Wirral University Teaching Hospital NHS
NHS Foundation Trust

Strategic Plan Document 2013-14

Wirral University Teaching Hospital NHS Foundation Trust

Submission to Monitor, the Independent Regulator of NHS Foundation Trusts

May 31 2013

treating you well

Document Contents

Forward Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

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Date	**May 31 2013**

The attached Forward Plan Strategy Document (the "Forward Plan") and appendices reflect the Trust's main business plan over the subsequent three years. Information included herein reflects the strategic and operational plans that have been agreed on by the Trust Board.

In signing below, the Trust is confirming that:

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan and appendices have 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 Forward Plan and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name *(Chair)*	**Mr Michael Carr**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	**Mr David Allison**

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	**Mr Alistair Mulvey**

Signature 

WUTH Annual Plan - 2013-14 (and 2015, 2016)

1. INTRODUCTION

This Annual Strategic Plan for Wirral University Teaching Hospital (WUTH) for 2013/14 through to 2015/16 sets out how the Trust will deliver appropriate, high quality and cost-effective services for its patients on a sustainable basis. Within this context, the plan includes the Trust's assessment of the key challenges it faces, both internal and external, its strategy to address those challenges and its implementation plans over the next three years.

2. EXECUTIVE SUMMARY

Our vision :

'We will be the first choice healthcare partner to the community we serve, supporting patients' needs from the home through to the provision of regional specialist services'

Over the next 5 years we will work together to transform our organisation, building on our considerable clinical capabilities, to place our customers, not the provider, at the heart of everything we do.

The focus on exceptional customer service will be delivered through integrated, seamless continuous pathways of care enabled by innovation and leading edge technology.

Our strategic priorities are:

- To become the top NHS Hospital Trust in the North West for patient, customer and staff satisfaction;
- To lead on the development of integrated, shared pathways of care with primary, social and community care;
- To deliver consistently high quality secondary care services enhanced through the provision of regional specialist services;
- To ensure our people are aligned with our vision;
- To maximize innovation and enabling technologies for example through our Wirral Millennium Programme;
- To build on 'Partnering for Value', forging partnerships with other providers and agencies in areas where it counts the most for our patients;
- Supported by financial, commercial and operational excellence

2012/13 was a year of transition for WUTH with some substantial changes within the Executive Team, beginning with the appointment of a new Chief Executive in April 2012. This was followed by some key Director appointments, in the latter half of the year, to strengthen the Team's skill base and to enable realignment of portfolios to better meet the needs of the organisation.

Overall, 2012/13 was a challenging period but there were also some notable achievements, in particular, the Annual Patient & Staff Surveys highlighted respective increases in patient satisfaction (up by 4%) and staff perception that delivering high quality patient care is the Trust's top priority (up by 10%). Other achievements included, for example: Becoming fully compliant with all CQC standards; attaining Level 3 GMC / Deanery Accreditation for medical teaching; achieving NHSLA Level 2 Accreditation; introduction of 7 day working supporting the delivery of continuous patient care; winning the Efficiency Award at the national HFMA Awards for our Micro-Pathology Services; achieving Trauma Unit status and beginning to deliver our "*First Impressions Programme*" to improve the accommodation and facilities from which we deliver patient services.

The Trust successfully delivered all of its performance targets for 2012/13 with the exception of the A&E target in Quarter 4, in relation to which, the National Emergency Care Intensive Support Team (ECIST)

has been providing assistance. The work undertaken with ECIST has proven to be a positive experience; there is a good working relationship and solid progress is being made.

A positive, annual CQC inspection took place and all Healthcare Associated Infection (HCAI) targets were achieved with particularly good performance in relation to Clostridium Difficile. WUTH is building upon existing good performance in this area by undertaking proactive work to identify and manage new and emergent infections.

In March 2012, Monitor advised WUTH that it was in significant breach of its Terms of Authorisation on the basis of performance concerns, principally relating to failure to consistently meet the Referral to Treat access target and issues concerning Medicines Management. The Trust accordingly implemented a rigorous programme of work, having commissioned McKinsey as an external partner. This led to the strengthening of the Trust's governance arrangements, including Board assurance systems, to complement an overall improvement in performance. Once this remedial action had been taken, the Trust was re-audited in January 2013 and Monitor de-escalated the position in February 2013.

All financial targets were met in 2012/13 and the year was concluded with a Financial Risk Rating of 3. Looking forward to 2013/14 and with regard to CIP, the Trust recognises the challenges across the sector as a whole, and as part of this process, commissioned KPMG to support its work to develop proactive and sustainable plans for the coming 3 years. The outcomes of this work have informed the relevant sections of this Annual Plan.

From a strategic planning perspective, the Trust has been very active and undertaken a comprehensive programme of work to inform development of a 5 year Integrated Business Strategy (IBS) which will take the organisation through to the end of 2017/18. This articulates WUTH's overall strategic vision, goals and objectives and goes on to describe the key underpinning strategies (Clinical Services; Quality Improvement; Workforce and OD; Business Development; IT; Estates and Finance) which will enable the successful delivery of our plans.

In completing the above programme of work, the Trust has sought external validation and chose to commission specialist expertise where it was felt that this would be useful. In this respect, during the past 12 months, WUTH has worked in partnership with McKinsey to undertake an Organisational Health Index Review and also a Phase 1 and 2 Diagnostic Assessment concerned with benchmarking the Trust against a wide spectrum of key healthcare targets alongside a detailed assessment of its governance arrangements.

In addition to the above, the Trust has maintained a clear focus on the issue of staff engagement, making significant progress in this area. WUTH elected to become an early adopter of the Listening into Action Programme and has utilised this framework to build upon the outcomes of earlier work. In addition, the Trust achieved improvements in staff engagement within the National Staff Satisfaction Survey 2012 and anticipates continuing this trend in pursuance of its objectives.

Through the above activities, the Trust has identified a range of strengths, upon which it can build but also gained a fuller understanding of the priorities which require a greater focus in 2013/14.

In terms of existing and emergent challenges the key issues are considered to be: recurrent delivery of CIP; securing positive outcomes in the Prescribed Services arena; stepping up the agenda in relation to delivering "Care Closer to Home" whilst also securing optimum productivity in community based secondary care services; and working in partnership with others to deliver genuine and sustainable "whole system" change which takes account of the very significant savings that the Local Authority is required to make.

