Operational Plan 2017 - 19

The Hillingdon Hospitals NHS Foundation Trust

Final Iss1.0

23 December 2016
Table of Contents

Signature Page ........................................................................................................................................ 1
1 Approach to Activity Planning ........................................................................................................... 1
   1.1 Non-elective services .................................................................................................................. 1
   1.2 Elective services ......................................................................................................................... 2
   1.3 Cancer services .......................................................................................................................... 3
2 Quality Planning .................................................................................................................................. 3
   2.1 Approach to Quality Governance .............................................................................................. 3
   2.2 Summary of quality improvement plan ..................................................................................... 4
   2.3 Quality Impact Assessment Process ......................................................................................... 7
   2.4 Triangulation of Indicators ....................................................................................................... 7
      2.4.1 Our Approach to Triangulation ......................................................................................... 7
      2.4.2 The Key Indicators Used in this Process ......................................................................... 7
      2.4.3 How the Board Intends to Use this Information .............................................................. 8
3 Approach to Workforce Planning ..................................................................................................... 8
4 Approach to Financial Planning ......................................................................................................... 10
   4.1 Financial Forecasts and Modelling ......................................................................................... 10
   4.2 Efficiency Savings for 2017/18 to 2018/19 ............................................................................... 13
      4.2.1 Lord Carter’s Provider Operational Productivity Work Programme ................................ 14
      4.2.2 Agency Rules .................................................................................................................... 14
      4.2.3 Procurement .................................................................................................................... 15
   4.3 Capital Planning .......................................................................................................................... 16
      4.3.1 Consistency with clinical strategy ..................................................................................... 16
      4.3.2 Allocation and decision-making ....................................................................................... 16
      4.3.3 Business Cases for NHSI, DH or HM Treasury Approval ............................................ 16
      4.3.4 Highest priority schemes ................................................................................................. 16
      4.3.5 Making better use of the NHS estate ............................................................................... 17
5 Link to the local Sustainability and Transformation Plan’ (STP) ..................................................... 18
6 Membership and Elections .............................................................................................................. 20
   6.1 Planned governor elections ........................................................................................................ 20
   6.2 Engagement between governors, members and the public ..................................................... 20
   6.3 Membership strategy ................................................................................................................. 20
The attached Operational Plan is intended to reflect the Trust’s business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust’s other internal business and strategy plans;
- The Operational Plan is consistent with the Trust’s internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust’s financial template submission.

Approved on behalf of the Board of Directors by:

<table>
<thead>
<tr>
<th>Name (Chair)</th>
<th>Richard Sumray</th>
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<td>Signature</td>
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Approved on behalf of the Board of Directors by:

<table>
<thead>
<tr>
<th>Name (Chief Executive)</th>
<th>Shane DeGaris</th>
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Approved on behalf of the Board of Directors by:

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<tr>
<th>Name (Finance Director)</th>
<th>Matt Tattersall</th>
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1 Approach to Activity Planning

The Trust demand and capacity approach for 2016/17 utilised the techniques of the national Demand and Capacity Programme. This approach and plan has been agreed with commissioners and has also been used to inform activity plans for 2017/18 and 2018/19.

The change in the level of commissioned activity is summarised in the table below. The level of Commissioner QIPP is consistent with the North West London Sustainability and Transformation Plan. However, commissioners will be providing further detail on the implementation of their plans prior to 1st April 2017.

<table>
<thead>
<tr>
<th>Point of delivery</th>
<th>Growth</th>
<th>Commissioner QIPP</th>
<th>Service Development</th>
<th>Overall Movement</th>
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</thead>
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<tr>
<td>A&amp;E</td>
<td>7.0%</td>
<td>-4.4%</td>
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<tr>
<td>Non-elective</td>
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<td>0.8%</td>
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<tr>
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<td>-2.3%</td>
<td></td>
<td>1.0%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>3.4%</td>
<td>-5.4%</td>
<td></td>
<td>-2.0%</td>
</tr>
</tbody>
</table>

1.1 Non-elective services

Activity, especially non-elective, for the first 2 quarters of 2016/17 has grown at a rate higher than demand and capacity planning anticipated. These growth rates for 2016/17 have informed the 2017/18 and 2018/19 projections.

A&E attendances have grown by 9.1% in 2016/17 year to date. Demographically, the greatest increase in A&E presentations has been experienced in paediatrics (<16 years), with a 14.8% increase; and elderly (>80 years), with a 13% increase. Blue light attendances have increased by 23%. Though A&E attendances have increased, the number of non-elective admissions has reduced. However, non-elective bed use is still high, due to higher average length of stay. All activity figures relate to the 12 month period to 30 Nov 2016.

The Trust is working closely with ECIP and is introducing a number of new processes into the A&E department. The Trust received the ECIP report in December 2016 and will be working through these recommendations in Q4 (Jan - Mar 17). The Trust envisions that with the support of ECIP, Matthew Cooke, the additional investment being pumped into the department as well as a potential expansion of the A&E department that it will achieve the 95% standard later in the new financial year.

Longer term developments in A&E are informed by the Shaping a Healthier Future programme to reconfigure acute services across North West London. The proposal, which is now incorporated within the Sustainability and Transformation Plan (STP), is to upgrade A&E services, substantially. Although, two potential timelines are envisaged, it’s clear that significantly upgraded A&E facilities will not be available under either scenario before April 2019.

So, to provide shorter term mitigation of A&E activity, the following will take place:

- Increase deployment of supernumerary band 7 nurses.
- Ensure that roles within the emergency department are more clearly defined.
- Strengthen community service to avoid unnecessary A&E attendance.
• Strengthen the Emergency Department through the appointment of a new Deputy Divisional Director for Emergency Care.

• Feasibility of an internal reconfiguration of services to allow expansion of A&E by December 2017 to be progressed.

Unless the expansion of A&E can be progressed, the Trust will not have sufficient capacity to meet the 95% A&E standard given expected non-elective demand. This is recognised by Hillingdon CCG and the following mitigating plans are in place:

• The Trust is working with the CCG and social services to commission 18-25 additional beds in the community to provide a discharge to assess model.

• The A&E delivery board, which is now jointly chaired by the Accountable Officers of the CCG and the Trust, will continue to oversee the system-wide response to managing demand.

