2015/16 and has commenced delivery in 2016/17, with the strategic ambitions reflecting the focus on clinical and financial sustainability; i.e. achieving an improvement in quality, safety and patient experience within the context of significant workforce and financial challenges.

**Section 2: Operational planning for 2017/18 and 2018/19****2.1 Approach to activity planning**

The planning has been undertaken as a 'bottom up' approach across the Trust and its two main commissioners (NHS Blackpool Clinical Commissioning Group (CCG) and NHS Fylde and Wyre CCG). A joint planning group has been established across the three partner organisations on the Fylde Coast to develop shared planning assumptions for collective agreement and submission in respective organisational plans.

**2.2 Non-elective services and waiting times in the Emergency Department (A&E)**

The main challenges in achieving the A&E waiting time standard in 2016/17 were the increased volume of attendances and surges in activity, increased acuity of the patients resulting in a higher number of admissions, an increased volume of ambulance activity and an increased number of Delayed Transfers of Care (DToc). Whilst peaks in activity have compromised performance standards, delivery of the ambulance turnaround times and time to be seen remain consistently high.

Recruitment and retention of emergency department personnel remains a challenge. The Royal College of Emergency Medicine has reported a 24% attrition rate for senior trainees, due to current pressures of working in an Emergency Department.

This remains a significant challenge for 2017/18, with the key risks being a continued increase in demand and the ability to manage surges in attendances whilst maintaining quality standards. Actions being taken include:

- Early agreement and implementation of the winter plan through the A&E Delivery Board
- Implementation of the independent workforce review within the Emergency Department
- Enhanced streaming of patients as an alternative to A&E
- Promoting alternatives to Hospital with North West Ambulance Service
- Increasing awareness of the "Why A&E" campaign
- Participation in the national ambulatory care Emergency Care Network and Acute Frailty network
- Increased partnership working with local primary and social care providers
- Improved integration across acute and community services, to reduce the flow of patients into the hospital and ensure timely discharge for those who are admitted.

Similar issues continue to be seen in children's services, with an increasing number of referrals to the Children's Assessment Unit (CAU). The Trust is working in partnership with the local CCGs, and other local secondary care providers, to implement standardised pathways of care for the management of children's health and social care that will support primary care professionals to make appropriate choices in urgent / emergency situations.

### 2.3 Elective services, including Referral To Treatment (RTT) and Improving Access to Psychological Therapies (IAPT)

In order to achieve the 18-week RTT standard at specialty level, the Trust will continue to respond to changing patterns of demand. To mitigate risk and address capacity issues, a combination of actions will be taken including creation of additional internal capacity where necessary, identifying opportunities to redesign pathways and implementing new ways of working across the health economy. For IAPT, plans are in place to increase the access rate in line with national requirements.

### 2.4 Cancer services

The Trust continued to experience challenges in the delivery of the cancer standards in 2016/17. The greatest challenge has been the impact that patient choice has throughout the patient journey, but particularly to the first outpatient appointment. Work will continue into 2017/18 with commissioners and GPs to emphasise to the patients the importance of attending appointments once referred to the Trust and throughout the diagnostic stages of their pathway. Peaks in referral rates (predominantly driven by national cancer campaigns and seasonality) and increased case complexity are anticipated to continue across 2017-19. Actions to mitigate this include improved matching of demand and capacity through proactive pathway management (including a review of all administrative processes).

### 2.5 Diagnostic services

Capacity across diagnostic services is a key factor in the delivery of all operational standards. Although increased demand for these services is forecast across 2017-19, the access standard of 99% of all patients waiting a maximum of 6 weeks is forecasted to continue (and has been consistently achieved throughout 2016/17). Capacity issues have been identified in MR, CT and ultrasound services. To manage the levels of demand, the Trust continues to maximise machine outputs, maintain increased working hours and ensure full slot utilisation. To flex capacity, mobile MR scanners will support the Trust during the peak requirements. A continuous process of review has been undertaken allowing the department to streamline activities and increase capacity across all modalities. Additionally, the workforce review redesigns roles allowing the department to manage the further increase in demand within existing resources. The continued transition to electronic ways of working, including requesting and protocolling, will support further demand management.

The pathology service continues to experience increased demand for its services, with continued difficulties in recruitment to a histopathologist role. The department continues to promote a responsive workforce that allows scientists, nurses and supporting technical staff to undertake enhanced roles.