Opportunities are primarily expected to be found in: building strategic alliances and working in partnership with others; delivering greater service integration and innovative models of care; securing growth in targeted specialties (consistent with our vision to deliver both "*locally focussed and regionally*

significant services"); further strengthening staff engagement alongside greater involvement of local people in service planning and evaluation, where the expanding Membership of the Trust is a key opportunity; maximising the benefits of Wirral Millenium and associated technologies to improve patient care and continuing to drive efficiency improvements in relation to key measures such as length of stay and readmissions.

In summary, WUTH had a challenging but overall successful 2012/13, utilising this period to: i) strengthen its Executive Team; ii) establish strong foundations to support good governance; iii) re-establish staff engagement; iv) develop a good understanding of the key challenges and opportunities and v) generate sustainable plans which will take the organisation through to 2017/18 and enable the delivery of financial targets whilst also improving patient care.

The Trust envisages another challenging year, in respect of the financial climate and continuing growth in demand for non – elective care but will benefit from the stable foundation established during 2012/13. Whilst there will be some variation throughout the course of the year, the Trust is forecasting a FRR of 3 for 2013/14.

3. STRATEGIC DIRECTION / CONTEXT & THE TRUST'S STRATEGIC POSITION WITHIN THE LOCAL HEALTH ECONOMY

(3.1) An Overview of the Trust's Competitors & an Assessment of the its Current Strengths & Weaknesses within the Local Health Economy.

This Section aims to i) briefly articulate the general environment in which the Trust is currently operating; ii) touch on some issues that relate to particular sectors of the market; iii) summarise WUTH's strengths & weaknesses within this context and iv) conclude by providing an overview of the Trust's current strategic approach to collaboration and competition.

(3.1.1) The General Environment:

To date, the local geography has been a significant factor in determining health market dynamics and patient choice. Historically, as a peninsular, Wirral has seen fairly predictable patterns of behaviour with regard to patient preferences. Relatively few patients have chosen to travel "out of area" to receive treatment compared with other localities although there is less predictability on the margins of the Wirral peninsula and here, a greater number of patients are prepared to travel to access healthcare.

In the context of the above, It is anticipated that there will continue to be a level of stability in terms of core users of WUTH services. The Trust is not complacent, however, and recognises that the NHS is increasingly driven by competition and that commissioners are keen to minimise reliance on secondary care provision in favour of more community based services, "closer to home". It is therefore important for WUTH to be responsive to the evolving agenda. There are also opportunities and threats for the Trust as the national and region wide reconfiguration of non-elective services, to improve outcomes for patients, continues to unfold (the Specialist / Prescribed Services agenda).

(3.1.2) More Specific Issues Concerning Competition

Within the current environment the Trust acknowledges the following:

Other FTs:

Geographically, the Wirral's neighbours include Liverpool to the north which is accessible via the Mersey Tunnel, and in particular, has a predominance of hospitals dedicated to offering particular specialties, providing an alternative choice for Wirral patients in relation to some services; North Wales is located to the south of the Wirral Peninsular and Cheshire lies to the East.

Within the context of the above, and in keeping with the Trust's strategic vision, the Trust plans to

continue to deliver locally focussed, as well as regionally significant, services. To do this WUTH will take a structured and strategic approach to both competition and collaboration and position itself to provide the best possible offer to patients whilst also working with neighbouring Trusts where that will strengthen the overall sustainability of services on the patch and be in the best interests of patients.

Community & Primary Care Services:

The Trust is mindful that community and primary care organisations are in a position to compete with the Trust's offer in some specialties. WUTH believes, however, that the greatest opportunities for patients lie in collaborative working. There are already some good examples of joint working which, have been overseen by a joint steering group with the Community Trust including developments in Urgent Care and also Genito-Urinary Medicine where the Brook Advisory Service has also been a partner. The current focus of the Steering Group is upon developing integrated pathways of care in priority areas and intermediate care services provision to support timely discharge; minimise inappropriate admissions and readmissions to hospital.

The Trust has also been keen to work with Primary Care and an Engagement Strategy was launched which includes a recent conference, GP Newsletter and active Practice engagement. The Trust has appointed an Associate Medical Director – Strategic Partnerships to assist in this area.

Independent Sector:

The Wirral is characterised by a strong commitment to the NHS. The impact of the Independent Sector to date has therefore not been significant. The Trust is however mindful that some opportunities are well suited to the private sector which tends to have a greater degree of agility in terms of being able to enter and exit markets within a short timeframe. AQP is clearly a potential threat in this regard.

Any Qualified Provider:

Wirral Clinical Commissioning Group (CCG) has been keen to promote more choice of NHS provider for Wirral patients. Arising from this, there have been in excess of 20 tendering exercises in the last 18 months, which is more than most other areas across the North West. Most procurement has been undertaken via the AQP route.

The Trust has tendered for a number of procurement opportunities over recent years with varying degrees of success. Submissions to date have been in relation to services that the Trust currently provides, with a focus on provision from existing locations as well as some new provision on community hospital sites.

(3.1.3) WUTH'S Key Strengths & Weaknesses within the Context of the Above

WUTH Key Strengths:

- Workforce commitment
- Clinical expertise
- Clear strategy for going forwards underpinned by enabling strategies and operational plans
- Good understanding of Trusts position which has been validated via external assessment, which has been informed by: McKinsey; KPMG and Dr Foster Metrics.
- Productive working arrangements via the Wirral Public Services Board and the Local Health & Wellbeing Board and resulted in concrete examples of integrated care
- Unencumbered by a major PFI
- Protected capacity for urgent and elective care
- Vibrant Education and Training agenda which assists with recruitment
- A diverse portfolio of services encompassing a good quality DGH function as well as more

specialist provision
- Synergies associated with WUTH delivering Obstetric Services; Paediatrics; Paediatric Intensive Care and Neonatal Intensive Care, which is unique within the local health economy.
- Emphasis on technology enabled innovation including, for example, the Wirral Millenium Programme
- Good relationship between the Board of Directors and Council of Governors

WUTH Key Weaknesses

- Historical lack of investment in IT and Estates infrastructure
- Insufficient emphasis previously, on whole systems partnership working
- Historical high level of readmissions

The Trust has established programmes of work to address the above weaknesses.

(3.1.4) Addressing Competition

Traditionally, any business or service development activity by the Trust has been undertaken within individual divisions, with limited corporate oversight. Whilst not wishing to stifle innovation, there are clearly significant risks attached to this approach, hence, the Trust has sought to address this. Going forward, to equip the organisation to operate more successfully within the current NHS, the Board approved the establishment of a new Business Development Unit (BDU) in late 2012.