• The NHS Emergency Care Improvement Programme (ECIP) team is supporting the health economy of North West London with solutions for capacity and flow.

• We are a participant in the North West London patient flow steering group, which is focused on reducing length of stay and implementing a ‘discharge to assess’ model.

• At the Trust, a discharge task force seeks to reduce length of stay by ensuring the timely discharge of patients who are medically fit. They aim to reduce capacity by 35 beds, by:

  ➢ Employing patient flow coordinators to manage progress through the pathway
  ➢ Implementing the Red to Green patient flow improvement methodology
  ➢ Implementing additional therapies support at weekends
  ➢ Improving documentation to support patient flow
  ➢ Providing more training to therapists and specialist nurses so their skills are better used.

These mitigations will improve performance against the four hour standard. However, without additional physical capacity the Trust will continue to struggle to meet 95%. Therefore the Trust will continue to press NWL Commissioners to release capital to expand the department in advance of the final approval of the full business case.

1.2 Elective services

Currently, there is sufficient capacity in the Trust’s elective services to meet demand. However, this is being compromised by increasing bed pressures and higher than expected GP referrals. These referrals are increasing by 7–10%; and if this continues there will insufficient capacity to meet demand by early 2017. To mitigate, the Trust is examining the scope to increase elective use at Mount Vernon and by employing additional consultant staff.

A number of specialties are coming under pressure from the increase in demand. These include orthopaedics, pain management, urology and endoscopy. Over the coming year the Trust will be working with the CCG and other healthcare partners to either divert activity, improve patient flows and / or extend operating capacity. Specific actions included:

• Validating Pain List patients waiting over 18 weeks to see if treatment is still necessary

• Reviewing all non-admitted pathways to find what support from clinical support service (physio, imaging etc.) and the medicine team (endoscopy) will deliver improvements in non-admitted pathways

• Investigating what capacity within community schemes (ophthalmology) may be able to offer additional assistance at nil financial cost

• Improve utilisation of theatre sessions, including existing theatre list and consultant time

• Providing additional sessions, as required, to ensure that RTT targets are met.
1.3 Cancer services

The Trust continues to perform well against cancer targets, and plans to implement the following activities to maintain performance in 2017-19. However there is a significant risk to performance following the introduction of the new 62 day pathways rules. Under the breach reallocation, patients must be transferred from secondary to tertiary providers by day 38. The following mitigations will be developed:

- Working with Transforming Cancer Services Teams to improve diagnostic pathways through demand and capacity planning, and ensuring adequate workforce planning.
- Working to move the urgent suspected cancer referrals into the first 7 days to ensure that outcomes are improved by a timely response.
- Strengthening the survivorship work through the Macmillan information centre.

Access to diagnostic services is one of the most significant concerns to maintain 62-day performance. Endoscopy, MRI and CT are currently operating at full capacity. Business cases will be brought to the board for a second CT and to outsource additional MRI activity. Patients requiring treatment in multiple hospitals pose a particular challenge. This is because the complex nature of their illness is such that these cases very rarely meet the 62-day standard. The new rules mean this Trust will carry more of these breaches.

2 Quality Planning

2.1 Approach to Quality Governance

The executive lead for quality improvement is Dr. Abbas Khakoo, Medical Director, the executive lead for patient experience is Professor Theresa Murphy, the executive Director of the Patient Experience and Nursing (DPEN). Our approach is set out in the Trust’s Quality and Safety Improvement Strategy 2016-21 (QSI strategy).

The overarching strategic aim is to be “good” as defined by the CQC; meet specified key performance indicators; ensure RAG-rated outcomes are “green”; and secure positive feedback from staff and patients on our safety culture. Our quality improvement governance ensures that the strategy is joined up with clear lines of sight from Board to Ward. Consistent, clear monitoring and accountability is required of all relevant Committees.

The DPEN is the executive lead for integrated governance; accountable for delivering a robust clinical governance system throughout the Trust. In this, the DPEN is supported by the Medical Director who in turn appoints the Clinical Director of Quality and Safety.

Quality and safety performance is reported to Board, monthly, against key indicators. Any concerns are highlighted by the DPEN and medical director. Indicators reflect the principles of the Care Quality Commission’s Intelligent Monitoring System and Insight Model:

1. Developing a safety culture in which safety is everyone’s business (well led domain).
2. Safer staffing (well led domain)
3. Working towards No Preventable Deaths (safety domain)
4. Proactively improving systems to reduce harm (safety domain)
5. Improving patient experience as defined by our patients (caring domain)
6. Achieving the best possible outcomes for patients (effective domain)
7. Ensuring people receive care in the right place (responsive domain).
The Quality and Safety Committee (QSC) is a sub-committee of the Board. It provides assurance that quality and safety is being delivered to the highest standards and that there are appropriate processes in place to identify gaps and manage them accordingly.

Clinical quality data is reviewed at divisional governance boards each month. This comprises information on patient safety, patient experience and clinical effectiveness. Exception reports are referred to the Patient Safety Committee (PSC) and the Regulation and Compliance Committee (which is new). Quality concerns are escalated via these committees to the QSC.

Relevant indicators are embedded in a balanced scorecard produced by each clinical division. These assess progress against strategy and highlight areas of risk or non-compliance. Scorecards are reviewed monthly to catalyse action on immediate priorities.

Cost Improvement Programmes (CIPs) and Quality Innovation, Productivity and Prevention programmes (QIPPs) are developed by the divisions and executive leads. These are reported, annually, by a clinical assurance panel which is chaired by the medical director.

In 2016, the Trust agreed a new governance reporting structure to deliver the new Quality and Safety Improvement strategy (2016-21). It includes two key committees: the Patient Safety Committee which oversees clinical risk, patient safety incidents, key patient safety indicators and clinical effectiveness data; and a new Regulation and Compliance Committee that ensures an effective and robust approach to regulatory compliance and quality governance monitoring. It receives a bi-monthly report from each division on local regulatory compliance and assurance. Both report to the Quality and Safety Committee.

Our new QSI strategy provides a robust structure for high quality clinical governance to ensure ongoing improvement in the quality and safety of patient care. It clarifies the primary focus of our improvement efforts; and recognises the importance of developing a safety culture which is everybody’s business.

