



Strategic Plan Document for 2013-14

Cumbria Partnership NHS Foundation Trust

Strategic 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	28 th May 2013

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three 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 Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Mr Mike Taylor
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Mrs Sarah Senior
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mr Michael Billingham
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Signature

Executive Summary

This plan is intended to set out the Trust's forward intentions, looking ahead for a period of at least 3 years. The plan is based on the progress made in our previous plans and an assessment of the risks we face in achieving our vision, aims and strategic objectives.

The plan provides a framework for our strategic objectives to be delivered and sets out how the Trust will respond to our commissioners' requirements, operating risks, service priorities, financial risks, quality priorities and feedback from patients, staff and Governors on issues that they have identified as priorities. The plan includes key objectives for our services and corporately during 2013/14.

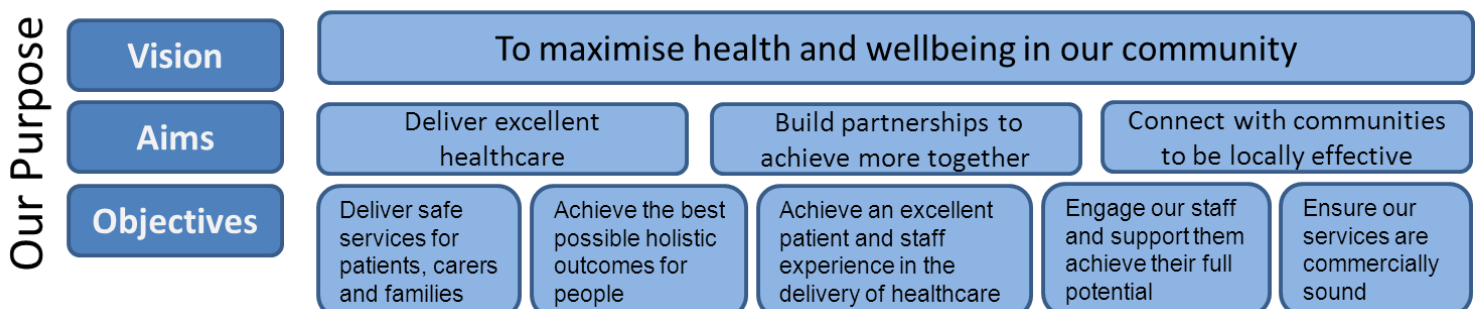
As a foundation to our plan, the Trust has identified a clear set of guiding principles. These 6 principles have been developed in 2012 and discussed in detail with staff and other stakeholders throughout the year.



By considering its strategic position, the trust has set out clear intentions for the future. These are set out to give a sense of purpose and to answer the question "what is the Trust for?". The Vision, Aims and Objectives of the Trust have been developed to reflect;

- the environment within which we operate,
- the local issues facing our members and the public,
- priorities set out by our commissioners and clinicians, and,
- the Board of Directors consideration of the views of our Governors Council.