The BDU facilitates corporate delivery of the Trust's Business Strategy and focuses on developing and supporting delivery of the organisation's response to the following:

- Maintaining activity and income
- Facilitating growth in selected specialties
- Supporting the development of key strategic relationships with all relevant stakeholders
- Ensuring the Trust is appropriately reimbursed for its activities.
- Facilitating service redesign, best practice and the development of new models of care where appropriate
- Exploring and exploiting opportunities for collaborative working with other providers (both NHS and Private) where this will be mutually beneficial.
- Ensuring that Business Planning and Development activities are coordinated and understood across the organisation as a whole
- Introducing a regime of performance management to ensure the delivery of planned benefits arising from BDU strategies.

High priority items on the programme of work for the BDU include:

- Development of a Strategic Marketing Plan, underpinned by a range of individual action plans, to address the changing customer base and market dynamics
- Development of a Customer Engagement and Relationship Management Strategy
- (SLR/M) Rollout Plans and a development plan for associated structures

(3.2) Forecast Health, Demographic, and Demand Changes

The Wirral has a population of around 320,000, and this is expected to increase by around 1% over the next ten years to reach 324,000. There is a relatively high elderly population; relatively low proportion of people in their 20's and 30's and around 5% of the population are from black and minority ethnic (BME) groups.

In June 2012, the Wirral population aged 65+ (~63,000 people) made up 19% of the population. This group is expected to increase at a faster rate than any other group with a 17% increase in over 65's, and a 29% increase in over 85's expected between 2011 and 2021. By 2032, the over 65s are expected to make up over 27% of the overall Wirral population, with significant implications for health needs, including an increase in the number of people living with cancer and long term conditions. In addition to the increase in disease burden, there will be fewer carers. There will be around 20,000 fewer 35-60's in 15 years, with a huge impact on health and social care services.

The locality is characterised by two pronounced groups: on the one hand there are more people living on low incomes and high levels of benefit than in other parts of England whilst, on the other, there are those at the other extreme on very high incomes with sizeable neighbourhoods of middle income families in between.

20% of the most deprived districts in England are located within the Wirral, with associated underlying health issues and Life Expectancy (LE) continuing to be shorter than the England average. Wirral has some of the widest health inequalities in England, with a pronounced differential between health outcomes for people on very low and very high incomes (largely reflected in an East/ West divide). The gap in LE between the most and least affluent groups in Wirral is around 14.6 years for men, and 9.7 years for women.

The Wirral population also experiences poor health for longer than the England average; it has the largest gap in Disability-Free LE (DFLE) of any authority in England. Men living in the most deprived areas of Wirral can expect to spend 20 more years living with ill-health or disability than men living in the most affluent areas. For women, the difference is 17.1 years.

In some Wirral wards, more than half of households have no access to a car (e.g. Bidston and St James (57%), Birkenhead and Tranmere (54%)). Surveys show that while access to local GPs in these areas remains good, access to hospitals (for some) is poor. Accessing health services can be difficult due to mobility, health, or financial reasons and therefore facilitating access to key health services is critical in reducing health inequalities.

(3.3) Impact Assessment of Market Share Trends over the Life of the Plan.

The Trust utilises Dr Foster Metrics to assist in the analysis of market share trends.
This information is routinely monitored in the Trust's key business forums and any appropriate follow up actions are developed. WUTH's BDU maintains a corporate overview.
Any business cases developed within the Trust contain detailed market share analyses.
Such information also informs business discussions with GPs and the wider CCG.

(3.4) Threats and Opportunities Arising from Changes in Local Commissioning Intentions

(3.4.1) An Overview of Key Changes to Local Commissioning Strategy / Intentions & Their Anticipated Impact in the Trust

Wirral Clinical Commissioning Group comprises 3 divisions:

- Wirral Health Commissioning Consortium

- Wirral Alliance
- Wirral GP Commissioning Consortium

The above are 3 distinct groups of GP practices who work together to commission services for their geographical locality. Overarching priorities (for all 3 divisions), which are particularly relevant to the Trust are as follows:

Clinical Priorities:

- Ageing population
- Alcohol
- Mental Health
- Dementia

Emergency & Urgent Care / Admission Prevention

- Improving A&E
- Introducing 111 or alternatives
- Providing patients with alternative choices to hospital.

Commissioning Services Closer to Home

- GPs have identified there are a range of services that could be offered within the community setting which improve the patient journey and are keen to work with WUTH and other providers to develop or adapt clinical pathways in order to provide care closer to home and where possible avoid admission to hospital.

Referrals Management

- Reducing the level of referrals to secondary care
- Policy of GP "up skilling" in a number of key clinical conditions to allow patients to be treated appropriately within the primary care setting.

Planned Care

- An ongoing focus on Patient Choice and improving access

Dementia Services

- A more integrated approach to patient care
- Single point of access for patients and carers

Long Term Conditions

- Continuing development of a Local Services and Care Plan for people with Long Term Conditions (LTC) such as Lung Disease (Chronic Obstructive Pulmonary Disease).
- Reducing the number of outpatient and follow up appointments in a hospital setting.

Cancer & End of Life Care

- Improving access to screening services, diagnosis and treatment.
- Working with clinicians and public health professionals to promote national and local campaigns for early detection across a range of cancers.

Women and Children's Services

- Redesigning the pathway of treatment for children with Attention Deficit Hyperactivity Disorder (ADHD).
- Undertaking a review of urgent care for children with upper respiratory tract conditions (such as nose, sinuses and upper throat).

In the main, the above represents a continuation of an existing agenda rather than any substantial change. Some particular issues are discussed in greater detail below:

(3.4.2) QIPP & Demand Management

During 2012/13 there have been significant demand increases both in elective and non-elective services. Current commissioning plans envisage further significant increases being mitigated through a range of QIPP / demand management schemes. It is envisaged that any growth, from a commissioner perspective, needs to be managed via either admission avoidance schemes or alternative provision in non-acute settings.

The predominance of block contracts for non-elective work will require a system wide approach to deliver any real change. To date there has been limited evidence of significant changes in demand patterns. Beyond 2013/14 the Trust and CCG will work closely with other partners in all sectors, including private, public and 3rd sector to ensure demand is appropriately managed and accommodated. The Trust's current view, however, is that without significantly different approaches to demand management, incremental growth is likely to continue. If base contracts do not reflect this, they will over perform and potentially cause unplanned pressures within the economy.

(3.4.3) Decommissioning

Current commissioning intentions for decommissioning services are not significant and where relevant have been taken into account during setting activity plans for this three year plan

(3.4.4) Potential AQP Tenders

Current AQP tenders have been factored into the plan and there is on-going dialogue with commissioners to understand potential new areas. WUTH is mindful that the tendering process is labour intensive and also that not all of these service models are necessarily in the best interests of patients. The plan is therefore to assess each tender on an individual basis in terms of benefits realisation and to reject those where the Trust does not envisage genuine benefits.