## Section 3: Quality

### 3.1 Quality goals

The Trust's quality goals remain focused on the provision of safe and high quality care and continue to build on the goals set out in the 2015/16 quality accounts: patients and carers being involved in decisions about their care, zero inappropriate admissions, zero harms, zero delays and compliance with standard pathways. The quality priorities for 2017/18 were agreed following consultation with Trust staff, governors and local CCGs; they support the targets set within the NHS constitution standards and CQC quality and safety standards.

The development of a three year quality improvement strategy has provided a framework to review quality of care against three quality domains; Informed, Timely and Safe (ITS how we care). Each domain covers a number of key improvement metrics, all of which are supported by three strategic enablers. The strategy provides the Trust with a clear definition of quality and quality priorities, and the commitment of the organisation to put quality at the heart of all it does.

Care Domain	Key Goals	Metrics
Informed	<b>Enhancing the Patient Experience and Promoting Patient Involvement</b>	<ul style="list-style-type: none"> <li>• Did you feel well looked after by staff</li> <li>• Patient who have been treated with dignity and respect</li> <li>• Patients who feel involved in their care</li> <li>• Patients who would recommend the service to friends and family</li> </ul>
Informed	<b>Providing Evidence Based Care</b>	<ul style="list-style-type: none"> <li>• Compliance with clinical pathways based upon opportunities to care</li> <li>• New clinical pathways implemented will achieve agreed % targets against a set of survival critical points</li> <li>• Mortality rates for conditions with a clinical pathway as reflected in 12-month rolling SHMI</li> </ul>
Timely	<b>Care in the Right Place</b>	<ul style="list-style-type: none"> <li>• Number of 'none optimal placement' of patients to admitting ward</li> <li>• Extensive care service - % reduction in A&amp;E, NEL, OP new and follow up attendances</li> <li>• % of eligible rapid discharge patients achieved</li> </ul>
Timely	<b>Care at the Right</b>	<ul style="list-style-type: none"> <li>• 18 week access targets</li> </ul>

	<b>Time</b>	<ul style="list-style-type: none"> <li>• Cancer treatment targets</li> <li>• A&amp;E hour targets</li> <li>• Cancelled Operations</li> <li>• Strategic length of stay reduction</li> <li>• Delayed transfers of care reduction</li> </ul>
Safe	<b>Harm Free Care</b>	<ul style="list-style-type: none"> <li>• Reduction in falls incidents resulting in harm</li> <li>• Reduction in failure to rescue / cardiac arrests</li> <li>• 100% compliance with intrapartum guidance</li> <li>• Reduction in avoidable harm due to pressure ulcers</li> </ul>
Safe	<b>Open and Honest Culture</b>	<ul style="list-style-type: none"> <li>• Number of clinical incidents reported</li> <li>• Performance on questions from staff survey in relation to transparency</li> <li>• Number of duty of candour processes completed for patient safety incidents</li> </ul>

### 3.2 Risks to achieving high quality care

The Board Assurance Framework (BAF) identifies three main key quality risks which are within the quality strategy:

- **Failure to maintain a reduction in the Trust mortality rates** – Mortality rates are monitored by the Board as well as being tracked and discussed at performance meetings, mortality board meetings and monitored as an agenda item at the Quality Committee. Cross organisational work will continue (with CCG, primary care and NHSE representation) to support progress against the top five priority actions
- **Failure to maintain a high patient experience** – Maintaining a high patient experience is a key quality goal for the Trust and is monitored quarterly via the Quality Committee, as a subcommittee of the Board. This performance continues to be reported on at divisional-level via exception reporting at performance review meetings. An annual review of performance, themes and lessons learned will also be provided in a report to Quality Committee which will be reflected in the Annual Quality Accounts.
- **Failure to maintain CQC standards compliance** – This is monitored via the Quality Development plan which notes outstanding actions against any requirement notices issued by the CQC. The Trust holds one outstanding requirement notice for the A&E Departmental in relation to ‘the number of patients waiting for mental health assessment for over four hours did not always meet the needs of the patient.’ It is recognised that this is a regional issue and formal work / review of the current position, supported by NHS England, is being facilitated with all partnership agencies to address and influence service provision.

Alongside these three key risks in the BAF, a further risk monitored by the Quality Committee due to none achievement of the Trust target in 2016/17:

- **Maintaining Infection Prevention Performance within set trajectories** – The Trust has achieved the trajectory for Clostridium *difficile* cases due to lapses in care (as at the end of Q2). The Trust is yet to receive its target number of cases for 2017-19, although this is considered to be a priority area for ongoing improvement and a number of actions that are currently underway will continue in 2017/18.

### 3.3 Quality priorities

End of Life / Specialist Palliative Care has been supported by the ‘Transforming End of Life Care in Acute Hospitals’ project which has demonstrated significant improvements in the delivery of End of Life Care on the wards where it has been implemented. Achievement of a reduction in emergency readmission rates for people in the last days of their life, with a greater number being cared for in their preferred place of care, has been realised. The ongoing quality impact will continue to be triangulated with patient experience data, with the clinicians within the team working closely with the Patient Experience Team to ensure that the care we provide remains of the highest possible standard.

During the coming two years, the Trust will review and/or participate in all national clinical audits and confidential enquiries that cover the relevant health services that the Trust provides. These will be reported within the Trust Annual Accounts, with the last accounts reporting participation in 91% of national clinical audits and 100% of national confidential enquiries.

The Trust remains in line with the requirement to present to the Board a six-monthly staffing review on Nursing and Midwifery Safe Staffing. Alongside this, a monthly safe staffing report is published as well as national provision of data in relation to care contact hours per patient day. These are reviewed and reported to Quality Committee, which refers the papers to Finance Committee for consideration within financial planning for any areas that need resources to support changes in staffing levels for enhancement / development of services. The Trust will use the national dashboard created following the Carter Review (once live) to continue reviewing its position on effective uses of resources in comparison to national peers.

### 3.4 Approach to quality improvement

The Trust's Quality Committee is authorised by the Board to oversee quality activities within the scope of its Terms of Reference, including monitoring the delivery of the Quality Strategy and processes for assuring and delivering quality across the organisation. The main priority of the Quality Committee is to provide assurance to the Board that the highest possible standards in quality of care and patient safety are set and achieved by the Trust. The Committee meets quarterly to ensure effective systems of clinical governance and clinical audit are embedded within the Trust. A major objective of the Committee to review all significant quality risks to ensure relevant actions are taken to manage these risks and that all of the above is reported to the Board of Directors accordingly.

The Director of Nursing and Quality is the named Executive Lead on Quality and Patient Safety who represents the organisation at monthly Quality Review Meetings with all local commissioners.

The Trust holds regular engagement meetings with the regional Care Quality Commission (CQC) inspection officers. The CQC re-inspected the Trust, the report of which was received in January 2016. Maternity services were re-rated as "good" and Urgent and Emergency services remained rated at "requires improvement". Overall the report acknowledged the improvements achieved since the last inspection.

In addition to the implementation of the Quality Strategy and the Quality Development Plan, the Trust has continued its participation in the National Sign Up To Safety campaign, the principles of which will continue to be embedded during 2017/18.

- **Falls:** Reduce the number of falls resulting in harm
- **Pressure Ulcers:** Reduce avoidable harm caused by Trust attributable pressure ulcers
- **Clinical Pathways:** Improve mortality and prevent delays in treatment
- **Care of the deteriorating patient:** Reduce avoidable harm caused by failure to rescue or failure to recognise the deteriorating patient
- **Care of the deteriorating patient:** In maternity, ensure compliance with NICE intrapartum guidance and the sepsis pathway

### 3.5 Quality impact assessment process

The significant level of cost savings to be delivered in 2017/18, coupled with the requirement to ensure continued improvement in the quality and safety of clinical services and the need to introduce new models of working in alignment with the Trust's strategic direction, means that the robust processes used to support the management of cost savings in the previous year will be continued. Each cost saving scheme proposed requires the completion of a Project Initiation Document and accompanying Risk and Quality Impact Assessment prior to submission to the Programme Management Office. The scheme is assessed by a cross-functional team of Executive Directors and Deputy Directors for its impact on quality, safety, workforce, financial performance and strategic alignment, with the opportunity for veto if significant concerns are raised in any of these areas.

This process provides assurance to the Executive Directors that work is being undertaken to deliver the key financial sustainability targets, within a context that does not compromise delivery of safe, high quality clinical care.

## Section 4: Workforce

### 4.1 Workforce planning

Divisional workforce plans are devised from directorate / service plans which are based on known commissioning intentions and service development or re-configurations. The Trust's strategic review identified the need to address challenges associated with the workforce and the associated work programmes include the opportunity for review and redesign of current workforce models as well as better utilisation of existing staffing resources.

We continue to work with our commissioners on transformational plans and will apply for transformation funding when qualifying opportunities arise. Work is focused on bringing workforce and service transformation together to identify areas for collaboration and joint actions. Through this, we are participating in the use of a national modelling tool to gain an understanding of the workforce capacity and drivers that impact, and to identify education provision for workforce transformation.

The workforce plans support and inform the budget setting process that takes place in the last quarter annually. The divisional workforce plans are presented bi-annually to the Operational Workforce Committee and any issues/concerns are escalated to the Strategic Workforce Committee which is a sub-committee of the Board chaired by a Non-Executive Director. These plans then feed into the annual workforce planning return to Health Education England North West.

The Trust has a comprehensive approach to the management of e-Rostering across all aspects of the non-medical workforce. The Nursing Bench has been expanded to incorporate bench arrangements for other staff groups and this has already had a positive impact on reducing agency usage in those staff groups by standardising processes which has improved efficiency.

There are robust systems in place to assess nursing staffing levels on a daily basis and processes for escalation to bank and agency where this is required to ensure safe staffing levels. The reliance on agency usage for nursing has significantly reduced during 2016 in comparison to the previous year. The Deputy Director of Nursing and Divisional Associate Directors of Nursing assess staffing levels and determine the appropriate deployment of staff.

#### **4.2 New ways of working**

Some of the Trust's difficult to fill posts are across the medical workforce (particularly in Emergency Care and Care of the Elderly) where there are national shortages. This, coupled with the 'Shape of Training' review has prompted us to consider alternative roles within the medical workforce. Clinicians have agreed that the Physician Associate (PA) role, which is trained to a medical model and works under medical supervision, may be an alternative solution to addressing medical shortages by adopting different ways of working. The Trust is part funding the training of six PAs through a two-year Postgraduate Diploma in Physician Associate Studies at the University of Central Lancashire which commenced in January 2016. The plan is to appoint four PA posts across Emergency Care and two within Paediatrics in 2018.

Apprenticeships are seen as a valuable pipeline to future talent and succession planning within the organisation, In preparation for the introduction of the apprenticeship levy in 2017, we are currently reviewing our 'offer' of apprenticeship roles and training across the organisation. This will build a reliable and 'home grown' pipeline of resource to promote internally which we hope will also improve our staff retention rates. Given that we will not fully realise the impact of the Spending Review in respect of the nursing and allied health professional bursaries for some time, our strategy will be to increase the number of nursing apprenticeships to provide an internal succession pipeline for progression onto qualified nurse training. We will aim to encourage progression via the new apprenticeship route to qualified nursing status.

The Trust continues to be actively involved in the development of the Fylde Coast Vanguard programme which is currently at the phase of developing Enhanced Primary Care services across the Fylde Coast, with the aim of providing care to the patient as close to home as possible and preventing inappropriate and avoidable hospital admissions. Staff have been shared across the Extensive Care Service and Enhanced Primary Care service and there have been secondment arrangements put in place to support staffing levels. Discussions have been taking place with wider health and care partners with the aim of working collaboratively to provide the wellbeing support worker element within the service and also to maximise the use of the voluntary care sector to support elements of the service.

Across the Adults and Long Term Conditions Division (community services) of the Trust there is a move to provide care which is person centred, promoting a self-care, empowering ethos. This is something that has already begun to take shape in the Extensive Care Service and is key to the development of Enhanced Primary Care. Two significant pieces of work undertaken within the Extensive Care Service to support staff in taking a new approach to the care they provide have been the introduction of the Patient Activation Measure (PAM) and the provision of healthcare coaching. The PAM tool enables us to recognise the level to which a patient feels empowered to self-manage their conditions and the healthcare coaching provides the team with the skills to tailor their approach accordingly.

We have also identified additional training requirements within the existing neighbourhood teams to support the development of staff to take on expanded roles such as care coordination and rehabilitation therapy. As the teams develop and there is a better understanding of each specific neighbourhood's needs, further training will be identified. We have introduced a new rehabilitation model for Blackpool neighbourhoods to enable our current and new workforce to undertake more work linked to the rehabilitation agenda.

The Trust is continuing with its workforce cost reduction programmes which are primarily aimed at medical workforce, theatre utilisation and the Back Office review. We are striving to reduce medical agency spend in order to achieve the Trust's control total. To support this, we are following all of the guidance issued by NHS Improvement to ensure controls are in place to enable monitoring and timely challenge as appropriate. There is also a full review underway of all 'Back Office' functions as part of a cost reduction programme which links to the main objective of the Lancashire & South Cumbria Sustainability and Transformation workforce work stream to bring economies of scale to the solutions designed, to share best practice, reduce variation and duplication across organisations.

The Trust has clear processes in place for managing risk. The Workforce and OD Directorate manages its Divisional Risk Register, which in turn may escalate risks to the Corporate Risk Register and Board Assurance Framework, depending on the application of the standard Trust-wide scoring mechanisms.

The Board Assurance Framework (BAF) is reviewed at both the Operational Workforce Committee and the Strategic Workforce Committee. The Trust has included workforce as one of its major risks on the BAF and updates and monitoring against mitigating actions are reviewed with Executives and Non Executives as part of this Committee.

## **Section 5: Finance**

### **5.1 2016/17 Financial Performance**

The Trust continues to face an extremely challenging financial environment. The Trust is forecasting a Use Of Resources Rating (of 3 at the end of 2016/17, with a forecasted cash balance of £0.2m

Over the last two years, plus this current year, the Trust has achieved significant levels of cost savings: £20.3m (5.5%) in 2014/15, £17.3m (4.5%) in 2015/16; £19.3m (5%) planned for 2016/17. However a number of operational issues have meant that the cost savings achieved have not been able to fully mitigate the income and expenditure challenges.

### **5.2 Development of the Two Year Financial Plan**

The Finance Committee and Board of Directors have been involved / informed throughout the planning process. The key steps have included:

- Detailed discussions with Heads of Department and Divisional Directors (both of which are clinical leadership roles) from September 2016 to date;
- Discussions at Finance Committee since September 2016;
- Presentation and discussion at the Strategy and Assurance Committee;
- Trust Management Team discussions since September 2016.

The focus for the Trust over the next two years is to ensure that the Trust achieves financial stability and sustainability, in order to enable the transformational changes that are required across the Trust and wider health and social care economy, as set out in the Five Year Forward View.

### **5.3 Income and Expenditure Plan – 2017/18 & 2018/19**

The income and expenditure plan for 2017/18 and 2018/19 is projecting achievement of the required levels of surplus stipulated by NHS Improvement. The Trust is forecasting to end the planning period with a cash surplus of £6.5m. It is assumed that the Trust will receive the Sustainability and Transformation Fund in both years.

### **5.4 Activity**

The Trust has used the 2016/17 forecast outturn activity as a foundation for setting 2017/18 and 2018/19 anticipated activity levels. This has then been adjusted for population growth and estimates of the reduction in acute activity resulting from the introduction of new services in the community. These estimates have been agreed with the Trust's local commissioners.

### **5.5 Efficiency savings for 2017/18 & 2018/19**

A key aim of the cost reduction process is to ensure that those responsible for delivery are effectively held to account through:

- The Transformation Executive Board, which is chaired by the Deputy Chief Executive and is attended by all other Executive Directors, the CIP (Cost Improvement Programme) Director and Divisional Directors. The provision of assurance that work is being undertaken to deliver the key financial sustainability targets, whilst also ensuring delivery of safe, high quality clinical care.
- Monthly review of delivery by the Finance Committee, which is chaired by a Non-Executive Director;
- Robust but fair challenge to the planning and performance of the programme ensuring that all projects have clear objectives, performance indicators, key milestones, savings targets (including phasing), timescales and accountability for delivery;
- Provision of summary reports that highlight areas of concern and resultant contingency plans that have been implemented to mitigate the risks associated with the delivery of planned savings;
- Identification and resolution of potential conflicts that may arise between projects and the overall strategy of the Trust to deliver financial balance by year end whilst maintaining commitments to quality and service delivery.

There are a number of transformational themes, grouped under Strategic Work Programmes (SWPs), which underpin the cost reduction programme for 2017-19. Detailed planning and implementation is underway for those schemes scheduled to deliver savings in the early part of the financial year.

## 5.6 Lord Carter's provider productivity work programme

The Trust welcomes the Carter productivity work programme, as it will support the Trust in identifying opportunities to improve efficiency and improve its financial position.

Within the outline 2017/18 and 2018/19 cost reduction programme there are specific programmes setup to deliver savings across the areas of focus within the Carter productivity work programme. In addition, many of the other programmes will contribute to improvement in the Carter workforce metrics.

The Trust is engaging with partners across the Lancashire and South Cumbria footprint to identify and deliver opportunities through collaborative working, including back office and pathology.

## 5.7 Capital planning

The Trust has a Capital Strategy Group, chaired by the Deputy Chief Executive and with representation from clinical and operational teams, which reports directly to the Finance Committee. The main objective of the group is to assess and prioritise all capital expenditure proposals and ensure that any investment is aligned with the strategic direction of the Trust. The group considers maintenance capital (routine replacement of existing equipment and reorganisation or rationalisation of existing building infrastructure) and development capital (investment into new build initiatives or equipment which will increase the underlying asset base and will therefore require separate financing. This will only be agreed through approval of a full business case).

## Section 6: Links to the Lancashire and South Cumbria Sustainability and Transformation Plan

The Trust has been a key participant in the development of the Lancashire & South Cumbria Sustainability and Transformation Plan (STP), with its own organisational priorities forming part of the Fylde Coast Local Delivery Plan (LDP), which in turn forms part of the STP. The vision for the STP is to improve outcomes and experience for citizens within the context of limited resources. This is fully reflected in both the Fylde Coast LDP and the Trust's five year strategy. The Trust strategy was developed during 2015/16 and has commenced delivery in 2016/17, with the strategic ambitions reflecting the focus on clinical and financial sustainability; i.e. achieving an improvement in quality, safety and patient experience within the context of significant workforce and financial challenges.

The STP priorities link to those identified in the Fylde Coast LDP and in the Trust's operational plan.

## Section 7: Membership and elections

As at 21<sup>st</sup> September 2016, the Trust has a membership of 5,157 public members and 7,686 staff members, which is a decrease from the numbers on 1<sup>st</sup> April 2016. In 2016, there were 13 Governors elected and there will be 13 Governor posts for election in 2017. The Trust convened an Elections Sub-Group to review the lessons learnt from the previous elections and to identify improvements for the 2016 elections.

The Trust arranged for a Governor to attend the Governors Focus Conference in April 2016. The Trust has booked two Governors to undertake training provided by the NHS Providers Governwell package in 2017, on the Core Skills Course in January and the Recruitment Course in March. The Trust will ask for expressions of interest from all the Governors to attend the Governwell Courses over the course of 2017. One newly elected Governor attend the Governor Induction Day at Liverpool Heart and Chest NHS FT on 1<sup>st</sup> November 2016.

Further to that there have been 13 membership events including an open day, membership seminars, member engagement/recruitment events and Governors attending community meetings, where Governors have engaged with members and members of the public. The Annual Members and Public Meeting was held jointly with the 2 local CCGs Annual General Meetings providing an opportunity for the Governors to engage with the CCGs. Finally, the Chairman has met with the new Governors who accepted his invitation to meet him as part of their induction programme which is currently being reviewed to improve the induction process.

In July 2016, the Membership Strategy was reviewed and approved by the Council of Governors with the main aim of developing a membership reflective of the local population, therefore, the Strategy was revised to include a younger age for full membership, from the age of 12. In addition, Governor Champions have been identified to lead on the key strategy themes of; young people, diversity, volunteering, communications and membership package. The Champions will report quarterly to the Membership Committee on performance. In particular, for young people there are three workstreams; the Youth Health Leaders Programme working with schools and colleges, Victoria's Voice working with young people in the hospital and the Youth Parliament.

The Trust's Membership Database has been completed revised, the new format has made it more efficient at capturing data on members and in turn being able to interpret this information to determine the areas we need to focus on, such as, diversity and younger people. This will enable the Trust to put into practice the aims of the Strategy and monitor our progress accordingly.