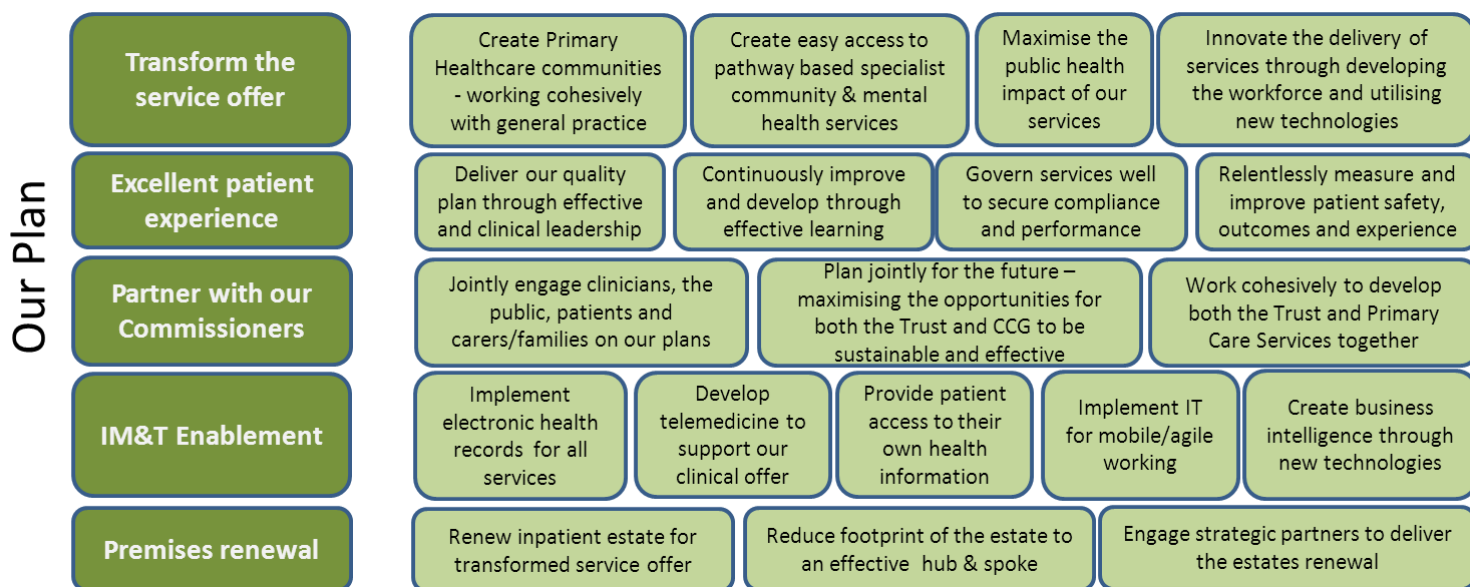
Taking these together, the Board of Directors has summarised its forward vision as set out below;



Our vision, aims and objectives are aligned to the views of our commissioners, staff and the public. Specifically, we have ensured that our forward vision is aligned to the Cumbria Health and Wellbeing Strategy, our local CCG Commissioning Plans and the Trust's own assessment of its operating environment.

To achieve our forward vision the Trust has identified a key set of "plans" that it will focus upon over the next 3 years. These plans have been identified to show what the Trust will achieve, in order to deliver its strategic vision, aims and objectives.

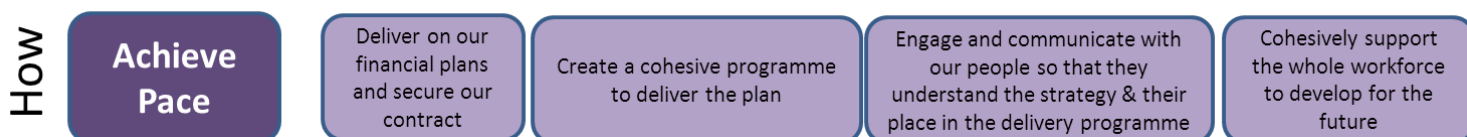
The forward plans are set out below;



The above plans outline the following;

- The key parts of transforming our clinical services
- How we will focus on patient experience as a marker of quality
- Our commitment to joint working with commissioners (recognising the agreed compact we have in place with Cumbria CCG)
- A clear focus on delivering real improvements in underpinning infrastructure; IM&T and Premises. The delivery of Electronic Patient Records and effective premises are both pre-requisites for 21st century healthcare delivery.

To deliver on this plan to achieve our strategic aims and objectives the Board of Directors has considered how we will achieve the necessary pace of implementation. This has prompted the Trust to make preparations for an "organisational effort" to deliver transformation of the Trust's services. The approach is summarised as;



In highlighting at the outset "how" the Trust will take forward its plans, the Board of Directors is clearly stating that;

- We will maintain an FRR of at least level 3, despite reduced levels of annual income. This means we identify and deliver cost savings each year by becoming more efficient and effective in delivering services.
- Purposefully organise the Trust so that transformation of our services is achieved in a managed way, whilst maintaining day to day effectiveness.
- Wherever possible we will seek to co-produce our plans for services. Specifically, we will do this with GP commissioners, patients, carers and co-providers. We will approach the task of implementing our plans by engaging people and ensuring that our plans are well communicated and effectively supported. This plan has been co-produced with involvement from senior clinicians, managers and our Governors Council.
- Plan for the necessary workforce development likely to be required to deliver our plans so that the workforce is supported as services are developed.

The objectives set out in our plan take account of the progress made in implementing our annual plan over the last 12 months.