(3.4.5) Shifting Care Delivery Outside of Hospital

In keeping with the focus on demand management schemes, WUTH envisages a further significant increase in the number of community based services. Development of an Urgent Care Pathway will focus on admission avoidance and will be developed via multi-agency working particularly with our partners in the Community and Department of Adult Social Services.

For WUTH, working with primary care clinicians will be the key focus to ensure a whole system approach characterised by integrated pathways of care which enable patients to receive care in the most appropriate setting, whether that be in hospital, at home or other community settings supported by the appropriate technologies such as Telemedicine.

(3.4.6) Reconfiguration Plans

The impact of establishing Liverpool / Aintree as the Major Trauma Centre Collaborative has been factored into the activity / finance sections of this plan. This is minimised by WUTH's status as an accredited Trauma Unit.

The Trust has assessed the implications of Chester being established as the Vascular Centre for South Mersey and incorporated the outcome into its financial plans. Discussions are continuing with the Area

Team and other provider partners to ensure that hub and spoke arrangements are sufficiently robust and that the financial implications are managed in a balanced way.

From a strategic perspective WUTH is increasingly moving towards Arrowe Park being the focus of its non-elective activity whilst Clatterbridge will focus on elective care and also become the central base for corporate functions.

(3.4.7) How the Trust has Factored the Above into its Plans

The WUTH Plan takes account of and reflects the external influences outlined above.

(3.4.8) How the Trust is Diversifying its Income Streams (e.g. research, private patients, exploiting intellectual property).

In recognition that WUTH's core income stream will remain NHS Wirral for the provision of NHS services in the medium term, the Trust has identified that it is increasingly important to diversify and balance its income streams. The Trust is developing its strategy in this area.

Work is currently taking place with respect to a Private Patients Strategy. Detailed market analysis is underway to inform this Strategy.

For those services of regional significance, there is recognition that it will be important to build on the levels of research currently conducted. To assist in this process, the Chief Executive has recently become a Board Member of the regional CLRN.

WUTH aims to proactively build on existing good relationships with **Charitable Organisations, in particular the RVS (formerly WRVS) and League of Friends** to ensure that patients are able to benefit from such funds. A high profile charitable campaign is to be considered later in the year.

(3.5) WUTH Threats & Opportunities Within the Context of the Above

The key challenges or threats for WUTH are related to the following:

- The new commissioning "architecture" still being at an embryonic stage, which potentially constrains significant strategic progress
- The overall financial climate and within this context, the very substantial reconfiguration of the Local Authority and associated reduction in budget
- General "tendering culture" / increasing competition from alternative providers in some specialties e.g. Maternity
- National & regional service reconfiguration – potential issues relating to critical mass in some specialties in e.g. Vascular Surgery
- Ongoing drive to deliver more care "Closer to Home" / reducing reliance on secondary care
- Achieving genuine integration via a whole system approach

The **opportunities** are largely about:

- Using our clinical expertise and leadership skills to work in partnership with others to in a way that encourages integration and focuses on outcomes
- Genuinely challenging how we do things and developing innovative, new models of care which of mutual benefit to patients and the organisation
- Achieving growth in targeted specialties
- Harnessing technology to support ongoing innovation

(3.6) Collaboration, Integration and Patient Choice

(3.6.1) Plans to Integrate Services to Provide Better Care and / or Increase Efficiency & Partnerships / Collaborations with Other Providers

Under the banner of ***"Partnering for Value"*** WUTH is committed to working with a wide range of partners to develop plans which support greater service integration and better outcomes for local people. In keeping with this, the Trust is an active partner in a range of forums, some of which are highlighted below.

An ***Integrated Transformation Board*** facilitates joint working between WUTH and the Wirral Community NHS Trust where key priorities are concerned with:

- Admission Avoidance;
- Long Term Conditions;
- "Step Up / Step Down" or Intermediate Care Services
- Dementia Services

The Wirral Health & Wellbeing Board coordinates the efforts of partner organisations with the aim of reducing inequalities and improving health & wellbeing through action on the following priority themes:

- Life expectancy & health inequalities
- Alcohol
- Obesity
- Smoking
- Mental health & wellbeing
- Long term conditions e.g. cancer, chronic obstructive pulmonary disease
- Sexual health
- Health protection
- Worklessness.

The group is also responsible for the monitoring performance against shared priorities and indicators in key health and social care strategic plans.

The Trust is also an active member of the ***Wirral Public Services Board*** which again focuses on how agencies can work together for the mutual benefit of its constituent members and most importantly, local people.

In terms of delivering integrated services, the Local Authority (DASS) is a clearly a key strategic partner for WUTH and joint working takes place at a range of levels and through a variety of mechanisms.

An established partnership exists with the ***Liverpool Heart and Chest Hospital NHS Foundation Trust*** with the focus being on improving ***Heart Failure Services*** at community, secondary and tertiary levels. The Trust is also working in partnership with ***NHS Trusts in Warrington and Chester to further develop Vascular Services.***

The Trust is an ardent supporter of Patient Choice and is actively seeking to expand access to its services via Choose and Book mechanisms. A Directory of Urgent Care Services is being developed to assist patients in accessing services. Website developments are underway and the Trust is developing a Strategic Marketing Plan.

(3.6.2) Consideration of the impact of proposals in relation to competition rules (CCP etc.) and patient choice, where applicable.

There are currently no significant issues that the Trust needs to highlight but the Trust is aware of the

potential for conflict where there are a range of providers and some duplication of offer. Within this context WUTH anticipates that new commissioners will seek to develop a culture of transparency and openness and to create a "level playing field" for all providers.

Whilst there are no current CCP or patient choice issues, this is clearly something that the Trust will keep under review.

WUTH is mindful of the current Prescribed (Specialist) Services agenda and where the opportunities and threats may lie. In relation to this work the Trust is keen to see the organisation fulfil a key role in particular specialties.

4. QUALITY – INCLUDING PATIENT SAFETY, CLINICAL EFFECTIVENESS & PATIENT EXPERIENCE

(4.1) An Outline of Existing Quality Concerns (CQC or other parties) and Plans to Address These;

WUTH received its annual CQC inspection in the last quarter of 2012-3 and was recorded as compliant, however a minor concern relating to the standard of clinical record keeping was raised. Significant work is ongoing to improve this important element of recording patient care. The issue is being addressed through junior and senior doctor education programmes, ongoing regular ward based audits and direct performance metrics in permanent medical staff appraisal and revalidation processes.