The corporate risk register is reviewed by the Trust Management Executive on a monthly basis reporting quarterly to the Audit and Risk Committee (ARC) and to the Board. Regular updates to the Trust risk register highlight threats to operational and strategic aims. The Board Assurance Framework (BAF) reports key compliance risks for finance and performance and is reviewed quarterly by the ARC and twice a year by the Board.

Governance arrangements are continually strengthened to comply with the Health and Social Care Act. A programme of internal peer review and mock inspections ensures that there is evidence of improvement against refreshed CQC action plans; most notably against outstanding compliance notices. In 2016, the Trust appointed a new team of internal auditors (KPMG) to ensure that our governance processes are strengthened by a fresh perspective.

2.2 Summary of quality improvement plan

The Trust has a comprehensive and robust quality improvement plan. Plans in relation to a number of different areas are set out below:

National clinical audits
The Trust ensures learning from national and local clinical audit findings with delivery of robust action plans.

The four priority standards for seven-day hospital services
The Trust is part of the Northwest London early adopter sites for 7 day service standards. As such, the Trust is developing a detailed plan, by April 2017, which will be implemented by
April 2018, to comply with the 4 priority standards. The Trust is working collaboratively with other providers in Northwest London to ensure standardised best practice (developed partly through pilots in which the Trust is involved), which will lead to optimal solutions to meeting the standards and for more efficient patient transfers between Trusts.

**Safe staffing**
The Trust aims to ensure that all clinical areas have a stable workforce, with correct skill mix, clear leadership, and with the correct competencies which are kept up to date. In order to achieve this objective the Trust will continue to:

- Reduce vacancies and use of temporary staffing
- Further develop staff recognition and staff engagement strategies
- Deliver improved staff retention strategy
- Improve all staff survey metrics to national average
- Develop an engagement and transformation development programme
- Implement multi-professional clinical handover in all areas
- Promote development of clinical nurse specialists & Physicians Associates
- Ensure STaM training compliance.

**Care hours per patient day**
The Trust is engaged with collecting information on care hours per day in line with national requirements, for both nurses and health care assistants. Cumulative data, for the Trust as a whole is reported on a monthly basis and data is collected ward-by-ward. Trust figures remain stable throughout the time (since May 2016) that this data has been collected nationally and the Trust, through the model hospital, will engage with nationally benchmarking data as this becomes available.

**Mental health standards (Early Intervention in Psychosis and Improving Access to Psychological Therapies)**
The primary mental health provider in Hillingdon is Central and Northwest London NHS Foundation Trust (CNWL). In order to provide early intervention for patients requiring mental health treatment, CNWL site liaison is available 24/17. Where patients require solely mental health support, this is provided by CNWL. Where patients require support with physical health, this is provided by this Trust, with 1:1 nursing support as appropriate.

**Actions from the Better Births review**
The Trust will implement recommendations from the better births review by working, in partnership, with the London Maternity Strategic Clinical Network (SCN) and Hillingdon CCG. Through this collaboration the Trust will work to implement key recommendations and the use of the maternity best practice tool kit.

**Improving the quality of mortality review and Serious Incident investigation**
The Trust will continue to ensure positive improvement in mortality rates and outcomes through the mortality review process. Our approach involves improved learning, better data, and a more robust investigative process. We seek to sustain reduced variability between weekday and weekend Hospital Standardised Mortality Ratio (HSMR) and will implement the NHSE mortality governance framework.

We have a surveillance group to review all potentially avoidable deaths; and use a simulation laboratory for scenario-based learning from serious incidents and critical events. Serious incident action plans are shared and monitored at divisional governance boards with oversight by the patient safety committee. Learning is shared via audit days, governance forums and team meetings. Changes in practice are monitored through the annual clinical audit programme.
Anti-microbial resistance
The Antimicrobial Stewardship Group (ASG) monitors resistance. Through this group, action plans and audit findings are regularly monitored, along with key metrics in relation to anti-microbial resistance. The action plan to the Start Smart Then Focus gap analysis is reviewed at ASG meetings and constitutes an agenda item at the Infection Control Committee.

Infection prevention and control
Infection prevention and control is monitored through the Regulation and Compliance Committee (RCC). It ensures that there are effective and robust systems and processes in place for ensuring quality governance and regulatory compliance. It receives a bi-monthly report from each operational division on local compliance and assurance.

Falls
As part of the Trust’s “Sign up to Safety” pledges, an improved prevention and management action plan seeks to further reduce the number of inpatient falls. This builds on previous work that has reduced the number inpatient falls, substantially.

Sepsis
As part of the Trust ICT Strategy, technology supports clinicians with timely provision of data on operational performance and patient outcomes, such as sepsis, pneumonia and others. In 2017, we will provide additional training of clinical staff to ensure new guidelines, which aim to reduce sepsis, are embedded in our clinical practice. This activity is one component of our Quality and Safety Action Plan for 2017, and is resourced by a CQUIN award.

Pressure ulcers
The Trust will reduce the number of hospital acquired pressure ulcers through improved education and appropriate utilisation of specialist equipment.

End of life care
The Trust has an emergent end of life care strategy, which informs quality plans in this area over the next 2 years. This requires further work and a business case will be presented to the Trust board to allocate resource to develop a comprehensive strategy. This strategy will inform the next phase of work and development to improve End of Life services.

Patient experience
The Trust is committed to improving patient experience and responding to patient feedback. A PLACE improvement programme is used to improve the clinical environment and has led to year on year improvement in most areas. Patient stories are heard at board on a monthly basis. Patients are invited to complete the Friends and Family Test across all clinical areas; and, action plans will be developed for each ward responding to this feedback, with larger reaching themes reported to Quality and Safety committee on a quarterly basis.

In 2017, we will appoint patient safety ‘fellows’ to champion improvements within clinical areas and divisions. They constitute part of our local quality and safety improvement hub, to catalyse a social movement for change. A non-executive director at the Trust has established the Lay Strategic Forum, looking to embed service user views into Trust service developments. At divisional level, results from the national inpatient survey and complaints provide focus on areas for improvement.

National CQUINS
The Trust has a robust and well mapped process for the managing national and local CQUINS, clarifying responsibilities with agreed action plans and milestones. Throughout the planning period, the Trust will continue to work with the CCG to develop a CQUIN programme that will focus on enhancing the quality of care provided to our patients.
Alignment with the local Sustainability and Transformation Plan
Our quality improvement plans are consistent with ‘Delivery Area 5’ of the Northwest London STP, “Ensuring we have safe, high quality, sustainable acute services”.