Strategy Summary

1) Clinical Strategy – Transformation of Services

The Trust's clinical strategy sets out, over the next three years, to transform the clinical services through;

- Implementing "Primary Healthcare Communities" as a means to deliver services in every local neighbourhood. This approach to community services delivery has been a direct result of the Trust's integration programme, following the joining of mental health and community services together in 2011.
- Improve access to community services by streamlining our processes, and delivering more effective pathways of care. This approach is specifically designed to ensure that the right response is delivered swiftly and appropriately – meeting the needs of both patients and referrers.
- Ensuring that our services have a positive "public health" impact by supporting and connecting with a wide range of other community assets, making "every contact count" so that our community presence is influential on people's health and generally building capacity of services to prevent ill health and promote healthy lifestyles.
- Deliver significant service development through adopting proven technology. This includes adopting tele-medicine and, alongside social care's investment in tele-care, ensuring that our services are available digitally so that services are more efficient and effective.

Specific service changes are planned in the following areas;

- 1) Designing services to be more evidence based and making available more clinical leadership for our clinical pathways based on the following areas;
 - a. Children's and Young People's Services
 - b. Mental Health Services
 - c. Physical Health Services
- 2) By defining our clinical pathways more clearly we can more effectively deliver services locally using the following key delivery methods;
 - a. Information, Advice, Guidance and Self-management for patients and primary care professionals including access to patients' health records electronically. The overall effect of this will be more empowered patients and carers more able to make the best use of our services and more "community assets" available to support this.
 - b. Local neighbourhood based services that work cohesively with local general practices. Our intention to integrate services around local populations and primary care has been well received by our CCG. The intention is to design services at a local level, with approx. 20 geographic services in Cumbria. The overall effect of this will be more integrated services for patients and referrers that are more cost effective overall.
 - c. Where services are not best delivered through local services, for example because they are for less common illnesses, then the Trust will deliver services for larger populations. The aim will be for these to be cohesive and of critical mass to be effective.

The Trust will work with our CCG commissioners, staff and patient representatives to identify which services are best provided in local teams and which are best provided for larger populations, ensuring the best quality (patient experience, patient safety and clinical outcomes) is achieved.

The Trust's commissioners (Cumbria Clinical Commissioning Group) have agreed to support the Trust in the design and delivery of our clinical strategy.

2) Quality Plan

The Board of Directors has developed and approved the Trust's quality plan – "Improving Quality Through Partnerships" which is a three year plan to maintain and where needed improve the quality of services we offer.

The quality plan has been developed as a response to what our staff, patients and partner organisations have said about shaping the future provision of services in Cumbria. Effective

partnership working with the CCG and other partner organisations in Cumbria will be important as we strive to deliver high quality services to the people of Cumbria.

We value our relationship with the local CCG and recognise that the support of all those who purchase services from us is conditional on us delivering quality services at the right cost and meeting patient needs.

We have also listened to the views of hundreds of our stakeholders including patients, members, governors, staff, GPs and other partner organisations.

- Our **patients** have asked us for quick access, clear information and a 'listening ear'.
- Our **staff** want to be supported in their roles, with excellent training, IT support and clinical leadership.
- **GPs** are also looking for quick and easy access to services for their patients, supported by better communication and closer links with clinicians

We are ambitious in our approach to quality and have set ourselves 17 testing objectives in three areas;

Transforming Services

1. With our Clinicians and Clinical Commissioners we will develop, shape and implement a programme of transformation of our services to be sustainable and demonstrably high quality.
2. We will achieve the pre-qualifying conditions to participate in CQUIN (commissioning for quality and innovation), notably the following nationally identified 5 areas of healthcare innovation; Digital first , Tele-health , Child in a chair in a day, Intellectual property, Supporting carers of people with dementia

Patient Safety and Clinical Effectiveness

3. We will develop a robust and effective safety thermometer. This will meet national requirements and show point prevalence data on the four harms to inpatients; pressure ulcers, falls, VTE and Catheter acquired UTI. We will use this information to reduce harm.
4. We will fully implement the recommendations of the CAMHS review. This will produce a properly resourced and clinically effective service which is fit to meet the needs of children and families in Cumbria.
5. We will implement a programme of "intentional rounding" on all inpatient wards and maintain clear and understandable bed end documentation. We will use this information to improve the consistency of basic nursing care to our inpatients.
6. Using a validated methodology we will analyse staffing numbers, skill mix, patient acuity and dependency in every one of our wards. We will use this information to improve the match between the deployment of staff and the needs of patients.
7. We will expand our proven programme of nursing care indicators to each care team. We will use this information to improve the consistency of basic nursing care to all patients.
8. We will implement metrics for quality in community services. This will allow us to measure and track the quality achieved.