(4.2) Key Quality Risks Inherent in the Plan and How these will be Managed

The Trust has analysed its risk systems, patient experience feedback over the past year and consulted with staff. This information has been used to identify areas for improvement to help determine priorities for next year and beyond. The key quality risks are:

(i) Insufficient Capacity to manage patient demand: The Trust will continue to work with partners to create transformation work streams which: i) reduce emergency admission and readmission rates, through the provision of alternatives to admission, rapid access outpatient consultations and ambulatory care ii) reduce length of stay through seven day access to specialist care, enhanced recovery programmes and better discharge planning with partner organisations. The Emergency Care Intensive Support Team have been used with good effect to support a reduction in pressure on the Emergency Department and have commenced work with us to reduce inpatient length of stay.

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(ii) Achieving the Trust's CIP whilst improving patient safety, clinical effectiveness and patient experience: We believe that there are significant opportunities to improve care and in the process reduce cost and so strategies will continue into 2013 to reduce mortality rates, improve patient safety - reduce harm and improve patient experience. *"Safety Express"* will continue to transform care to reduce: Hospital Falls; Venous Thrombo- Embolic disease; Hospital acquired Pressure Ulcers and Catheter Acquired UTI. The Enhanced Recovery Programme will be further consolidated into surgical specialties; the Trust will continue the work streams for effective care delivery in all groups for the Advancing Quality Programme, Acute Myocardial Infarction, Pneumonia, Heart Failure, Stroke and Hip & Knee Replacement.

The Trust will improve dementia care with measured improvement in the national audit by building on the 2012 audit outcomes.

Our Quality Improvement Strategy for 2013-4 is in the process of being finalised and will specifically measure our services against NICE guidance, to ensure that he time taken to introduce recognised best practice is as short as possible.

The Quality and Safety Committee plays a key role in our CIP Quality Assurance programme receiving assurance that potential deleterious impacts of the CIP on safety, clinical effectiveness and patient

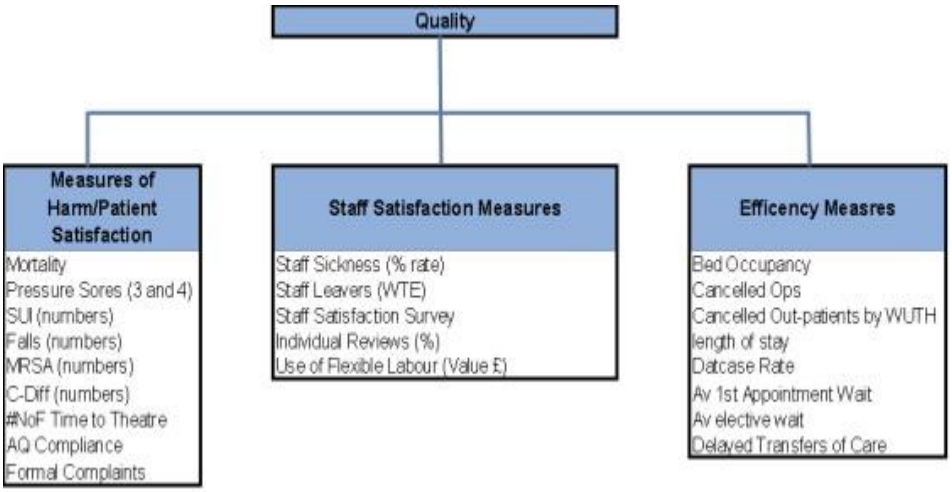
experience are risk assessed during the development of the CIP Project outlines; CIP plans are approved by Divisional leadership teams and escalated for approval by the Executive Team if the risk score is 15+. In addition the Quality and Safety Committee receive a broad range of quality indicators on a monthly basis, specifically to detect potential deterioration in quality as the CIP progresses; these assurance reports are in turn considered by the Board of Directors in their meetings which are held in public.

The Quality and Safety Committee monitors the composite impact of the CIP programme, against a balanced picture of quality. As illustrated in the diagram below, metrics are categorised into 3 areas:

-Measures of Harm/Patient Satisfaction

-Staff Satisfaction

-Efficiency



(iii) Updated governance structure: an updated governance structure has been developed with significant input from McKinsey and engagement with our own teams, Board level assurance processes and ongoing analysis of the Trust's risk systems, patient experience feedback and staff feedback will be used to assess that the structure is delivering sound governance.

(iv) Delivering care closer to home: As it becomes increasingly apparent on the national stage that greater integration between care providers is essential we will enhance further our work in partnership with the Wirral Clinical Commissioning Group, Wirral Community Trust, the Local Authority and the 3rd Sector to develop. Progress in this area is difficult and will mitigate this risk through the good interpersonal relationships with external bodies we have been developing, a patient centred approach and remaining open to all opportunities.

(v) Infection prevention and control: New risks to patient safety and experience and outcomes as well as business continuity and reputation are presented by infections such as VRE and CPE. The Trust will continue to build on previous excellent performance by reviewing its' isolation facilities, further improve environmental cleanliness, and develop relationships with the Community Trust, Public Health, Primary Care to minimise the impact on patients and services.

4.3) Our Approach to Quality

WUTH believe that the three dimensions to quality, all three of which must be present in order to provide a high quality service are: **clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health

outcomes; **safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety and **patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

Our Quality Improvement strategy will set out a number of ambitious and measurable, patient-centred safety and quality improvement goals, promoting a culture of practice encapsulating – care, compassion, competence, communication, courage and commitment, where every member of staff has the confidence and skills to champion and deliver safer, more reliable care. The improvement programmes that form the cornerstones of the safety and quality strategy are:

Safe care: As defined and measured by a reduction in patient falls, medication error and healthcare associated infections. In addition to this the reliability of care processes will also be monitored in relation to the early recognition of the sick patient and peri-operative care.
Experience of care: As defined by patients and the public in relation to privacy and dignity, compassion and respect, information giving and involvement in decisions about care and treatment.
Effective care: As defined by delivery of optimised care processes and outcomes of care in relation to non elective care, end of life care and those identified through the advancing quality programme. In addition there is also focus on nutritional care, venous thromboembolism and tissue viability.
Organisation of care: As defined by improved efficiency and productivity in relation to access to services, capacity to deliver evidence-based care pathways, timely and effective hospital discharge.

(4.4) An overview of how the Board derives assurance on the Quality of its services and safeguards patient safety.