2.3 Quality Impact Assessment Process
Cost Improvement Programmes (CIPs) and Quality Improvement Programmes (QIPP) continue to be identified and developed by the Divisions, Clinicians and Executive Leads in partnership with the Programme Management Office (PMO). All programmes will be underpinned by a Trust wide improvement approach which will be based on best practice and benchmarking. They will be aligned to North West London programmes and the outcomes of the Lord Carter analyses. The programmes focus on improving safety and quality whilst delivering greater process efficiencies and financial improvement outcomes.

Plans will be reviewed and signed off by the Divisional Director, Divisional Assistant Director, Assistant Director of Nursing and Divisional Finance Manager and if applicable the HR Business Partner. Importantly the Trust will not implement any scheme without appropriate evaluation by the Clinical Assurance Panel (CAP).

The CAP will continue to meet regularly throughout the year, at least once a month and will be chaired by the Medical Director. It comprises the Director of Transformation, a clinical governance representative, 3 additional clinical representatives and a nursing representative.

2.4 Triangulation of Indicators

2.4.1 Our Approach to Triangulation
Triangulation of quality, workforce and financial indicators is central to the annual planning process. Performance monitoring occurs throughout the year at board and divisional level.

Monthly, the board receives an integrated quality and performance report, setting out detailed metrics demonstrating quality performance and workforce data. This is reported alongside the monthly finance report, to give a full overview of monthly performance.

Quarterly, a board report highlights performance against the outlined year’s strategic objective, which provides a narrative on the priority information in each of these areas.

Performance against these KPIs of clinical divisions is reviewed by executives and the senior management team, throughout the year. For clinical divisions, this happens quarterly. For supporting departments reviews are held bi-annually.

To strengthen performance management, the Trust also implemented monthly quality and finance reviews in FY 2016/17. Facilitated by the programme management office (PMO), these more regular review meetings provide more robust assurance.

In addition, the Trust has monthly Performance and Commissioning Executive meetings. These involve executives and senior management from both the Trust and our commissioners. The agenda includes a review of financial and operational performance.

Finally, the Trust has a monthly performance review meeting with NHS Improvement. This involves the CEO together with other executive directors.

2.4.2 The Key Indicators Used in this Process
Indicators in monthly integrated quality and performance report reflect the core principles of the five Domains set out in the Care Quality Commission’s Intelligent Monitoring System (i.e.
Caring, Well-led, Effective, Safe and Responsive). Indicators are also reflected in a balanced scorecard produced by each clinical division. The principal, cross-cutting indicators include:

- Workforce: use of agency staff, vacancy rate, STAM compliance, sickness rate, turnover rate, and staff expenditure
- Care quality: The quality indicators for the Trust vary from division to division and are reported as part of a balanced scorecard
- Financial: Income and expenditure compared to plan and control total; as well as the Trust’s overall financial sustainability risk rating, which includes liquidity, debt service. The board also receives more detailed financial appendices.

2.4.3 How the Board Intends to Use this Information

The Board and its committees keep under review the information they receive so that it remains relevant and appropriate. Benchmarking and sources of external assurance are also used. The Board uses the range of indicators to highlight areas of emerging risk or non-compliance across the five CQC domains.

Performance data is also triangulated against patient experience. At each board meeting, direct feedback is provided by a patient on their experience of using our services. In this way, triangulation indicators are used to improve care quality and enhance productivity.

3 Approach to Workforce Planning

Our approach to strategic workforce planning, covering time periods of up to five years, is integrated with the organisation’s strategic planning processes and is focused on the size and quality of the workforce. Our overall approach to workforce planning methodology incorporates the key stages of:

- Identifying key staff groups
- Modelling future workforce demand
- Modelling future workforce supply
- Putting actions in place to implement the required new workforce plan.

On an annual basis, workforce plans are developed at a divisional level, led by the divisional director with input from the assistant director of operations and assistant director of nursing, supported by the HR lead for each division. This process ensures input from relevant clinical, operational and corporate teams, making plans reflective of the clinical environment and issues affecting the Trust as a whole. Workforce plans form part of divisional business plans and are reviewed as part of the quarterly divisional review process.

We are also developing the Trust’s People Strategy, which will cover the period to 2021/22. This work is being developed across the organisation with all our key stakeholders including Executive and Non-Executive Board members, frontline staff, senior clinical leaders, patients and lay members, staff representatives, and Governors. The strategy will include the workforce vision for five years’ time and will be rooted in the national and North West London context to ensure that we are responding appropriately to key developments including the Accountable Care Partnership (ACP).

The Trust’s Workforce Transformation Steering Board (WTSB) oversees our work to improve workforce efficiency and implement the recommendations from the Carter Review. This is delivered through four work-streams to combine recruitment and productivity:

- Recruitment & Temporary Staffing Working Group (particularly nursing focussed)
- Retention & Engagement Working Group (all staff groups)
- People Management & Productivity Working Group (all staff groups)
- Future Workforce Models Working Group (all staff groups)

Within the Recruitment and Temporary Staffing Working Group, a key area of focus is reducing agency spend. Furthermore, there is Executive Director scrutiny of agency spend at the monthly Divisional Performance Reviews. Also, the monthly Trust Management Executive (TME), which brings together our Executive Directors and most senior clinical and operational leaders across the organisation also reviews agency spend.

These and other initiatives will ensure better control of agency expenditure. Some of these initiatives will deliver an overall reduction in agency expenditure, whilst others will help to manage the underlying trend for increased agency expenditure generated by shortages within the labour market.

We are working with partners across our Sustainability and Transformation Plan (STP) footprint to review workforce efficiency, including collective actions to address current levels of bank and agency use. We are part of benchmarking work currently underway to review potential future options for efficiency through greater streamlining and review of back office functions. We will be aligning our work to a new NWL governance structure that has been agreed to support workforce transformation in line with the STP. This structure includes:

- Workforce Transformation Advisory Council (WTAC) - a vision-setting group and vehicle to develop and test the strategy and programme with senior stakeholders in forum.
- Workforce Transformation Delivery Board (WTDB) - developing workforce strategy and delivery plan for NW London, with responsibility for steering investment and resources.

We are also part of the development of the ACP in Hillingdon, as part of Hillingdon Health and Care Partners. The objectives and scope of the ACP workforce work-stream are:

- To oversee the plan to meet ACP workforce requirements.
- To identify the organisational development requirements for the ACP development and lead the design of an integrated development programme that will address these.
- Ensure the workforce is fit for purpose and sufficient and capable of providing high quality care at the point of need.
- Ensure the workforce embraces culture and values of devolved health and social care.

Development of new care models and redesigned pathways through the ACP will allow for more efficient use of specific staff groups, including nursing and allied health professionals. We will support staff in these groups to work differently, across the Hillingdon health system rather than specifically the Hillingdon hospital site. We will also train and support staff whose roles remain on the site, like those who care for patients with average higher acuity needs.

The medical workforce will be supported and developed to ensure more collaborative and networked care models. These models will be consistent with the Trust’s own clinical strategy and will also work to providing the highest quality care possible, within available resources.

As part of our workforce planning approach we also work closely with Health Education England North West London (HEENWL). Our annual workforce plan is shared with HEENWL and we are currently working to develop our leadership and service improvement capability across the system and in line with the Five Year Forward View, supported by HEENWL funding.
Our approach to workforce planning also takes account of the national context so that we are responding to key developments. Current key developments include putting plans in place to respond to the Apprenticeship Levy from April 2017 and developing an effective response to changes nursing and allied health professional bursaries.

The Trust is part of Northwest London early adopter status for core 7 day service standards. In order to ensure that 7 day service standards can be delivered affordably, the Trust is engaged with national audits into 7 day standards and Northwest London pilots, such as one on the Trust’s Grange ward, looking at the cost benefit analysis of a model of meeting standards 2 and 8, first consultant review and ongoing review.

The Trust also has a strong commitment to support the NHS R&D agenda and to develop this as part of our workforce development. We are supported by the London North West Comprehensive Research Network which is part of the National Institute for Health Research (NIHR) which is funded by the Department of Health. We are exploring ways in which our research offering can be used in recruitment and retention working in partnership with others, including Brunel University London.

Our approach also takes account of appropriate workforce risk management and mitigation. Key risks this year include full utilisation of the Apprenticeship Levy, which we are mitigating through a Trust implementation plan as well as wider strategy development; ensuring safe staffing levels, which we are mitigating through our Recruitment and Retention Strategy Year One action plan; and decreases in education and training funding, which we are working with partners across the STP to address through collaborative initiatives.

4 Approach to Financial Planning

4.1 Financial Forecasts and Modelling

Health partners in NW London are committed to ensuring clinical and financial sustainability of health and care services in NW London and support the Sustainability and Transformation Plan that has been developed for the NW London footprint. The ambition is for all NW London organisations to sign up to a shared responsibility to achieve the sector control total and to deliver the STP, with the appropriate supporting contractual mechanisms to make this happen. Through contracting discussions we will seek to bridge the gap between control total and the current sector financial position for acute, mental health and community providers. We intend to develop contractual incentives through a sector wide approach that will be more effective in delivering the agreed transformation and clinical outcomes than a traditional PbR contract.

From our sector work so far it is clear that all organisations have a gap between their current financial position and their notified control total, including our organisation, and the scale of that gap means that we do not currently have robust plans for how that gap can be addressed. In line with our sector colleagues, we are not therefore able to accept our notified control total at this point because we cannot give assurance that it can be delivered. We will seek to bridge this gap as far as possible through our STP transformation plans and will respond further as a sector when we have a clearer idea of our plans.
During 2016/17, the Trust experienced deterioration in its financial position largely driven by activity levels in excess of plan. The Trust is working with NHS Improvement to review and implement a series of recovery measures to address the deterioration. As required by the guidance, the starting point for the 2017/18 plan is based on the month 6 forecast outturn which reflected achievement of the Trust’s Control Total. However, the current expectation discussed with NHSI is that the Trust achieves a breakeven position in 2016/17, this being £4.8m adverse to Control Total. A £4.8m adverse movement is included in the numbers below to reflect this position.

The table below reconciles this 2016/17 expected outturn financial position of the Trust to the 2017/18 plan. The forecast is based on robust local modelling and is informed by planning assumptions that are aligned to both national expectations and local circumstance. However, the plan is not in line with the STP submission due to the variance from the STP that has emerged in 2016/17. The Trust is in discussions with Hillingdon CCG and partners across the STP footprint to address this difference.

| Prior year forecast outturn: surplus/(deficit) | 4.8 | (15.3) |
| Exclude STF | (4.6) |
| 16/17 Q4 forecast deterioration | (4.8) |
| **Expected outturn, excluding STF** | (4.6) | (15.3) |
| **Less non-recurrent gains 2016/17** | | |
| Gain on Investment Properties | (4.4) |
| CCG Transitional Support | (2.0) |
| Capital Received as Revenue | (1.3) |
| Technical Depreciation Gain | (0.5) |
| VAT arrears recovery | (0.3) |
| Reduction SaHF Funding Contribution | (0.8) |
| Rent arrears | (0.2) |
| Re-investment of Readmissions Metric | (0.5) |
| Other non-Recurrence Income | (0.6) |
| **Cost pressures** | (4.8) | (4.8) |
| Cost increases above inflation and tariff gain | (2.8) | (3.7) |
| Contribution activity changes | (0.5) | (0.6) |
| Loss of CQUIN | (0.7) | 0.0 |
| Net impact of inflation | (0.4) | (0.3) |
| Loan interest | (0.4) | (0.2) |
| **Sub-total** | (24.3) | (24.3) |
| Planned QIPP | 9.0 | 9.0 |
| **Total deficit** | (15.3) | (15.3) |
| Control Total (pre STF) | 1.6 | 2.6 |
| **Distance from target** | (16.9) | (17.9) |
Given the scale of the deficit in 2017/18, the Trust is unable to meet the Control Total issued by NHS Improvement (£1.6m surplus, prior to application of Sustainability and Transformation Funding). The financial plan already assumes a stretching Quality, Innovation, Productivity and Prevention (QIPP) target of £9.0m (see section 5.2). This represents 3.8% of turnover and is an increase on the average delivery over the last 4 years of 3.5%. To achieve the Control Total, the Trust would need to deliver a QIPP in excess of 10%. Nevertheless, the Trust has commenced development of a financial recovery plan to demonstrate what further financial improvements can be made and over what time horizon.

Until a financial recovery plan gets the Trust back in to a run rate surplus, the Trust will need to seek cash support for its revenue deficit. The 2016/17 revenue position will require use of the Trust’s working capital facility in Q4. It is anticipated that the Trust will require Interim Support during 2017/18 and is in discussions with NHSI concerning this.

It should be noted that the above plan is based on a contract value that has been agreed with Hillingdon CCG. The contract provides for risk mitigation should activity exceed plan. Activity upto 16/17 recurrent outturn levels will be reimbursed at 100% of tariff, with activity above this level being reimbursed at 70% of tariff. This risk share removes any incentive for the Trust to grow activity as a means of addressing its underlying financial problem, whilst protecting the Trust from any delays in the CCG delivering on its commissioner QIPP plans.

4.1.2 Planning Assumptions

The Trust has modelled its figures using national planning assumptions where applicable. The key assumptions are as follows:

- starting point for activity and income is based on 16/17 forecast outturn;
- national tariff prices and rules apply;
- as the Trust has not accepted its Control Total it will be subject to full contract fines and penalties and will lose 0.5% of CQUIN as this will be held by commissioners within the financial risk reserve;
- tariff inflation is sufficient to meet the Clinical Negligence Scheme for Trusts (CNST) premium uplift;
- the impact of the Apprenticeship Levy will be met from the tariff uplift;
- pay and non-pay inflation will be in line with the tariff uplift;
- one off investment will be required to deliver the ‘North West London Pathology’ implementation;
- additional costs will be incurred on Care Quality Commission (CQC) registration;
- there will be no additional cost/loss of income associated with establishing the ACP,
- there is no transitional support funding from commissioners.
4.1.3 Single Oversight Framework finance metrics

Given the financial challenges outlined above, it is anticipated that the Trust will achieve a ‘3’ under the Single Oversight Framework as outlined below.

<table>
<thead>
<tr>
<th></th>
<th>31/03/2018 Year Ending Rating</th>
<th>31/03/2019 Year Ending Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Service Cover rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Liquidity rating</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I&amp;E Margin rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Variance From Control Total rating</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Agency rating</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Plan Risk Rating after overrides</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

It should be noted that the liquidity rating is based on receipt of cash support.

4.2 Efficiency Savings for 2017/18 to 2018/19

The Trust has completed a QIPP Efficiency opportunity review for 2017/18, and an outline proposal for the three years to 2021. The total value of this QIPP plan is £35m:

<table>
<thead>
<tr>
<th>Years</th>
<th>2017/18 (£m)</th>
<th>2018/19 (£m)</th>
<th>2019/20 (£m)</th>
<th>2020/21 (£m)</th>
<th>Total (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised Total</td>
<td>9.0</td>
<td>9.0</td>
<td>9.0</td>
<td>8.0</td>
<td>35.0</td>
</tr>
</tbody>
</table>

The delivery plans are informed by coordinated work across North West London and reflect the Trust’s activity plans for FY 17/18. In addition, they incorporate the 2016/17 year to date spend, NHSI regulation, Lord Carter opportunity identification and further benchmarking information. Delivery plans are being developed in partnership with all divisions and will be underpinned by a Trust wide improvement approach.

Based on identified opportunities, the total contribution of schemes proposed to date is shown at figure 2, and the distribution of these schemes by theme at figure 3.

**Figure 2.**

<table>
<thead>
<tr>
<th>Scheme type</th>
<th>% contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Pay Reduction</td>
<td>24.6</td>
</tr>
<tr>
<td>Nursing Pay Reduction</td>
<td>33.9</td>
</tr>
<tr>
<td>Other Pay Reduction</td>
<td>14.4</td>
</tr>
<tr>
<td>Non-pay</td>
<td>27.1</td>
</tr>
</tbody>
</table>
Pay schemes will include controls on use of bank and agency, including a reduction in nursing agency expenditure as a percentage of total spend. The plans also take into account the calculated effect of the agency cap on pay spend across all groups. Pay savings are predicated on cost savings associated with reducing the Trust total bed base.

Non-pay schemes will include procurement schemes, in particular relation to theatre equipment, and business practice efficiencies. The identified income schemes will be related to known sources of income which are planned for realisation in 2017/18, and take into account the effect of the block contract with Hillingdon CCG.

The Trust has established a number of Transformational change programmes, both internally focussed and working with local partners. The Trust is actively participating in a number of sector wide transformation programmes which will also contribute savings to the overall requirements. In addition, further cost improvement schemes are in the process of development to enable greater saving opportunities to be realised.

The Trust has rigorously implemented the findings of the CQC Root Cause Analysis to provide greater assurance on the delivery of the QIPP programme.

### 4.2.1 Lord Carter’s Provider Operational Productivity Work Programme

Lord Carter’s review “Operational productivity and performance in English NHS acute hospitals: unwarranted variation” set out productivity and efficiency opportunities totalling £5 billion in workforce, hospital pharmacy and medicines, pathology and imaging, procurement, estates and facilities, corporate and administration and through optimising the patient pathway. The review made 15 major recommendations, delivered by 83 sub-recommendations. The Trust has assigned the overall executive leadership of the implementation of the Lord Carter recommendations to the Chief Operating Officer, and each recommendation has an assigned executive and operational lead. The PMO will monitor and drive the implementation of these recommendations and provide a quarterly progress report to TME.

As additional areas of the Model Hospital Portal become available, the benchmarking metrics will be used to establish the potential savings opportunities. The principles of unwarranted variation will also be used to inform potential QIPP opportunities.

In line with the Lord Carter recommendations, the Trust will continue to produce transformation plans and will participate in benchmarking programmes in all key service delivery areas. As work progresses the Trust will engage with other healthcare partners to explore potential savings by merging back-office functions.

### 4.2.2 Agency Rules

The Trust continues to reduce total spend on agency and to make use of NHS price capping rules. A greater number of Trust staff are becoming registered with the staff bank, ensuring that the amount spent on agency staff has been reduced, year to date.
Trust initiatives to improve recruitment and retention, improve utilisation of existing workforce and reduce spend on temporary staffing are fundamental to workforce plans, described in section 4, and in efficiency savings described under heading 4.2.

4.2.3 Procurement

The Trust is making use of the Purchasing Price Index Benchmarking tool. Two members of the procurement team are trained onto the system and are the procurement team are using the tool to identify opportunities to get the best possible price for commonly procured items.

The Trust is engaged with the work of NHS Improvement, NHS Business Services Authority and the Department of Health Commercial Team in the implementation of nationally mandated products. This includes implementing the products where possible, whilst also mitigating any short term supply issues which occur, as the demand for certain approved supplier increases, due to changes in procurement across the NHS.

In order to achieve NHS Standards of Procurement, the Trust has developed a Procurement Transformation Plan (PTP). This PTP supports the strategy emerging from Lord Carter’s review, looking to reduce unwarranted variation in procurement across the health service. Work to achieve procurement efficiencies identified in the Lord Carter review is done by the Northwest London cluster. In particular, the Hillingdon procurement team include a clinical advisor who provides clinical guidance to this cluster on procurement issues.

To continue to develop the skills of the procurement team, from October, the Hillingdon team have been involved in the skills development network. In October 2016, the group convened their inaugural meeting.
4.3 **Capital Planning**

The Capital plan has been set for the following two years with the following indicative allocations:

<table>
<thead>
<tr>
<th></th>
<th>2017/18 £'m</th>
<th>2018/19 £'m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Equipment</td>
<td>1.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Information Technology</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Estates</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Developments</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Contingency</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7.9</strong></td>
<td><strong>8.1</strong></td>
</tr>
</tbody>
</table>

4.3.1 **Consistency with clinical strategy**

Capital investment decisions are informed by requirements of the CQC, the needs of clinicians, and the wider transformational redesign of care services across NW London, which includes Hillingdon CCG’s Out of Hospital Strategy. The Trust’s clinical strategy, which is being developed, will inform the estate master planning of both hospital sites and long term capital investment requirements.

4.3.2 **Allocation and decision-making**

For FY17-19 the minimum projected total capital budget for the Trust is £7.9m. This is £0.4m less than depreciation due to the requirement to repay a capital loan at a rate of £0.4m per annum. This level of resource is insufficient to meet all the Trust’s needs for 2017/19. The Trust operates from an aged estate, which has significant investment requirements.

To ensure that a balance is struck between clinical strategic fit, risk management and productivity considerations the capital plan is developed by the capital planning group and reviewed by the TME and the Board’s Capital Investment Committee, before the final capital plan is approved by the board.

Allocation decisions involve a divisional director (senior medical consultant) and the medical director in addition to executive scrutiny and Board governance.

4.3.3 **Business Cases for NHSI, DH or HM Treasury Approval**

As a partner in Shaping a Healthier Future, we are party to any business case which may be submitted by that programme to reconfigure acute care services across North West London. This includes an outline business case totalling £70 million for infrastructure improvements to A&E, theatres and maternity services.

To implement the Local Digital Roadmap for North West London, we have submitted business cases for an e-prescribing solution and an electronic document management system. Funding applications for these projects are being progressed through the North West London Technology Board. In all cases we will adhere to due processes when submitting business cases to NHSI, DH, or HM Treasury.

4.3.4 **Highest priority schemes**

Prioritisation principles with reference to the Trust’s risk register have been applied consistently throughout the 2017/19 planning process to address the following key investment themes:

- Existing contractual commitments from schemes in-progress;
• Critical statutory compliant estate infrastructure;
• Regulatory compliance requirements including CQC warning notices;
• Extreme risk estate backlog maintenance;
• A&E redevelopment to increase physical capacity;
• Essential medical equipment replacement; and,
• Achieving the next phase of the Trust’s Informatics Strategy on programmes that support the Trust’s QIPP and transformation agenda.

Initial detailed priorities have been developed are will be considered in the capital planning process.

4.3.5 Making better use of the NHS estate

The Carter Review highlighted backlog maintenance as a risk. Maintenance has been prioritised in a way that allows for the best use of resources and extends the lifecycle of Trust assets for services which cannot be easily be moved into the community and where the highest clinical benefit is received.

To inform efficient use of the estate at a sub-regional level, the Trust sits on the Hillingdon Estates Strategy Group, and informs the development of the Hillingdon Estates Strategy Plan. This work is consistent with STP’s efficiency savings and disposals.

The Trust’s ongoing master-planning exercise has identified potential areas of land for disposal at both of our sites.

For the Hillingdon site, a concept which is being developed is to build a new hospital at Brunel University, London (BUL) as the cornerstone investment to develop a university campus for integrated healthcare. This could be financed, in part, by land disposal receipts from our current site at Hillingdon hospital. Additionally, and also including CNWL NHSFT, work is also progressing to develop an academic centre for healthcare sciences within existing BUL academic facilities.

For the Mount Vernon site there is surplus land to be disposed, in addition to the options under consideration for the development of a “hub” for outpatient services. This new facility could offer both primary and secondary care services together with diagnostic tests. Because Mount Vernon is located in the green belt the land has limited commercial value. Whilst the hospital redevelopment programme is at a relatively early conceptual stage, it is clear that long term strategic investment will be required to facilitate the more effective use of the Trust’s estate and realise the surplus land opportunities and value.
5 Link to the local Sustainability and Transformation Plan’ (STP)

This Operational Plan is built out from the North West London Sustainability and Transformation Plan 2017-2021 (Footprint 44). It represents our detailed plans for the first two years of the STP.

To ensure that the vision for the North West London STP is taken forward through this and subsequent Operational Plans, we are aligning our strategic ‘Areas of Focus’ to the 5 ‘Delivery Areas’ of the STP. These are summarised below:

<table>
<thead>
<tr>
<th>Delivery Area</th>
<th>STP NWL Plans for each Delivery Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Radically upgrading prevention and wellbeing</td>
<td>• Enabling and supporting healthier living</td>
</tr>
<tr>
<td></td>
<td>• Wider determinants of health interventions</td>
</tr>
<tr>
<td></td>
<td>• Helping children to get the best start in life</td>
</tr>
<tr>
<td></td>
<td>• Address social isolation</td>
</tr>
<tr>
<td>2. Eliminating unwarranted variation and improving long term condition management</td>
<td>• Improve cancer screening to increase early diagnosis and faster treatment</td>
</tr>
<tr>
<td></td>
<td>• Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions</td>
</tr>
<tr>
<td></td>
<td>• Reducing variation by focusing on Right Care priority areas</td>
</tr>
<tr>
<td></td>
<td>• Improve self-management and ‘patient activation’</td>
</tr>
<tr>
<td>3. Achieving better outcomes and experiences for older people</td>
<td>• Improve market management and take a whole systems approach to commissioning</td>
</tr>
<tr>
<td></td>
<td>• Implement accountable care partnerships</td>
</tr>
<tr>
<td></td>
<td>• Implement new models of local services integrated care to consistent outcomes and standards</td>
</tr>
<tr>
<td></td>
<td>• Upgraded rapid response and intermediate care services</td>
</tr>
<tr>
<td></td>
<td>• Create a single discharge approach and process across NW London</td>
</tr>
<tr>
<td></td>
<td>• Improve care in the last phase of life</td>
</tr>
<tr>
<td>4. Improving outcomes for children &amp; adults with mental health needs</td>
<td>• Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy</td>
</tr>
<tr>
<td></td>
<td>• Addressing wider determinants of health</td>
</tr>
<tr>
<td></td>
<td>• Crisis support services, including delivering the ‘Crisis Care Concordat’</td>
</tr>
<tr>
<td></td>
<td>• Implementing ‘Future in Mind’ to improve children’s mental health and wellbeing</td>
</tr>
<tr>
<td>5. Ensuring we have safe, high quality sustainable acute services</td>
<td>• Specialised commissioning to improve pathways from primary care &amp; support consolidation of specialised services</td>
</tr>
<tr>
<td></td>
<td>• Deliver the 7 day services standards</td>
</tr>
<tr>
<td></td>
<td>• Reconfiguring acute services</td>
</tr>
<tr>
<td></td>
<td>• NW London Productivity Programme</td>
</tr>
</tbody>
</table>

The STP executive has appointed Senior Responsible Officers to realise the planning objectives in each delivery area. Hillingdon CCG is in the process of allocating similar responsibilities at the local level, some of which are held by members of our executive team.

The transformational agenda is indicated in the STP, and progress is already being made to realise it. Four of the most significant items are detailed below:

1. We are reconfiguring our services as part of SaHF to improve acute care across North West London. Our maternity and paediatric services have grown substantially as service provision is transferred to us from Ealing hospital.

2. The Trust has signed a joint venture with Imperial College Healthcare Trust and Chelsea and Westminster Foundation Trust to improve the efficiency and quality of pathology services across North West London. Our ICT department has been fully involved in developing the Local Digital Roadmap for North West London; and propose two transformational projects. These have a combined budget of some £5million and include implementing an e-prescribing solution to improve the quality of care we provide (in FY17/18) and developing an Electronic Document Management system (in FY18/19) so that we can become a paperless hospital by 2021.
3. We are implementing core 7-day service standards as part of the North West London Early Adopter Programme; and are participating in national audits to evaluate the cost-benefit of this new way of working. We will be providing 7-day care by the end of 2018.

4. We have established an ACP to deliver better, integrated services which are financially sustainable. Named 'Hillingdon Health and Care Partners', the entity brings together The Hillingdon Hospitals NHS Foundation Trust, Central and North West London Foundation Trust (CNWL), Hillingdon GP Federation, and H4All - a collaboration of third sector providers. From April 2017, the ACP will operate in shadow form to test its new arrangements under an alliance agreement by providing a range of services to care for people aged 65 and over. From April 2018, having proven the model, it is expected that the ACP will assume responsibility for a full capitated budget to provide all care for over 65s in Hillingdon. A road map detailing next steps has been developed. These include ongoing negotiations over the contract value, due diligence processes and finalising the exact form that the ACP will take.

5. We are piloting a Care Connection Team in primary care and designing a frailty pathway to improve care for frail and elderly with complex and acute problems. The aim is to enable patients to avoid admission where appropriate and return home with support, or to reduce the length of time spent in hospital by providing safe, supported, discharge.

**Vision and Purpose**

The considerable transformations, detailed above, reshape the landscape in which we operate; and permit us to deliver care in new ways with new partners. To reflect this place-based approach, the Trust's vision and purpose has been refreshed to read as follows:

**Vision:** "To be an outstanding provider of healthcare through leading health and academic partnerships, transforming services to provide best care where needed"

**Purpose:** "To provide high quality, safe and compassionate care, improving the health and wellbeing of the people that we serve"
6 Membership and Elections

6.1 Planned governor elections
The Trust was granted Foundation Trust status in 2011 and recruited a full Council of Governors at that time. The current three year cycle for elected governors finishes in March 2017 and 19 governor places will be up for election. An engagement event is being held in December 2016 to: encourage more members of the public to join the Trust; support members of the Trust to stand for election; and to explain what being a governor entails. We recognise the value of having Governors who truly represent the community.

6.2 Engagement between governors, members and the public
Quarterly, the governors, members and the public are brought together at Trust People in Partnership (PIP) events. These evening meetings are hosted by one of the Governors, and include speakers from a range of services.

Council of Governor meetings are held quarterly and monthly briefing sessions are held where non-executive directors report to them by rotation on their areas of involvement in the Trust and, with executive directors bring governors up to date on matters pertaining to the Trust. Particular attention is devoted to ensure that governors are actively engaged in developing the Trust’s strategy. Where possible, Sustainability and Transformation Planning in Hillingdon has been informed by the perspective of our governors and the Trust continues to involve governors in the development of refreshed strategy which aligns with the STP. This includes hosting workshops with Governors to brief them on the process and engaging them, to inform our strategy.

The Governors play an active role in recruiting new members. Regularly, they attend meetings, which are held in the borough, to promote membership. This recruitment activity comprises an important component of the strategy detailed below.

6.3 Membership strategy
The Trust’s ‘Membership Development and Engagement Strategy (2016-19)’ has been produced and approved by Trust board; and it has been produced with the guidance and input of the Council of Governors.

The strategy explains our objectives for the membership and the approach we will use to ensure the Trust develops and engages with a representative membership. It outlines our plans for raising awareness about membership and for the recruitment, retention and involvement of members. It also defines how we will measure the success of the strategy.