9. We will set out ambitious targets for “no harm/low harm” as a percentage of total incidents and a local list of “never events”. The resulting data will allow us to further improve incident awareness and performance. Note – we utilise the NHS definition of never events as defined at; <http://www.commissioningboard.nhs.uk/files/2013/02/contract-particular.pdf>

10. We will improve our records systems by investing further in proven electronic systems. This will reduce the inherent risk of multiple paper records systems.

Patient Experience

11. We will track patient’s progress through our services, to ensure that their experience is good, they are safe and that they achieve the outcomes that their clinical treatment is intended to deliver. Key to this process will be ensuring swift access to services and well planned progress along clinical treatment pathways.

12. We will introduce clinically led and more effective processes to investigate, respond and learn from complaints and serious untoward incidents. This will ensure that concerns are investigated promptly and thoroughly with the active involvement of commissioners and that the root causes of problems are identified and learned from.

13. We will develop a new system of identifying the lessons to be learned from complaints and incidents, sharing these across the trust and tracking the resulting changes to practice. This will allow us to reduce risk and minimise the chance of history repeating itself.

14. We will develop and implement a nursing strategy that will include the Chief Nursing Officer 6C’s - care, compassion, commitment, competence, communication and courage. This will provide clear direction, purpose, focus and support for our nursing staff as they care for the most vulnerable in our communities.

15. We will introduce a new bed management system to improve the utilisation of our inpatient beds. This will ensure patients are accommodated in the right place, at the right time for the inpatient care they need. This will improve the experience of patients, carers and staff.

16. We will introduce a clearer emphasis on recovery and rehabilitation in the design and delivery of adult mental health services. This will address a recognised gap in current provision and assist commissioners in their goal of offering care within Cumbria wherever possible.

17. We will introduce the triangle of care to all our services. This will provide a clear focus to recognise the role of families and carers in all we do.

Staff have contributed significantly to the development of the Quality plan. We will ensure that it is effectively communicated to all of our staff and that each person understands their role in its achievement. We will embed a sophisticated clinical supervision arrangement that is understood by all staff and supports them in the delivery of this plan and high quality services.

Every member of staff will have a personal development plan that will support the development of their individual skill set, where appropriate their revalidation with their professional regulator and be linked to delivering the quality domains as set out on page 13 of this plan.

The Quality plan has been developed as a response to what our patients, partners and staff, have told us is important to them. They have told us that they want us to improve the quality of our services and to work differently with our health and social care partners. We have set ourselves the task of achieving a number of clear quality deliverables which will improve the quality of what we do. We will now move to implementation and monitoring.

3) Financial Plan

The Trust's financial plan for 2013/14 and beyond has been prepared in accordance with Monitor's requirements. Looking ahead, the Trust's income is constrained by national NHS funding plans that reduce the annual income to NHS providers. In 2013/14 the Trust's income contracts are being reduced by 1.3%, at the same time as pay and non-pay costs are rising, which creates a requirement for the Trust to identify cost savings in each year that are cumulative year on year. The Trust has identified cost savings for 2013/14, and is seeking to identify these for future years by implementing the clinical strategy to transform services, increasing quality, innovation, productivity and performance.

The Trust's risk rating is forecast as follows;

	2013/14 Budget		2012/13 Actual	
	PERFORMANCE	RISK LEVEL	PERFORMANCE	RISK LEVEL
EBITDA margin	5.0%	3	6.1%	3
EBITDA plan, % achieved	assumed 100%	5	92%	4
Net surplus margin	1.2%	3	4.5%	5
Net return after financing	3.0%	5	15.4%	5
Liquidity	31 days	4	42 days	4
Weighted risk rating		3.9		4.15
Overall risk rating		4		4

Key risks to the financial plans are;

- Income levels being achieved, including the achievement of quality incentives
- Overspending in clinical services and back office functions
- Achieving planned levels of cost savings
- Costs of change (e.g. in delivering our clinical strategy to transform services)

The summary I&E budget for 13/14, 14/15 and 15/16 is as follows:

	13/14	14/15	15/16
	£ million	£ million	£ million
Income	167.5	165.3	165.0
Pay costs	-118.3	-119.5	-116.2
Non pay costs	-34.1	-34.1	-32.7
Reserves & developments	-11.0	-7.2	-6.7
Planned cost savings	4.3	6.4	6.3
EBITDA	8.4	10.9	15.7
Net interest payable	-0.3	-0.4	-0.4
Depreciation	-3.8	-4.2	-4.7
PDC dividend	-2.2	-2.4	-2.5
Surplus	2.1	3.9	8.1

4) Leadership & Workforce

The Board of Directors is well established and has in place all key positions. Committees of the Trust Board of Directors are established and working well.

- Remuneration Committee
- Governance, Quality & Risk Committee
- Audit Committee
- Investment Committee

The Governors Council is also well established and the Trust continues to be supported by a large number of active Governors who are well engaged in strategic and day to day activities relevant to their roles.

The Trust has embedded clear leadership of clinical services covering 6 geographic localities and children's services. The Trust has also established a clinical leadership structure that adds to the above with clinicians identified to lead professional development, education and learning activities and clinical pathway development. Taken together, this represents a cohesive and coordinated approach to governing services.

Looking forward, the Trust plans to utilise the NHS Outcomes Framework to hone its clinical governance approach in line with the clinical strategy to transform services and the 17 priorities set out in our quality plan.

NHS Outcomes Framework;

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

In order to support the Trust's Clinical Strategy to transform services, achieve our quality priorities and the delivery of our annual plans we need to consider transformational change in our workforce in a number of key areas to ensure staff are;

- Well supported and not isolated
- Well supervised, appraised and developed
- Deployed in roles well designed for the service within which they work

We want address the following issues by implementing our workforce priorities;

- Staff survey feedback that is lower than desired.
- Over-reliance on temporary staff in some areas.
- Difficulty recruiting clinical staff in some areas.
- Skills and capacity that keeps pace with service requirements.

A more strategic approach to workforce development is planned to address these issues and ensure the Trust achieves its overall objectives. We have identified four key workforce priorities to deliver our plans and address the above issues.

- 1 To **SHAPE** our workforce through simpler structures which are clear and aligned with our clinical models and pathways, underpinned by methodologies to ensure that we have safe and effective staffing levels; where the roles and responsibilities for the workforce are clear, more closely aligned to job families and bring out the best in people. In addition more flexible roles which provide for agile and responsive service provision, facilitating staff to provide the best possible care to patients.
- 2 To **ENGAGE** the workforce by creating a work place culture underpinned by the values and behaviours which support a culture of compassionate care, transparency, openness and honesty. Fundamental to this are our leaders and managers who, as role models, will work in ways which empower staff, foster trust and mutual respect and allow for appreciative feedback. Developing more effective and contemporary partnership working, principles and ways of working to reflect the current context and challenges. Communicating effectively at all levels in the organisation and ensuring through a caring and kind approach, the well-being of staff.
- 3 To **DEVELOP** the current and future workforce through conducting robust training needs analysis, providing education and training which drives innovation, skill and competency development and enables people to deliver services to the highest standards grounded in rapid advances in delivering care. As a learning organisation, this will be underpinned by research and development through strong academic links, maximising and celebrating the talents of individuals and teams. The development of leaders and emerging leaders will remain a high priority, as well as a collaborative approach in terms of joint training and development opportunities with other employers.

5) Investment Plans

The Trust utilises its surpluses for investment. Our plans, over the next three years are for capital investment to be as follows;

	13/14 £000	14/15 £000	15/16 £000
<u>Maintenance/base capex</u>			
IT			
General equipment refresh	800	800	800

Estates			
General maintenance capex	2,100	2,100	2,100
Community Services estates transfer maintenance capex	1,000	1,000	1,000
Community Services estates transfer backlog capex	800	1,300	1,350
	4,700	5,200	5,250
<u>Major projects - committed</u>			
IT	0	0	0
Estates			
Ruskin	1,650	0	0
Keswick	450	0	0
Dental decontamination	500	0	0
Kingstown Broadway	850	0	0
	3,450	0	0
<u>Strategic capital reserve</u>			
Strategic capital reserve	4,000	4,000	4,000
Capital expenditure included in plan	12,150	9,200	9,250

There are a large number of other projects and schemes (both IT and Estates) currently under development, and there will be headroom within the Trust's cash position to include some of them during 2013/14. However, full inclusion of all of these schemes at current cost estimates is not affordable for the Trust.

The Trust has examined the potential for investment through alternative means, including through partnerships. The Trust is likely to form such partnerships in 2013/14 in order to access alternative routes for investment to be achieved.

The inclusion of additional projects and schemes in the Trust's capital budget is therefore dependent upon the approval of a business case which includes a rigorous analysis of the impact of the project / scheme on the Trust's finances. This will need to include modelling of the impact of Monitor's proposed revised financial risk framework, and consideration of the merits of alternative methods of financing and procurement.

Looking ahead, the key areas that will be considered for investment in addition to the core programme are likely to include;

- Improvements to inpatient service estate – Mental Health
- Improvements to inpatient service estate – Community services
- Improvements to outpatient, clinic and other community based premises
- IM&T investment

6) Risk Assessment

The Board of Directors has assessed the risks facing the organisation. This has included consideration of the feedback from Governors and the wider context of the Trust's internal and external operating environment. Risks are assessed regularly and mitigations are identified and implemented so that the residual risk (after mitigation) is acceptable and does not prevent the

Trust from achieving its strategic objectives. A summary of the main strategic risks and key mitigations identified is outlined below;

Risk Issue	Key Mitigations
1 Potential for staff skills to be insufficient to manage increased acuity of patients – for example as highlighted by the Francis Review.	Quality Plan
2 Reliance on paper record systems for clinical care, performance management and data quality.	Quality Plan
3 Inability to secure a positive staff experience in the delivery of services. Failure to inspire staff to participate positively in change and service development.	Clinical Strategy – Transformation of Services
4 Insufficient transformation of the trust and its services following the integration of mental health and community services achieved by the TCS programme in 2011. Failure to deliver transformation cohesively and at required pace resulting in adverse governance and financial risks occurring.	Clinical Strategy – Transformation of Services
5 Failure to secure effective relationship with the CCG and other key commissioners covering; Contracts, Planning, reputation with GPs and service development.	Compact agreed with Cumbria CCG
6 Risk of the Trust not adequately identifying and responding to “Achilles heel” services e.g. CAMHS, CRHT etc that damage reputation by not delivering high performance.	Quality Plan
7 Failure to establish “Quality” (Safety, Outcomes, and Experience) as a defining driving force within the Trust at all levels. Inability to mobilise our clinical leaders to identify and address quality issues, and lead service transformation where required.	Quality Plan
8 Complexities of estates management associated with the transfer of premises, and/or transfer of services to CPFT from NHS Cumbria	Executive Overview
9 IM&T strategy for the Trust is not fully developed or implemented to achieve key Trust objectives.	Clinical Strategy – Transformation of Services
10 Clinical service plans and models that are not coherent with co-providers in primary, social, secondary and tertiary care settings	Clinical Strategy – Transformation of Services
11 Risk of income decreasing through non-performance on quality incentives and costs rising through insufficient cost control and productivity gains.	Executive Overview

All the above risks could have a significant detrimental effect on the reputation of our services and our organisation. By managing these risks we are acting to ensure we have a good reputation that rightly gives confidence to our patients, staff, members and the wider public.

How our Plan is Aligned with Commissioning Intentions

The nature of commissioning (planning and contracting for services) is changing in the NHS following the Health Act 2012.

In April 2013 Clinical Commissioning Groups come into existence and the Cumbria Clinical Commissioning Group, with 82 member GP practices, will commence its work commissioning services from the Trust. Approx 90% of the Trusts services will be commissioned from the Cumbria Clinical Commissioning Group. Other services will be commissioned from the Local Authority, which takes responsibility for public health commissioning from 1st April, and NHS England. The Trust and the above bodies have agreed transitional contracting arrangements for 2013 that protect the continuity of income to the Trust despite these changes to responsible commissioners.

In preparation for these arrangements the Trust Board of Directors has agreed a “compact” with the Cumbria Clinical Commissioning Group. The intention is for this agreement to establish a mature and cohesive relationship between the Trust and its main commissioner. Importantly, the Clinical Commissioning Group has articulated support for the Trust’s clinical strategy to transform services and will be participating the process of delivering these changes through a process of co-production.

The Trust is not seeking to be a monopoly provider of services – but to be a key supply partner for our commissioners with a long term relationship that successfully delivers services and builds effective partnerships with co-providers in all sectors.

The CCG has set out its priorities for the future, which have influenced this annual plan and the Trust’s priorities. These priorities are;

CCG Priorities	Link to Trust Annual Plan
Improving children’s health and health services	Transforming children’s services
Responding to mental ill health and alcohol related harms	Transforming mental health services
Addressing inequalities - especially in cancer and vascular disease	Transforming Long Term Condition and Healthy Living Services.
Supporting the increasing number of frail elderly people	Transforming Unscheduled Care and Long Term Condition Services
Making the care offer fit for the 21 st Century, including a transformation of Informatics, Estate, Skills and Learning	Enabling Services with IM&T and Premises fit for purpose.

During 2013/14 the Trust will work closely with the CCG to jointly achieve these priorities. In addition, more effective joint arrangements with the local authority will be developed to strengthen the relationship between the Trust and the Local Authority's adult social care services.

Membership Strategy

Our membership strategy outlines our vision for membership and the methods we intend to use to identify and build an effective, responsive and representative membership body. It also outlines our future plans in terms of recruitment and engagement and how we will measure the success of our membership.

We plan to strengthen and build upon our successful membership scheme, 'Be more than a voice, be a member'. We recognise that building a representative membership body is an opportunity for us to learn from, respond to and work more closely with our patients, public, staff and volunteers.

We want our membership to:

- be active, engaged and representative of local communities, staff, and the wider population that the trust serves;
- be representative in terms of geography, gender, age, ethnic group, disability and socio-economic group

Membership Recruitment

Membership is our way of developing a closer relationship with our local communities. Presently, our public membership is not entirely balanced with the geographic spread of populations within the county. This is shown in the tables below;

Locality	Trust Public Members	Membership Target *	Difference
Allerdale	2375	2296	79
Carlisle	3098	2558	540
Copeland	1246	1678	-432
Eden	1200	1249	-49
Furness	2296	1642	654
South Lakeland	1683	2475	-792
Overall Totals	11,898		

Key

No recruitment needed	
Possible recruitment	
Recruitment needed	

*This figure represents what the Trusts membership figure should be, to be a true representation of Cumbria population.

Our plan for 2013/14 is to recruit a further 1000 new members with a focus on recruiting in the less represented areas as a priority. This represents a modest growth in membership that will be targeted at the geographic areas highlighted above.

Engaging Members

Positive engagement with our members is extremely important and we are constantly seeking ways of improving and increasing the level of this.

Engagement with our members during 2013 - 2014 will include:

Welcome Packs	Welcome packs will be issued to all members when they initially join. Welcome packs to include a membership card, a local area badge and information on membership and the local discount scheme. The pack will also include an interest survey.
Annual Members Meeting	Members will be invited along to attend our day long Annual Members Meeting to hear more about the Trust's achievements and ask questions.
Members Net Meetings	We will be holding 3 Members Net Meetings throughout the year; each focusing on a different clinical theme. The Topics will be chosen based on the returned member interest surveys, which are provided with new members welcome packs and the feedback provided from surveying our interested members (survey to be carried out twice a year).
Members Newsletter	The Members newsletter 'Your Wellbeing' will be distributed to all active members on a 6 monthly basis by email where possible and by post to all other active members (one copy per household) Staff will receive 'Your Wellbeing' via email. Hard copies will be sent to wards, clinic areas and departments to ensure that it reaches those staff who do not have email access.
Competitions	We will be running a number of competitions throughout the year to promote good health to our members.
Involvement of Patients and Carers	Opportunities for patients and carers to be involved through volunteering, editing patient information, feeding into the Trust's clinical service development process and gathering patient satisfaction information will be taken forward during the year.