The Board has redesigned its Board Assurance Framework (BAF) and associated processes to support the new governance structure and uses this as a means of holding itself to account. The BAF drives the Board's agenda and ensures that its time is prioritised and focused on regulatory requirements governing quality, financial and operational performance and delivery of the Trust's strategic plans.

The Quality and Safety Committee delivers a cycle of business that involves the scrutiny of assurances on behalf of the Board. The Chair of the Quality and Safety Committee routinely provides a written report to the Board of Directors, highlighting assurances received and identifying any risks or matters for the Board Assurance Framework.

The Board dashboard is prepared monthly and performance managed at the Clinical Governance Group and then used to provide assurance firstly to the Quality & Safety Committee and then to the Board of Directors (held in public since April 2013). The dashboard report provides a summary of the Trust's performance against internal metrics of clinical quality alongside performance against mandated targets and standards within Monitor's Compliance Framework. The metrics vary in the time-frame – weekly, monthly or quarterly but the most recent data is presented and the dashboard focuses on 3 'big dots', clinical effectiveness / reducing mortality, patient safety / reducing harm and patient experience. For 2013/4, the Board is further reviewing its dashboard to provide an integrated finance and performance view that covers a range of indicators from operational through to strategic:

Clinical Effectiveness: Reducing mortality

Hospital Standardised Mortality Rates are presented as a headline supported by the most recent data on: crude mortality, compliance with the Liverpool Care Pathway, Community acquired pneumonia (AQ), Heart failure (AQ), Acute Myocardial Infarction (AQ), compliance with modified early warning scores (MEWS) escalation and medication errors. Each component area is subject to scrutiny at the Quality and Safety Committee following scrutiny and challenge at the Trust's Clinical Governance Group.

Patient safety: Reducing harm

Under this group of metrics the number of incidents in month is examined, specifically the proportion of them associated with the root cause analyses assessment of harm: no harm/low harm; moderate; severe; death. This headline is supported by the most recent data on: Harm from falls, Pressure ulcers, Venous thrombo-embolic disease prevention, readmissions to hospital within 28 days and patient administered medications to which they were allergic. Again, each component area is subject to scrutiny at the Quality and Safety Committee following scrutiny and challenge at the Trust's Clinical Governance Group. WUTH continues to be a high reporting, low harm organisation.

Patient Experience

The Friends and family test: "likely to recommend" is the 'big dot' on this component. The Trust's preparation for FFT was externally verified by NHS England and received 100% in each component. Patient experience as a 'big dot' is supported by data on the CQUIN indicators: involvement in decisions, worries and fears, privacy when discussing care and treatment, medication side effects, and contact on discharge. The Trust has additional Learning with Patients measures ; Relatives view on patient appearance is reported quarterly measured by perception of patient appearance; assistance with eating and drinking'; and a list of most reported delays including: take home medications, discharge, admission or theatre delays, waiting to be seen by a doctor, waiting for a bed and time to buzzer response.

An additional focus for 2013/14 will be understanding the effectiveness of the ward round process from a patient perspective, this will enable us to focus by specialty level and influence positive change.

The Trust has reviewed the Quality and Safety Committee Terms of Reference as part of the Trust-wide review of governance and assurance following the McKinsey review. The Quality and Safety Committee is established to:

- To provide assurance to the Board that the policies, processes and systems of internal control work to deliver safe and high quality patient centred services
- To monitor the Trust's performance in delivering quality services which are safe and which show continuous improvement reporting any issues of concern to the Board
- To review progress in implementing action plans to address shortcomings in the quality of the services should they be identified
- To provide assurance on matters related to workforce development and staff satisfaction.

The Board of Directors received the Annual Report of this committee in April 2013. In response to the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, the membership of the Quality and Safety Committee has been expanded to include a Governor member and a patient representative.

5. CLINICAL STRATEGY

(5.1) The Trust's Overall Clinical Strategy Over the Next Three Year

The overall clinical strategy aims to ensure that service developments are **locally focused** (informed by population health needs), **regionally significant**, reflective of key influences on the NHS today and within the context of a changing NHS and a tight economic climate. The strategy over the next three years reflects our overall vision, which is:

'We will be the first choice healthcare partner to the community we serve, supporting patients' needs from the home through to the provision of regional specialist services'

In line with the Trust vision, it is WUTH's intention to maintain and further develop **regionally significant** services in the following areas: Urology, Neonatology, Gynaecology, Orthopaedics and Renal.

In terms of our local focus and desire to Regarding **integrated, shared pathways** we will focus on the following key areas: Services for the elderly (particularly dementia), Cardiology, Acute care, Paediatrics, Gynaecology, Orthopaedics and ENT provide some out-reach clinics in community facilities / settings and we can expect to see significant relocation of ophthalmology, rheumatology, orthopaedics and respiratory medicine.

The creation of the Acute Assessment Unit, building on the functionality of the Primary Care Assessment Unit has brought together primary and secondary care doctors within the Emergency department and allowed the development of significant alternatives to admission and ambulatory outpatient care.

Further work is described in the clinical strategies in terms of dialysis at home, greater integration with mental health services, Department of Adult Social Services and palliative care services.

(5.2) The Trust's Service Line Strategy Over the Next Three Years

The Service Line Management Structure is led by the Director of Operations who is responsible for the 5 Clinical Divisions each having a triumvirate structure consisting of An Associate Director of Nursing, an Associate Directorate of Operations and a Clinical Head of Division (CHD).
The 5 Clinical Divisions are as follows:

(i) Acute Care
(ii) Surgery
(iii) Medicine
(iv) Diagnostics and
(v) Women and Children

In common with all Trusts, WUTH strives to bring a financial context to its clinical decision making. Service lines are formally reviewed on a quarterly basis with more informal reviews occurring during the intervening period as is necessary. The Trust uses this information to inform its forward plans.

(5.3) The Inputs the Trust Used to Develop this Strategy

Development of strategic visions, intentions, objectives, and outcome measures, involved key staff from all specialties. Strengths, weaknesses, opportunities, threats, external pressures, patient demographics, performance measures, financial criteria and market share, clinical developments, capacity and demand, workforce issues and infrastructure requirements, were explored at Divisional and Speciality levels.

This work was facilitated by The Trust's BOOST programme (Building On Our Strengths Together) and the 'Listening into Action Programme'.

During 2012/13 the Trust engaged with a wide range of staff to develop clinical strategies for all of services. The latter process took account of the Joint Strategic Needs Assessment developed by the Local Authority, alongside expert Public Health advice, to ensure adequate account was taken of the

health and population challenges of the Wirral both now and going forward.

. External advice was sought from a range of key experts when undertaking the above work.

