Annual Operating Plan 2019/20

Trust Board	Item: 14
Date: 5th June 2019	Enclosure: J

Purpose of the Report:	
To provide the Board with the summary version of the Trust's 2019-20 Operating Plan for publication. NHS Improvement guidance requests providers to prepare a summary of the final Operating Plan suitable for external communication that can then be published online. The Board approved the final version of the 2019-20 Operating Plan prior to submission to NHS Improvement in April 2019. The plan was also discussed with the Council of Governors in March 2019.	

For: Information ☒ **Assurance** ☐ **Discussion and input** ☐ **Decision/approval** ☐

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Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well Led ☒	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	

Recommendations:
The Board is asked to: a) Note the summary version of the 2019-20 Operating Plan for publication.

1 Year Operating Plan 2019-20 Summary

May 2019

Living our values *everyday*

CARING · SAFE · RESPONSIBLE · VALUE EACH OTHER

Introduction

This document presents the Kingston Hospital NHS Foundation Trust's (KHFT) 1 year Operating Plan for 2019/20, which has been developed in the context of the national planning guidance and the NHS Long Term Plan.

Section 1 outlines the Trust's activity and capacity modelling assumptions and trajectories for the delivery of the key access targets in 2019/20. Section 2 presents the Trust's approach to quality planning setting out the Trust's objectives and quality priorities for the coming year. Section 3 focuses on workforce planning including the planning methodology and key areas of focus for 2019/20. Section 4 sets out the financial plans detailing the forecasts and modelling, the approach to efficiency savings for 2019/20 and the key capital plans. Section 5 outlines the Trust's digital strategy including plans to undertake work with partners in South West London across health and social care to enable information to be accessible in all care settings, improving the delivery of care. Finally, as a Foundation Trust section 6 provides details of the Trusts membership and elections.

1. Activity Planning

Activity

Activity levels have been agreed with commissioners as part of the 2019/20 contract process. Assumptions reflect historical growth rates and have been agreed by the SW London Commissioning Support Unit on behalf of SW London Clinical Commissioning Groups (CCGs). Surrey and other CCGs have provided separate activity forecasts. Growth rates are approximately 3.6% per annum in aggregate.

During 2018/19 the Trust supported local providers with their access issues, and the plan for 2019/20 assumes the Trust continues to do so.

An element of QIPP has been agreed with commissioners, and activity has been removed from the 2019/20 Plan to reflect this. The most significant QIPP schemes are transformational system schemes targeting the first 72 hours of emergency admissions, and the delivery of outpatient care.

Capacity

It is anticipated that the Trust will have sufficient capacity to meet A&E activity requirements in 2019/20, following the opening of a new Urgent Treatment Centre and the expansion of majors and resus areas within the A&E department at the end of 2017/18.

The increase in emergency admissions currently forecast for 2018/19 will require an additional 15 beds based on current length of stay and occupancy levels. It is planned to offset this increased requirement by reductions in length of stay, and/or admission avoidance. There are two key transformational schemes in development with partners, that will impact on emergency length of stay and admissions in 2019/20 – first 72 hours and intensive rehabilitation. Consequently, this plan assumes that there will be sufficient bed capacity to deliver the non-elective activity forecasts.

The small increase in beds required to deliver forecast elective admissions can be accommodated. A key plank of the Trust's transformation programme focuses on improving theatre productivity, and detailed analysis suggests that improvements in session utilisation, alongside some changes to care setting, will enable planned increases in activity.

Outpatient activity is expected to grow by around 6% in 2019/20, and there is little capacity to expand on the main site. However, one of the Trust's key transformational schemes for 2019/20 is a radical redesign of outpatients, reducing acute activity by up to 30% over the next five years. Shifts in 2019/20 are likely to be small, but if they do not keep pace with growth, there are opportunities internally to improve outpatient efficiency, and the trust operates from a number of community sites, creating some flexibility to increase outpatient activity if required.

Achieving key operational standards
A&E

The four-hour waiting standard has not been consistently delivered during 2018/19. Year to date performance is at 89.89% which is 0.7% improvement on last year's performance despite 6% growth in attendances. Quarter 4 is showing a significant improvement compared to last year of almost 4%, which can

be attributed to the robustness of the system wide Winter Plan. The Trust is considered best in class for work on stranded and super-stranded patients across London.

The Trust has agreed a performance trajectory with commissioners which is profiled to reflect seasonal variations across the year. The average performance is projected to be 91.5% in 2019/20.

Key assumptions underpinning delivery of the proposed trajectory are that:
- Whole system plans overseen by the A&E Delivery Board are progressed supporting admission avoidance and strong performance on DTOC and stranded metrics.   This will include further development of models of care in relation to the 1st 72 hours and intensive rehabilitation
- Internal plans overseen by the Emergency Care Programme Board are progressed including delivery of the Mental Health Assessment Unit by August 2019 and a review of the Acute Assessment Unit and Ambulatory Emergency Care pathways
- Growth is in line with activity forecasts, and sufficient activity is contracted for by commissioners.

The Trust will review the new clinical standards for urgent and emergency care set out in the Clinical Standards Review due in Spring 2019 and develop plans to support implementation from October 2019.

Referral to Treatment times
The Trust has consistently achieved the 18-week Referral to Treatment standard during 2018/19. There has been sustained growth in waiting lists due to an increase in referrals based on local demand, despite which the Trust has maintained its performance against the standard and it is forecast that the 18-week standard will continue to be achieved throughout 2019/20.

Plans are in place to map outpatient ophthalmology pathways over 2019/20 to feed into the outpatient transformation programme. It is anticipated that the outputs of this this will improve performance against the standard. Additional capacity could be used to assist neighbouring trusts with access issues in 2019/20 if required without jeopardizing performance, especially where patients have been waiting longer than 6 months for treatment and have the option to choose an alternative provider.

The Trust also consistently achieves the waiting time standard for diagnostic tests with less than 1% of patients waiting six weeks or more and it is forecast that this position will be maintained throughout 2019-20.

Key assumptions underpinning delivery of the trajectories is that growth is in line with activity forecasts, that sufficient activity is contracted for by commissioners and that no extra steps are added to the 18 week pathway in relation to external approvals.

The Trust will review the new clinical standards relating to referral to treatment access standards set out in the Clinical Standards Review due in Spring 2019 and develop plans to support implementation from October 2019.

Cancer
The Trust has consistently achieved all cancer waiting times standards throughout 2018/19 and anticipate continuing to do so throughout 2019/20.

Key assumptions underpinning delivery of the standards are that:
- Sufficient activity is contracted for by commissioners
- The rules on breach attribution between providers are adhered to and
- The trend in patients choosing to defer treatment does not change significantly
It should also be noted that there are factors outside of the Trust's control including patient fitness and those parts of the pathway which take place in tertiary centres.

The Trust was the only London Trust to pilot the 28-day Faster Diagnosis Standard during 2017/18 and is therefore in a strong position when shadow monitoring starts for all providers in April 2019 prior to full implementation in April 2020.

2. Quality planning

Approach to quality improvement, leadership and governance

Quality is an absolute priority for the Trust and is addressed first on the Trust Board agenda and the Board receives a formal quality report. The Trust Quality Assurance Committee (QAC) is a sub-committee of the Trust Board, chaired by a Non-Executive Director. It receives information and assurance on quality and safety performance across the five CQC domains from various other Trust committee's such as the Patient Experience Committee, Infection Control Committee, Clinical Audit and Serious Incidents and reports back to the Board. The Director of Nursing and Quality is the named executive lead for quality improvement in the Trust, and is supported by the Medical Director. Roles and responsibilities in relation to delivering high quality care are identified in the governance framework and performance management framework. There are local governance structures in each service and sub committees to support patient safety and quality governance. The Quality Improvement Committee (QIC), chaired by the Medical Director, oversees all quality led initiatives, and reports to the QAC. The QIC also monitors delivery of improvements, in order to evidence the impact of investments made in quality improvement.

2019-20 Objectives

Objectives for 2019/20 have been developed in the context of the Trust's improvement programme. A Lean improvement approach has been adopted with the aim of aligning aims and objectives across the organisation. This has involved identifying the Trust's True North, values, vision and strategic themes. For each strategic theme a 3-5 year goal has been identified and then breakthrough objectives for 2019/20. Breakthrough objectives identify the priorities which are expected to have the biggest impact on delivery of the 3-5 year goals in 2019/20. The strong foundations which will need to be in place to support delivery of the strategic goals and breakthrough objectives have also been identified and for each foundation the key areas of focus for 2019/20 have been considered. Figure 2.1 below summarises the key components of the Trust's Patient First Improvement Programme which has set the context for the development of objectives for 2019-20.

Figure 2.1: Patient First Improvement Programme: True North
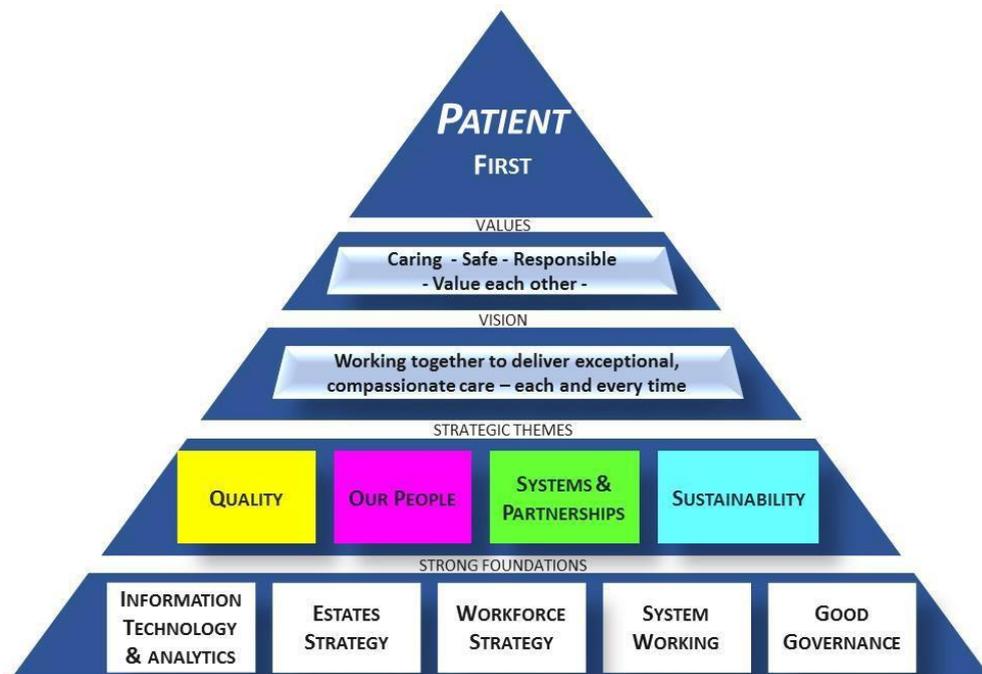
The 3-5 year goals for each strategic theme and the corresponding breakthrough objectives for 2019-20 are set out in table 2.1 below:

Table 2.1: 3-5 Year Goals and 2019-20 Breakthrough Objectives

Strategic Theme	3-5 Year Goals	2019-20 Breakthrough Objectives
Quality	No avoidable delays in patient care	1. Making every hospital bed day count: 10% reduction in stranded patients and a 25% reduction in super stranded patients 2. 90% of patients on a cancer pathway given a cancer diagnosis within 28 days
Our People	To employ a substantive and committed workforce	3. Workforce stability 90% + and temporary workforce less than 5%
Systems & Partnerships	Care that connects	4. Ensure all outpatient contacts progress care
Sustainability	Achieve local system financial balance	5. Deliver the Trust control total

Key areas of focus for 2019/20 within each of the strong foundations are summarised in table 2.2 below:

Table 2.2: Strong Foundations areas of focus for 2019-20

Strong Foundation	2019-20 Areas of Focus
Information Technology & Analytics	• Implement the new data warehouse expanding availability of real time data • Develop analytical expertise trust wide, explore options to improve data visualisation e.g. single portal and exploit the value of inter-connected data sources through the application of statistical methodologies • Strengthen infrastructure for connecting data across the system to support a population health focus
Estates Strategy	• Refresh and sign off the Development Control Plan • Progress agreed priorities including the identification of funding sources • Explore options for off-site accommodation to maximise use of NHS assets
Workforce Strategy	• Tackle the low pay issue by negotiating the high cost area supplement, reviewing Band 2 pay and developing career 'escalators' and engaging with local stakeholders to improve access to affordable housing and improve transport links • Develop agile working as a strong brand supported by training, pay & conditions, IT and cultural change • Work with partners and Health Education England to actively develop integrated job roles and training routes
System Working	• Active participation in and across the key boroughs, influencing the development of strategies and plans and ensuring trust priorities and plans are aligned • Development of a system dashboard for key metrics • Strengthen clinical relationships with primary care • Active participation within the Acute Provider Collaborative to support clinical pathway standardization and right sizing
Good - Governance	• Develop leadership (new CEO and Director of Workforce) • Development of Cluster teams

Quality Priorities

The Trust has a quality strategy and structures in place to support patient safety and quality governance. Quality is a strategic theme for the Trust and all staff have this as a key personal objective so that patients receive safe and high quality care. The Trust has defined quality goals within the three domains of quality; safety, experience and effectiveness which reflect national and local priorities, it should be noted that good alignment exists between the 3-5 year goals and 2019/20 breakthrough objectives outlined above with the quality priorities. The quality priorities are to prevent harm (patient safety); improve clinical outcomes (effectiveness); and listen and respond to patients' concerns (patient experience). Each year the Trust's

specific measures of success of delivery of the quality goals are developed with stakeholders and are described in the Quality Report. The 2019-20 quality priorities are shown at table 2.3 below:

Table 2.3: 2019-20 Quality Priorities

Domain	Priority
Patient Safety	• Improve process to identify patients with learning disabilities • Improve identification and escalation of the deteriorating patient
Patient Experience	• Improve Pain Management for patients attending the Emergency Department • Engage more patients in service improvements
Clinical Effectiveness	• Create a sustainable workforce in the Emergency Department • Patients going Home before Lunch

The process for updating the quality report priorities commenced in October 2018 with the development of a long list of priorities followed by formal consultation with a wide range of stakeholders prior to being signed off by the Trust Board in January 2019.

CQC
In order to maintain registration as a healthcare provider, the Trust is required to demonstrate that it is meeting standards across five domains set out by the CQC: Safe, Effective, Caring, Responsive and Well-led. The Trust received an 'Outstanding' rating for Overall Quality following an inspection in May 2018.. Two of the individual inspection areas were also rated Outstanding – Well-Led and Caring and all others were rated as Good. The inspectors recognised the total dedication and caring commitment of staff, and the outstanding work they do each and every day to ensure safety and quality.

In addition to the usual CQC inspection, the Trust had its first NHS Improvement's 'Use of Resources' assessment which is new for the NHS. The Trust is the 4th trust to have this review and although the report found the Trust to be efficient and well-led it gave an overall rating of 'Requires Improvement' due to the Trust not meeting its financial target in 2017/18. This rating, when added to the CQC's rating of 'Outstanding' brings the Trust's combined overall rating to 'Good'.

The Trust is committed to maintaining the CQC outstanding rating by having a clear focus on maintaining safety, quality and performance KPI's including mortality and morbidity surveillance across adults and children with a direct link to quality improvement utilising the shared learning process which continues to be embedded across the organisation.

Quality Improvement Plans
The Trust's quality improvement priorities for 2019/20 will focus on delivering the quality priorities described in section 2.3 above. The Trust will also continue the implementation of improvement plans initiated as a part of NHS England's Sign Up to Safety Campaign, including reducing harm from sepsis, reducing pressure ulcers and foetal monitoring. The Trust will also continue to implement the Saving Babies Lives Care Bundle.

The Trust takes part in all applicable national clinical audits. KHFT performance is reviewed by the clinical teams, and where gaps in performance are identified these are assessed for risk and appropriate actions planned to drive improvement. Performance in all national clinical audits is fed into the service line quality governance process, to ensure progress with actions is monitored and any gaps in assurance are fed into the wider improvement priorities. Performance in all national clinical audits is reported to the Trust Board via the Trust Committee structure and reported externally to Commissioners.

Learning from mortality reviews is reported into the established Mortality Surveillance Group. The Trust's process is in line with the national guidance with key measures in place including: an approved policy on the

Trusts website, Structured Judgement Review (SJR) process in place with several of the medical and surgical team having completed training; Learning from the SJR process is fed into the Trust's Mortality Surveillance Group; Non-Executive Director lead in place; regular mortality information reported to the Board since November 2017 and all service lines have effective mortality and morbidity processes in place

The Trust has met three of the four core standards for the delivery of 7 day services and will continue to implement plans to meet the priority standards.

Quality impact assessment process
All service development and financial improvement programme (FIP) schemes are required to have a Quality and Equality Impact Assessment (QEIA) undertaken in the development phase and approved by a clinical leader prior to commencement of the scheme. The content is developed with full engagement and feedback from all stakeholders prior to submission for approval to the Medical Director's team. Schemes are assessed and risk rated for impacts to:

- Patient Safety
- Effectiveness of Care
- Patient Experience, and
- Staff and Other departments

A scheme is only given the go ahead once a QEIA has been approved. If the scheme is deemed to have a high risk of negative impact in one or more of these areas, and no mitigating factors are identified, the scheme is removed from the plan. All schemes are reviewed and signed off by the Director of Nursing & Quality and the Medical Director. The QIA process also includes monitoring of the cumulative effect of schemes that may impact on the quality of care. All quality KPIs monitored are reported to the Board, for specific schemes, related quality measures are also tracked through operational and quality governance processes.

3. Workforce planning

The Trust developed a comprehensive workforce strategy for 2017/20, with an annual delivery plan. It consists of 7 "pillars", with the areas of focus for 2019/20 shown below:

Table 3.1: 2019-20 Workforce areas of focus

Pillars	2019-20 Areas of Focus
Pillar 1 Workforce planning	• Right sizing the permanent workforce to meet changing commissioning requirements, expanding clinical activity, transformational changes to the delivery of services and efficiency improvements • Leveraging rostering and job planning systems to identify the optimum workforce and deliver improved productivity
Pillar 2 Resourcing	• Leveraging the Trust's Outstanding CQC rating to strengthen recruitment branding and social media profile • Reassessing the international recruitment strategy to mitigate the negative impact of Brexit • Introducing new roles such as Advanced Nurse Practitioners in ED and Paediatrics to address the continuing shortfall of medical staff, and Nurse Associates. • Introducing new pathways with system stakeholders through the Outpatients Transformation Programme principally for Cardiology, Respiratory, Paediatrics, Gastroenterology and Urology • Implementing the workforce retention strategy to further reduce staff turnover • Utilising the Apprenticeship Levy funds to develop and retain the current workforce and as a recruitment tool • Working across London and SW London to establish greater control of the temporary staffing market, particularly reducing doctor bank and agency rates • Implementing workforce employment models to reflect service needs through in-sourcing, outsourcing and partnership models e.g.: Private Patients Unit
Pillar 3 Pay & Reward	• Using the provisions of the 2018 Contract Refresh of NHS Terms and Conditions to improve performance, improve mandatory training compliance and as a further recruitment tool • Developing the case for the removal of the high cost area allowance inner London 'cliff-edge' to address distortions in the London NHS labour market • Ensuring there is a robust approach to Clinical Excellence Awards which recognises exceptional clinical performance and corporate contribution • Enhancing staff benefits to reflect market leading tax-efficient provisions

Pillar 4 Engagement	• Developing an internal communications strategy • Executive staff engagement events lead by new Chief Executive • Refocusing appraisals around the quality of manager-staff conversations • Broadening and strengthening local trade union partnership working arrangements • Focus engagement on millennials, EU nationals, BAME, older workforce and women
Pillar 5 Diversity	• Supporting EU staff to mitigate any harmful effects of Brexit such as facilitating the application process for the EU Settlement Scheme • Focusing on diversity as a significant element of the Trust Leadership Development Programme • Redressing the gender pay imbalance particularly for Clinical Excellence Awards • Implementing the NHS Disability Scheme • Continuing the employee relations case management scheme to provide analysis of the over-representation of BME staff in formal employment procedures as a basis for action
Pillar 6 Learning & Education /OD	• Delivering a revised leadership and management development framework, including the Kingston Managers Toolkit Programme accredited to ILM level 5 • New branded corporate induction and improved mandatory training compliance using e-learning tools • Maximising HEE funding to deliver high quality multi-disciplinary training for all staff including Post Graduate Medical Education and Practice Development. • Relaunch of coaching and mentoring scheme • Revision and relaunch of appraisal policy with a focus on Trust values
Pillar 7 Health & Wellbeing	• Programme of interventions and events based on the health and wellbeing strategy • Launch of enhanced employee assistance programme • Lifestyle and wellbeing staff benefits introduced • Focus on emotional resilience and financial and family wellbeing including access to competitive and ethical lending arrangements • Delivering national employee flu take-up, physical and mental health targets

The Trust is investing in leadership and multi-disciplinary training to help lead and reskill staff for the challenge of working across organisational and clinical boundaries. Work on creating cultural competency will also better equip staff and managers for working differently going forward. At the same time the Trust is developing new job types and flexible working patterns to aid recruitment and retention. Recruitment will be transformed via employer branding and intelligent recruitment initiatives, driving down bank and agency usage. The Trust will also use innovative approaches to pay and reward to recruit and retain the skills it needs.

4. Financial planning

The control total for 2019/20 is a deficit of £7.8m before receipt of Provider Sustainability Funding (PSF) and non-recurrent Marginal Rate Emergency Rule (MRET) funding, with an overall control total surplus of £1.098m after non-recurrent PSF and MRET.

Whilst the Trust continues to deliver outstanding and efficient care as demonstrated in Reference Costs and Model Hospital, the requirement to maintain this efficiency and deliver further savings where appropriate is acknowledged. This has, however, become increasingly challenging given the scale of the Trust and financial pressures in the local health system. An assessment undertaken by the Trust in conjunction with PwC during 2018 highlighted that a significant proportion of the Trust's underlying deficit is structural. The review highlighted a small number of internal productivity opportunities, particularly in relation to theatres and some estates related soft FM costs, both of which the Trust has taken steps to address during 2018/19 and the benefits of which will flow into 2019/20.

The removal of MRET in the settlement for 2019/20 will go some way to relieving this pressure, and to further resolve the funding gap, the Trust has agreed a block contract with the SWL CCG's thereby securing the income position in advance, which will allow for greater focus on system transformation and cost containment. The contract is supported by a concordat which sets out the agreed principles under which the block arrangement will operate. The Trust has also entered into a block contract arrangement with Surrey CCGs.. The Trust will continue to work with SWL STP colleagues to identify opportunities to rebalance the Trust's non-elective / elective workloads to help bring it back into recurring balance.

The following significant challenges are to be noted at this stage:

- The achievement of the control total is dependent on the delivery of a number of significant financial savings, some of which are still in development, and a proportion of the transformational work will require changes in the wider STP footprint. These schemes will need to be worked up and validated with community and other STP partners, and the Trust will require assurance that external organisations will deliver their elements to avoid stranded costs arising in the Trust.
- Delivery of the plan is contingent on achieving £9.2m of internal efficiencies which includes an additional 0.5% stretch efficiency within the control total.
- 100% of CQUIN values (1.25%) are assumed to be capable of being achieved and received in 2019/20.
- The full Clinical Negligence Scheme for Trusts (CNST) incentive value (£1.1m) is assumed to be received.
- All PSF monies have been assumed to be achieved and received in full and in a timely manner.
- The funding of the new Mental Health Assessment unit is outside of the block and is subject to agreement.

The Trust has signed the contract agreement with local partners (SWL STP Commissioners) which forms the bulk of the commissioned activity.

Following the land sale in 2018/19, and receipt of the related additional PSF, it is not envisaged that further loan arrangements will be required over and above those already in place.

5. Data and technology

The Trusts plans supporting improved use of data and technology in 2019-20 include:

Data availability and reporting
- Develop the Trust's Care Records Service (CRS) and using this to develop an Electronic Patient Record (EPR) where effectively all patient data will be digitally stored and accessible immediately from anywhere on site.
- Develop plans to improve the use of technology internally including the implementation of a new data warehouse enabling a greater amount of real-time data being available to manage the delivery of services. To support this, the Trust will also look at ways to develop analytical expertise across the Trust and explore options to improve data visualisation e.g. single portal and exploit the value of inter-connected data sources through the application of statistical methodologies
- Review the proposed changes in national reporting requirements and the implications on operational and supporting functions e.g. moving to weekly SUS data returns; daily digital extraction of occupied beds, and develop plans to address these changes.

Innovation
- Reduce the amount of paper that is generated and move towards being 'paper-light'. A major component of the Trust's EPR will be the provision of an Electronic Document Management (EDM) system. The EDM system is a significant transformational project for the Trust and drives the journey towards 'paperless by 2020'.
- Support the key transformation projects for the Trust. Already as part of the Outpatient Transformation Programme opportunities to use virtual consultations for some specialties are being considered and these will be further explored in 2019-20.

Integration
- Deliver the aim of the 'right information, in the right place, at the right time', work will be undertaken with the Trust's partners across the Sustainability and Transformation Partnership (STP) in South West London (SWL) health and social care to enable information to be accessible in all care settings

e.g. increase uptake of the NHS App. Kingston Hospital's Director of IM&T provides Chief Information Officer level support to the STP in SWL. This has helped to shape the technology strategy and drive collaboration in the system.   SWL has been successful in securing significant funding for sharing records and has two exemplar projects to support the 'One London' Local Health and Care Record Exemplar (LHCRE), which aims to connect information, engage the citizen and works towards a 'population health' system.

- Implement the Cerner Health Information Exchange across SWL in Quarter 1 of 2019 enabling the development of integrated systems as information can be viewed from both primary and secondary care from within the patient's record. The Trust is already securely sharing information for patients on the cancer pathway with the Royal Marsden multidisciplinary team.

- Develop plans to strengthen the infrastructure for connecting data across the system to support a population health focus

Standards

- Deliver the Cyber Security and Security Patching Strategies to support the drive to meet the Cyber Essentials requirement by 2021. The Trust was audited in 2018 as part of the NHS Digital programme to increase cyber security and a plan is in place to deliver the mandated standards by 2020.

6. Membership and elections

Council of Governors
The Council of Governors is chaired by the Trust's Chairman and supported by Director of Corporate Governance. The Council comprises of 17 elected public Governors; 4 elected staff Governors and 11 partner appointed Governors.

Governor elections
The first elections to the Council of Governors were held in November 2012. Subsequent elections at the end of Governor's terms of office were held in November 2014, November 2015, November 2017 and November 2018. The next election is planned for Autumn 2020 when 13 posts will be up for election. There is a comprehensive plan for ensuring that as many members as possible and the wider public are aware of the elections and are encouraged to stand.

Governor training and development
A training and development plan has been developed for the Council of Governors, which includes both external and internal training, induction and engagement. The Council has identified three areas in which to increase knowledge in 2019/20: gaining an overview of the Hospital's future plans and perspective on the risks the Trust faces; building on understanding of public accountability and local ownership within the health economy; and achieving a broad understanding of NHS finance and how NEDs assure the long-term finances of the Hospital.

Involvement Strategy
A Governor Involvement Strategy has been developed and was approved by the Council in March 2014, revised in March 2016 and again in 2018. Governors attend Board meetings and Members' health talks where they can meet and talk with Trust Members. Members have also attended Healthwatch meetings and have attended Patient-Led Assessment of the Care Environment (PLACE) training.

A Membership Recruitment and Engagement Committee, which is a committee of the Council of Governors was established in May 2013. Its role is to support the Trust in growing and developing the membership, improving diversity of membership and facilitating communication between Governors, members and the local community.