6. CLINICAL WORKFORCE STRATEGY

6.1 Key Workforce Pressures

One of the Trusts Objectives is to ensure that our people are aligned to our vision. The strategy for achieving and sustaining this is based upon improving the Culture, Capacity and Competence of our workforce. Optimising the contribution of all staff irrespective of role or seniority is paramount and having the systems in place to do so is one of the key priorities for the next 12 months. The Trust has already made significant progress in aligning our clinical workforce to the delivery of care, based on both demand/flow and demographics/acuity. Building on this work, further developments will be rolled out in terms of multidisciplinary workforce planning, integration of new/developing roles and team job/planning. Optimising leadership skills and potential is essential and as such we will be implementing a number of measures to ensure we are fit for purpose going forward e.g. Management Review; new Consultants development. Clearly, this needs to be set within a context of financial challenge and the need to invest in the right things and drive out efficiencies in appropriate areas. To this end, a full “back office” review will be undertaken to establish how economies can be achieved whilst supporting the effective delivery of services and high quality care.

Non-medical staffing is projected to change significantly with reductions in administrative staff as systems and efficiencies become leaner and more streamlined, taking advantage of enabling technologies. Ensuring that the services we pay for are as efficient and cost effective as they can be, we will rigorously test them against the current external market provision. Medical staffing productivity is required to increase through a mix of reduced non-clinical activity and by ensuring the correct complexity of cases is allocated to the right grade of doctor. This will need to be achieved in the knowledge that the number of Junior Doctors will decrease in this time period by 2-3%.

Ward nurse staffing levels were reviewed and increased during 2012/13. Further work is underway to benchmark against professional recommendations and to align this with measurable outcomes for nursing. Midwifery staffing requirements will be subject to a review in partnership with Birthrate Plus as the Trust implements the Wirral Millenium project into the Maternity service - the first in the UK.

The Trust strategy will be to consider carefully how the workforce challenges can be met within the framework of national agreements and the freedoms of Foundation Trust status. Workforce plans will be developed to ensure safe staffing and expand upon existing 7 day working arrangements that support safe, effective care for patients in the context of rising demand for non-elective care.

6.2 Clinical Sustainability

Sustainable delivery by the Trust of DGH+ care, in the face of increasing competition from alternative providers and increasing financial pressure, depends on the Trust; aligning with commissioner requirements and population health needs, adopting new, more efficient ways of working, increasing collaborative and partnership working (including proactive involvement in Strategic Clinical Networks), better aligning workforce size and skill mix to demand (Workforce Strategy), increasing delivery of secondary care services from community settings, improvements to the working environment for hospital-delivered services, better adoption of fit for purpose IT, and strengthening the Trust’s academic profile.

6.3 Identification of which of the Trust’s services could potentially lack critical mass (defined by Royal Colleges etc.)

Within the 5 divisions there are 21 services. Of these, 15 services have large Consultant numbers (teams of 6 - 20+) and demonstrate sufficient critical mass to deliver care to the population of Wirral. The remaining 6 services have addressed any previous concerns regarding critical mass by establishing shared service agreements with other local and regional Trusts to ensure business continuity, stability, quality and clinical safety. The on-call rotas for all services are no less than 1 in 6.

6.4 Innovations in Care Delivery developed at the Trust or in conjunction with partner organisations.

Examples of innovation include:

Use of the Da Vinci Robot in a range of surgical specialties has been a key innovation in terms of minimally invasive surgery within the Trust.

T**he "Pull" Project',** has been established and is located in the Emergency Department. This aims of this project include:

- Admission avoidance where possible by providing care in the community
- Proactively pulling patients through the system thereby reducing length of stay
- A reduction in delayed discharges
- Reducing Duplication
- Improving communication between organisations
- Providing integrated seamless pathways of care delivery

OPRA (Older People's Rapid Assessment) Clinics have been successful in supporting frail, elderly patients.

Reminiscence Pods – for patients with Dementia.

Clinical IT systems – the Trust is midway through the replacement of its main clinical IT system. 'Wirral Millenium' will provide comprehensive clinical information across the Trust, bringing benefits for staff and patient care. Innovative technology such as foetal monitoring into the clinical record and use of technology to positively identify the patient and match to laboratory investigation requests are firsts for the UK. Such innovations will improve efficiency and patient safety.

7. PRODUCTIVITY & EFFICIENCY

(7.1) An overview of potential productivity and efficiency gains built into plans, including financial impact of projected gains from the following:

Over the planning period, to maintain a balanced financial position, the Trust has identified the requirement to deliver improved productivity and efficiency as follows

- 2013/14 £16m, 5.4% of turnover
- 2014/15 £14m, 4.6% of turnover
- 2015/16 £14 4.5% of turnover
- Total £44m, 4.8% of cumulative turnover

It is anticipated that the cumulative delivery of the above will be through the following tactical and strategic areas:

Income/ Business development – relates to changes in the Trust's income base through repatriation of activity, development of regional centres of excellence and income diversification.

Procurement/ drugs – relates to cost reduction through ensuring the right supplies at the lowest price,

greater economies of scale achieved through improved contract re-negotiation and product standardisation.

Length of stay/ bed occupancy – relates to schemes that require transformational change of service delivery, focusing particularly on pathway redesign that will improve patient quality and experience while removing waste and delay in the patient journey.

Increased Productivity – this relates to improving productivity through improved efficiency and optimisation of theatre and outpatient clinic capacity.

Workforce – this relates to reduction in staff costs through, for example, sickness reduction, reduction in overtime and enhanced hours payments and the introduction of salary sacrifice schemes.

Strategic Partnerships – this relates to schemes that will require joint working with other organisations to achieve efficiency savings.

Estates - this relates to a number of schemes to reduce cost of estates running through carbon reduction and energy efficiency schemes.

Other/ traditional Schemes – this relates to a number of smaller schemes that have been developed through traditional cost reduction routes.

8. FINANCIAL AND INVESTMENT STRATEGY

(8.1) An Assessment of the Trust's Current Financial Position

The Trust has historically maintained a sound financial position and consistently achieved its financial objectives. Moving forwards, the financial position of the organisation is increasingly challenging, driven largely by national factors including;

- National tariff deflation – being paid less for the same activity
- Demand management schemes – volumes of care and associated income reducing whilst fixed overhead costs are retained
- Any Qualified Provider – the potential of alternative providers delivering care in the locality
- Service consolidation – aggregation of clinical services driven through national specifications

The above highlights that there are a range of potential impacts and pressures facing the organisation over which it has varying degrees of control. A balanced view of the above, within which some elements will certainly occur and others may occur to varying degrees indicates that the organisation is likely to face a difference between its cost base and its income on a normalised basis of between 4% and 6% for each of the coming three years.

Plans are being developed, through the PMO process, to address this scale of change; the change required will be beyond that of "traditional" CIP delivery and will require transformational change. The Trust considers that the approach it has adopted by blending the disciplines of the PMO with the change approach of the established Transformation Team will create an environment within which the greatest opportunity to succeed in meeting these challenging targets is developed.

The overall financial plans indicate an improving level of surplus, available for reinvestment, a healthy cash position, supported by a strengthening balance sheet and CIP requirements reducing as a proportion of future turnover. The revenue position help support the investment programme in future services noted in section 9.2 below.

(8.2) Key Financial Priorities and Investments and how these Link to the Trust's Overall Strategy

The Trust has, in the last six months, undertaken a significant amount of work to develop and refine its future clinical strategy. Whilst the strategy is yet to be formally signed-off by the Board of Directors, the Trust has an overarching objective to develop a range of regionally significant services, ensure that the core of its activities are provided to the highest standards and to develop engagement with other organisations which currently provide community, primary care and social care services.

To support the delivery of the strategy the Trust has identified a series of investments which will be required which develop existing services further, consolidate the Trusts current position or build new services in partnership with others. Additionally the Trust has identified that it must invest in maintaining and developing its core estate whilst also investing in IM & T infra-structure and systems to maintain its competitive advantage in leveraging technological solutions in the provision of improved care.

Key areas of investment across the planning horizon include;

- IM & T Systems - Wirral Millennium (Cerner)
- Regionally significant services - orthopaedics, neonatology, renal and dermatology
- Excellent core services – care of the elderly, endoscopy, A & E
- Site strategy – differentiating between the use of Clatterbridge and Arrowe Park to maximise the patient experience
- Integrated pathways – developments with partners to support shared pathways
- Backlog maintenance – to ensure facilities, equipment and desktop and wireless IT equipment are maintained to an appropriate standard.

It is anticipated that over the three year period the above investments will require c£55m of expenditure, the Trust will afford c£35m from within its own resources whilst seeking to borrow c£20m for investment in future service delivery.

(8.3) Key Risks to Achieving the Financial Strategy and Mitigation

The key risks to achievement of the financial strategy relate to the delivery of CIP programmes, the availability of capital resource to underpin future development and variation associated with short to medium term planning assumptions.

Whilst the CIP target will be challenging in year and in subsequent years the Trust has significantly revised its processes and the level of capacity and capability to deliver in terms of generation of new ideas, the translation of ideas into deliverable plans, the performance management process around delivery of schemes and the transparency in releasing resource through the tracking process. Whilst the process has improved the pace of delivery, there continues to be a risk and the performance management process is aligned to mitigate this risk as far as possible. Additionally the Trust has, through its planning process, identified a degree of headroom which if CIP plans were not achieved it would be able to apply on a short term basis to manage the overall financial position to a degree.

In addition to the CIP risk noted and given the need to invest capital, exceeding the historic level of capital expended or internally available, a risk exists that the Trust may not be able to access capital resource or that any resource is unaffordable within the overall revenue position. The Trust will not borrow longer term if it does not have the revenue base to service both the capital and interest elements of the debt and therefore it is essential that the revenue CIP plans are achieved not only for in year and future financial viability but also to continue to generate sufficient margin to service future development plans and associated debt. Additionally the Trust is exploring different, revenue based, approaches to securing investment in the medium to longer term should direct capital borrowing not be available or

affordable.

As with all plans over the medium term the Trust has also made a series of assumptions and if these assumptions vary significantly then the Trusts overall plan may need to reflect all or a proportion of those changes. The critical assumptions include the level of future tariff deflation and the potential impact of demand changes for services, be they driven by demand management or AQP programmes. The Trust does not anticipate material reductions in demand; however were this to occur then the appropriate capacity would also need to be released. The Trust has also tested a range of scenarios associated with up and downside assumptions and build in some headroom into its base case planning to mitigate marginal changes in planning assumptions.

9. MEMBERSHIP COMMENTARY

9.1 Membership Development

Representative Membership

i) Public

The public constituency is divided into 13 areas which comprise local authority electoral wards. The area of 'North West and North Wales' enables representation of the Trust's patient profile outside of Wirral.
Our 'opt-in' approach to public membership will continue as we want our public members to have chosen to be involved on some level in the Trust's work.
In addition to geographical representation, we will continue to work towards ensuring our membership is representative of the population we serve with regard to age, gender, ethnicity and social groupings.
As a provider of children's services we welcome members aged 11 and over.

ii) Staff

The staff constituency is divided into 4 classes and membership is open to all staff who have a permanent contract of employment or otherwise have worked at the Trust for at least 12 months.
Eligible staff automatically become members unless they choose to 'opt out'.

9.2 Membership Growth

During its first 5 years of Foundation Trust status the Trust has built a sizeable membership equivalent to approximately 2% of the Wirral population. Now established, the Trust's aim is to develop an engaged membership, whilst still offering patients and public the opportunity to become a member.
Future membership targets will be set with regard to:

- Recruiting from specific target groups to ensure that our public membership continues to reflect the changing profile of the local population and the profile of patient flows, outside of Wirral;
- Annual data cleansing activity which results in the removal of approximately 350 public members each year ('Churn')
- Improving the scope and effectiveness of engagement (aligned to our 5 year strategy and annual plan)
- Experience of recruitment capabilities and feasibility

The Council of Governors is responsible for ensuring the appropriate growth and development of a representative membership and makes recommendations to target under-represented groups via its Membership and Communications Sub Committee. Recruitment methods used to date and planned, may include:

- Direct mailing
- Face to face membership recruitment
- WUTH website
- Patient Interest Groups / Community Forums
- Hospital Events and promotions

- Information disseminated via partner organisations
- Local Community Events
- Schools and Colleges
- Other methods determined by Council of Governors (including consideration of the use of social media)

A number of important principles underpin membership recruitment activities :

- To provide a simple, appropriate, accessible and well publicised process for becoming a member, including promotion throughout usual Trust activity;
- To strive for a membership composition that reflects the diversity of people served by the Trust and who work for the Trust;
- To maintain accurate and informative databases of members that meet regulatory requirements and provide a mechanism for supporting membership development.

The Board values the strong and supportive relationship it has with the Council of Governors and many Governors are actively involved in Trust activities and support the delivery of the Membership Strategy.

10. Summary of our Five Year Strategy

Our 5 year strategy is summarised in the following diagram: