Homerton University Hospital NHS
NHS Foundation Trust

Forward Plan Strategy Document for 2012-13

Homerton University Hospital NHS Foundation Trust

31st May 2012

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SECTION A: Our Vision

Our strategic vision has not altered since the submission of our 2011/12 plan: to remain a high performing and flourishing hospital in Hackney, providing comprehensive hospital and community health services for local people; and a bespoke range of specialist services for a wider population. To further enhance our national reputation for achievement, innovation, and service development.

We have a clearly defined set of corporate objectives for 2012/13 and beyond underpinning our vision. They articulate both how we aim to achieve our vision and how we wish to be viewed by all of our patients, staff, and the wider population. We recognise that to deliver against these they must be embedded in everything we do and as such these objectives are the driving force behind all of our detailed business planning work.

Overarching Objective: Our core work

We exist to provide **safe, effective, thoughtful NHS healthcare.** In order to be allowed to continue to do this we must meet legislative and regulatory requirements. Individual departments need to understand what specifically this means for them, but to some extent it can be encapsulated as follows:

- maintain compliance with CQC essential standards and those of related agencies;
- maintain compliance with Monitor's financial and governance requirements;
- comply with legislation including that relating to fire, carbon reduction, and equalities; and
- achieve national requirements for service delivery, teaching, and research.

During 2012/13 we will be at the forefront of healthcare provision for the London 2012 Olympics and Paralympic Games as a designated Olympic hospital, as reflected in one of our objectives.

In addition to our core objectives we have set ourselves six aspirational objectives, as summarised below.

Objective 1: Quality and Safety for patients

*To provide the public with confidence that the Homerton is a **very safe hospital** by maintaining Hospital Mortality markers at a level which demonstrate this to be the case, and to provide evidence that all of our services have the hallmarks of quality and safety.*

This year we have refocused our Quality Account priorities to ensure they are aligned with this corporate objective. The six Quality Account priorities can be summarised as follows:

- **Reduce harm to patients** caused by pressure ulcers, falls, catheter infections and VTE;
- **Demonstrate improvements in safety**;
- Ensure **national clinical guidelines are used in everyday practice**;
- **Reduce readmission rates**;
- Ensure the **patients are fully involved with their care**; and
- **Improve the effectiveness of discharge from care**.

We also hope to realise benefits from our membership of **NHS QUEST,** which we recently joined in January 2012. This is a network of Foundation Trusts which seeks to find ways to continually improve the quality and safety of services delivered.

Further details of how we will be addressing this objective are included with Section C. Appendix 1 also includes a summary of the key risks to the achievement of our quality objective and priorities.

Objective 2: Expanding the organisation

*To **grow the organisation** through a planned and strategic approach to increasing referrals and establishing new services, so that we are confident we are the right size for the future.*

We are mindful that our ambition to grow as an organisation is challenging in the current economic climate however we strongly believe that this is the right and realistic strategy for us.

This objective is described further in Section G. Appendix 3 also provides further details of our current assumptions relating to activity and income and planned service developments.

Objective 3: Community/hospital integration

*To be an exemplar **organisation for community health and hospital services integration**, by fulfilling our integration programme and associated informatics and premises plans. This will support us to retain the contract for the provision of community services for Hackney and the City beyond 2014.*

In line with the vision of our commissioners, we view the successful integration of clinical pathways between community and acute services as adding value to our business and key to the delivery of high quality patient care. This is described in more detail with Section G.

Objective 4: Short waits

*To be a **'short-wait' organisation** with all patients being offered an appointment for a consultation or investigation within four weeks of referral. Patients for urgent consultations will continue to wait no more than two weeks and those presenting to the emergency department attended to within four hours.*

Achieving this objective will further enhance quality of care and endorse our reputation. It will also require us to continue to drive improved productivity and efficiency in areas such as theatre management, appointment management, and the processing of diagnostic tests. Our plans in this area are described in more detail with Section G.

Objective 5: Communications with patients, GPs and professionals

*To be **exemplary in our engagement with the patient, GP and key professionals** in relation to every interaction with our services; ensuring consultation and investigation reports are conveyed to patient, GP and professionals within five working days; and summaries from in-patient stays and emergency attendances are shared within 24 hours.*

As with our short wait objective, successful achievement of this objective will help ensure that we are a provider of choice. With a wide variety of stakeholders, we are keen to ensure our communications are both timely and appropriate at all times. Specific plans include provision of prompt responses to GP referrals, patients, and all other stakeholders. Our plans in this area are described in more detail with Section G.

Objective 6: Preparing and supporting our staff

*To **prepare staff for the Homerton of the future** by ensuring everyone is clear on their contribution to making this organisation and their service better, through programmes which develop Service Line Management, clinical leaders and the ability of staff to achieve the Trust's objectives.*

We must ensure our staff have the skills and knowledge to deliver high quality services in a business like way. We are launching a clinical leadership initiative, a core component of our staff development programme, and we are working with all areas to ensure we engage effectively with our staff with respect to our corporate objectives. Our plans in this area are described in more detail in Section F.

Conclusion

We recognise that we are setting ourselves a bold challenge however we believe our strategy to be realistic, stretching, and achievable. Delivery of our objectives will ensure that we remain on a sustainable footing and that we continue to be a provider of choice for the communities we serve.

SECTION B: Our Strategic Position

We are a high performing organisation with track record of delivering quality safe services, and sound operational and financial performance. When setting our corporate objectives we have considered the impact of national and local factors on our ambitions for the short, medium and longer term.

The NHS faces uncertain times as the implications of the Health Bill and organisational mergers may lead to significant changes in our local commissioning and provider landscapes. These changes provide us with both risks and opportunities.

We recognise the impact of **national initiatives** on our future planning, including:

- The impact of the **Any Qualified Provider (AQP)** policy: our aspiration is to capitalise on the opportunities presented by AQP, recognising that this also presents us with a risk to manage in respect of existing services;
- **The transfer of public health funding** and functions to Local Authorities from PCTs: The commissioning arrangements with respect to a number of community health services are due to transfer from the 1st April 2013. We will work closely with the new commissioners to ensure the quality of service provided is retained and enhanced and strive to ensure we remain the provider of choice for these services;
- The role of the **National and London Regional Office of the NHS Commissioning Board**: it is not yet clear what impact this body will have on our operations, particularly with respect to the commissioning of specialist services;
- **The emergence of Clinical Commissioning Groups** (CCGs): As our main commissioner, the City and Hackney CCG (which has been operating in a shadow form since January 2012) will play a pivotal role in our future. We have been already had the opportunity to work together and strengthen our relationship. We are confident that we will be able to develop strong and productive partnerships with the local and out of area CCGs over the coming years; and
- The **changing role of the Monitor** and the impact of the new licensing regime: we recognise that as the Foundation Trust sector grows and the role of Monitor evolves there will be impacts on all providers in respect of governance.

There are a number of **factors specific to our local health economy**, including:

- **The establishment of Barts Health**: The merged organisation will significantly impact the provision of healthcare to the population of North East London and potentially lead to changes in commissioning behaviour; and
- The formation of **Local Education and Training Boards** (LETBs): we will seek to ensure our training and education programme is sustained longer term, particularly as a member of UCL Partners, which has been designated as one of three LETBS for the London region;

The above factors were considered as part of the context for our business planning process, the setting our strategic objectives, and in identifying and evaluating the risks and opportunities associated with their delivery. We do not believe that any of the issues noted above are unmanageable.

SECTION C: Clinical and Quality Strategy

We exist to provide **safe, effective, thoughtful NHS healthcare.** In order to continue to do this we must meet legislative and regulatory requirements relating to service and clinical quality. We are committed to:

- delivering **strong operational performance**;
- continuing to comply with all the **CQC's Essential standards**;
- maintaining at least **Level 2 compliance against the NHSLA's standards** for maternity, acute, and community services; and
- complying with all of **Monitor**'s quality, finance and governance requirements.

Our plans delivering on these commitments are described in more detail in Section D.

Quality Account Objectives

We have also set our Quality Account objectives to challenge us to go beyond our core purpose. We have taken into account many factors and have linked them closely to our corporate objectives. We have also proactively sought the views of patients, staff, commissioners, our membership and other stakeholders regarding the quality of services we provide. We aim to deliver continuous improvement in patient care over the next three years. Our six priorities for quality improvement are summarised as follows:

1. **Reduce harm to patients** caused by pressure ulcers, falls, catheter infections, and VTE. These four harms are identified within the National Safety Thermometer / Harm Free Care Programme. The use of the National Safety Thermometer is also part of the NHS Quest work programme, a National CQUIN, and an Operating Framework requirement. We aim to be fully involved with the National Safety Thermometer measurement programme and to reduce harm to patients in these areas.

2. **Demonstrate improvements in safety** by continuing to deliver a programme of work relating to urgent care, end of life care, and clinically led coding. We will use the Standardised Hospital Mortality Indicator (SHMI) as a measure and aim to score a SHMI of 75 or below by January 2013.

3. Ensure that, where **national clinical guidelines** have been produced by the National Institute for Health and Clinical Excellence (NICE) which are relevant to the care the Trust provides, we can demonstrate we are using them in everyday practice. We will ensure that we can evidence the implementation of NICE clinical guidelines that are relevant to us (acute and community services). This will include regular audit of the guidelines to demonstrate that clinical practice continues to be of the highest standard.

4. **Reduce readmission rates** within 30 days of discharge by 20% by implementing the NHS QUEST Reducing Readmission improvement programme. We will review the care of all patients readmitted within 30 days to see if this could have been avoided and whether we can improve our processes for the efficient discharge of all patients.

5. We will **ensure that patients are fully involved with their care**. We will ensure that every patient receives a copy of every letter sent to their GP or referring practitioner. Copies of all letters sent to other professionals about a patient's treatment and care will also be shared with the patient.

6. We will **improve the effectiveness of discharge from care**. Leaving hospital to go home should be a smooth and efficient process enabling patients to depart as soon as they are medically fit to do so. We will improve the effectiveness and timeliness of hospital discharge and we will also review and improve the discharge of patients from community care/support.

   Patient satisfaction will be measured in relation to communication, waiting for medicines/transport, the level of support patients have and whether they feel confident to manage their ongoing health.

SECTION D: Clinical and Quality Priorities and Milestones

Delivering strong operational performance

We are committed to complying with all existing hospital and community service related targets (after the application of thresholds) and to comply with all known targets prospectively. We have a strong track record of compliance in this area and have systems and processes in place to monitor and manage performance against all key indicators.

Notwithstanding the above, we continue to experience challenges with respect to achieving the **62 day cancer** target, specifically with respect to urology patients. We treat a relatively small number of cancer patients in overall terms with a disproportionally high number of urology cases. Part of the cancer pathway associated with urology patients includes a period of case review which can lead (appropriately) to care going beyond the 62 day threshold. As such, a relatively small number of breaches can have a significant impact on our achievement of this target. Performance is managed closely at divisional level and is also monitored by the Board.

We are also mindful of the national requirement with respect to **MRSA** and **C.difficile**. We have a target of no more than seven Homerton attributable C.difficile cases and one MRSA bacteraemia for 2012/13. These are extremely challenging targets to meet. We do, however, take some comfort from our performance in 2011/12 when we reported nine hospital attributable cases of C.difficile, below Monitor's *de minimis* limit of 12, and no cases of MRSA.

We and our partners in health continue to face challenges with respect to achieving the **immunisation** targets. Since the transfer of community services to the Homerton this has been a major priority for us and partner agencies. We are beginning to see signs of improvement and remain committed to working closely with our commissioners to ensure that we improve our collective performance against these targets.

Regulatory Compliance

Maintaining compliance with CQC Essential Standards

We have a track record of compliance with the CQC Essential Standards. We were routinely inspected on a number of occasions during 2011/12 with only a small number of minor recommendations arising from those reviews where we have received feedback. Further details of these inspections can be found in Appendix 1.

We have a programme of work and appropriate processes in place to maintain compliance with the Essential Standards. The programme includes aligning the CQC's requirements with a range of other initiatives including our Quality Account Priorities and compliance with NHSLA Standards, and ensuring action planning from individual assessments is included in the work plans of the relevant committees e.g. Safe Medicines Action Group. Assurance is provided through regular reporting to the Quality Improvement Committee, Risk Committee, and the Board of Directors.

Continue to achieve at least NHSLA Level 2 compliance

We have an existing programme to monitor compliance with standards set by the NHSLA. We are anticipating being reassessed for Level 2 compliance in November 2012 across acute and community services. Performance against these standards is monitored by the Quality Improvement Committee and the Risk Committee.

During 2011/12 we maintained CNST Level 2 for maternity services. We are now developing our plans to achieve CNST Level 3.

Safeguarding Adults and Children

Ensuring that all our staff are trained to the appropriate level in the safeguarding of both adults and children remains a priority. The established Safeguarding Children and Safeguarding Adults Committees will continue to monitor progress and ensure that we meet all of our obligations. The Board will also continue to receive an annual report on both safeguarding adults and safeguarding children.

We are anticipating joint OFSTED/CQC inspections of safeguarding children in both the City and Hackney in 2012/13. We will implement and embed in practice all recommendations arising from these reviews.

Compliance with Monitor's requirements

We are required to comply with Monitor's requirements with respect to Quality, Finance and Governance. As with many other NHS organisations, we have found it challenging to achieve the requirement for 95% of our relevant staff to complete the **IG Toolkit** training using the prescribed tool. We, and others, are in discussions with Connecting for Health to explore alternative means by which the delivery of training can be logged. We achieved strong performance with respect to all other aspects of the IG Toolkit.

We have developed an action plan to maintain and improve our performance further, including:

- Records keeping audit – the findings and any recommendations will be reported to the Information Governance Committee;
- Pseudonymisation – We are implementing an electronic solution to this issue; and
- Training – we are producing a statutory and mandatory training magazine for all staff which will include Information Governance training. We await the release of version 10 of the IG Toolkit, to ensure that our training programme appropriately addresses any significant amendments.

Achieving our quality objectives

Further details of our quality priorities and the milestones associated with their delivery are set out within our 2011/12 Quality Account.

Business as usual during the Olympics

We will ensure the quality of care and services we offer to our patients is maintained throughout two of the highest profile events for London; the Olympic and Paralympic Games. As a designated Olympic hospital we will also provide services for accredited Olympic personnel.

SECTION E: Financial Strategy

We have a track record of strong financial management and sound underlying financial performance, as evidenced by the delivery of a surplus year on year and consistently meeting our financial plans. The financial forecasts included within our annual plan reflect the current guidance available nationally (included within the Operating Framework and published Monitor) and the intentions of our local and specialist commissioners. Our Annual Plan projections have also been prepared based on assumptions consistent with those used in our budget setting process.

Our plans reflect a number of service developments which will contribute significantly to our position. These are described in more detail in Appendix 3b. Our aspiration to expand our organisation over the medium to long term is described in more detail in Section G.

Projected Income and Expenditure

We have reached formal agreement with all our commissioners for 2012/13. Our commissioners acknowledged the underlying activity over performance in 2011/12 and setting the starting point for 2012/13 contract activity levels at outturn, adjusted for known areas of pressure, reduction for agreed efficiency initiatives, and limited growth, where appropriate.

Forecast costs include inflationary increases, cost pressures, and the impact of service developments, and higher depreciation charges.

The table below summarised the actual income and expenditure performance for 2011/12, with projections for 2012-13 and the following two years.

Detailed Financial Summary £m	**2011-12 Actuals**	**2012-13 Plan**	**2013-14 Plan**	**2014-15 Plan**
Acute	165.5	166.2	177.4	186.2
Community	47.2	46.3	45.7	44.8
Other operating revenues	30.6	28.0	27.9	28.0
Total operating revenue	**243.3**	**240.5**	**251.0**	**259.0**
Employee Expenses	(158.7)	(160.9)	(166.6)	(174.1)
Drugs expense	(10.3)	(11.0)	(11.7)	(12.3)
Supplies (clinical & non-clinical)	(57.1)	(55.1)	(58.6)	(58.1)
Other expenses	(1.7)	(1.5)	(1.6)	(1.5)
Total operating expenses within EBITDA	**(227.8)**	**(228.5)**	**(238.5)**	**(246.0)**
Net interest	(0.0)	0.2	0.2	0.1
Depreciation and amortisation	(6.0)	(6.2)	(6.5)	(6.8)
PDC dividend	(3.3)	(3.4)	(3.4)	(3.4)
Total operating expenses	**(237.1)**	**(237.9)**	**(248.2)**	**(256.1)**
Net Surplus / (Deficit)	**6.2**	**2.6**	**2.8**	**2.9**
EBITDA	**14.0**	**12.0**	**12.6**	**13.0**
Financial Risk Rating	**4.0**	**3.0**	**3.0**	**3.0**

Summary of key assumptions

We expect that the challenging economic climate will continue throughout the projection period. The key assumptions underpinning the financial forecasts are set out below:

		2012-13	2013-14	2014-15
Tariff deflator		1.8%	1.8%	1.8%
Non Tariff deflator		1.8%	1.8%	1.8%
NHS inflation				
Pay (*incl 1% pay drift*)		2.0%	2.2%	2.2%
Non Pay		2.5%	2.5%	2.5%
Drugs		5.0%	6.0%	6.0%
Reduction in non PbR block allocations		£2.2m	£2.2m	£2.2m
Impact of readmissions policy		£1.5m	£1.5m	£1.5m
Impact of 30% NEL marginal rate		£0.4m	£0.4m	£0.4m
CIP required	£m	£9.2m	£10.2m	£10.7m
CIP required	%	3.8%	4.1%	4.1%

Tariff inflation

We have assumed net national tariff deflation of 1.8% in 2012/13 for both PbR and Non-PbR activity, including the community health services contract. We have assumed a further 1.8% tariff deflation in both 2013/14 and 2014/15 and 2.5% (average) of cost inflation in each year. We anticipate that the expected cost inflation of 2.5% will be met as part of our QIPP programme.

Other tariff changes

The impact of the marginal rate of 30% of tariff applied to non-elective activity above a baseline set at 2008/09 levels has been factored into the income assumptions. An estimate of the impact of the policy on payment for readmissions based on an assumed avoidable readmission threshold of 27% has also been incorporated within the income figures.

Education and Training

From October 2012, a network of Local Education and Training Boards (LETBs) will be established in London. The LETBs will be responsible for commissioning education and training of medical and nursing staff. There is uncertainty regarding the timing of the introduction of a tariff based system for funding education and training. We have reduced our expected income in 2012/13 by £0.5m as compared with 2011/12 in recognition of NHS London's planning assumptions. We have assumed a further reduction of £0.2m in both 2013/14 and 2014/15.

Contract activity

The activity plan figures for 2012/13 are based on agreed contract activity levels by point of delivery. For 2013/14 and 2014/15 the following assumptions around acute activity levels have been made:

Assumptions	**2013/14**	**2014/15**
Elective	7.1%	7.7%
Non Elective	1.8%	1.8%
Day Case	6.9%	7.4%
Outpatients	8.2%	8.7%
A&E*	nil	nil
Other	9.5%	9.5%

In addition, we have plans for a number of specific service developments. These are described in detail within Appendix 3b.

Community services activity is also assumed to grow by 2% in each year without any corresponding increase in income in light of the block funding arrangement we currently have in place.

CIP savings requirement

We have a plan in place to meet our CIP requirement for 2012/13, which is estimated at £9.2m (3.8% of forecast income). We anticipate having to deliver efficiency savings of £10.2m (4.1%) and £10.7 (4.1%) in 2013/14 and 2014/15, respectively.

Impairments

The income and expenditure forecasts summarised above do not reflect anticipated impairments to our fixed assets as they do not impact on our earnings for the purposes of deriving our Financial Risk Rating. These impairments are assumed to be approximately £0.9m, £1.5m, and £2.0m for 2012/13, 2013/14 & 2014/15, respectively.

Overview of the Capital Programme

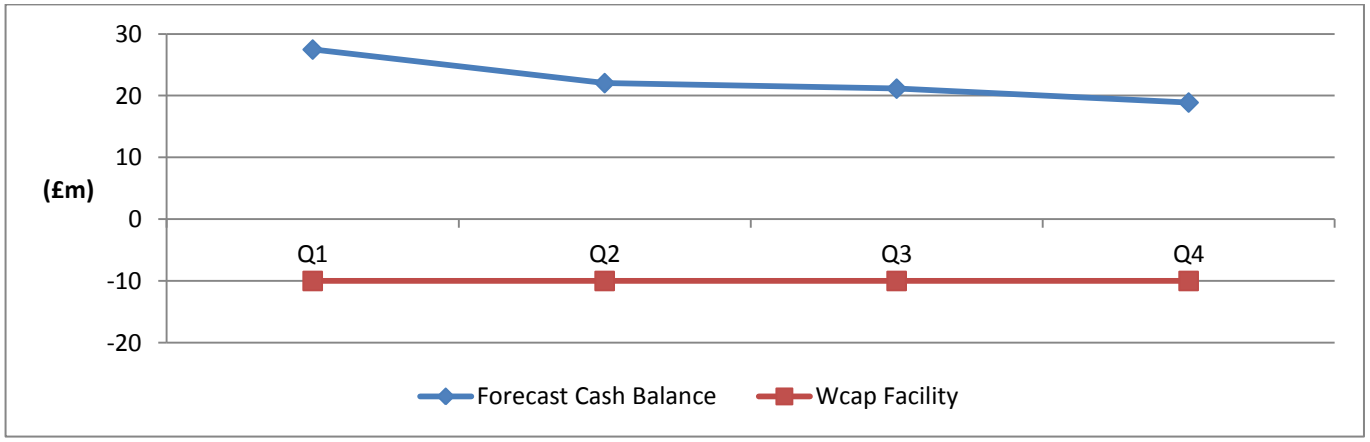
The main capital schemes and costs for the next three years are shown in the table below, along with associated funding sources.

PLANNED CAPITAL PROGRAMME	2012/13 £m	2013/14 £m	2014/15 £m
Development Schemes	3.6	1.1	1.7
Maintenance	2.6	1.6	1.5
Other	7.7	5.6	5.2
Total Programme	**13.9**	**8.3**	**8.4**
Source of funds			
Depreciation	5.9	6.2	6.5
Brought forward from prior year	3.8	-	-
Allocations from prior year surplus	3.3	2.1	1.9
PDC allocation	0.9	-	-
Total funding	**13.9**	**8.3**	**8.4**

Our plans, as set out in Appendix 3e, include two major schemes, the energy centre and pathology. We are currently in the process of working up the plans for these projects. The schemes may be subject to significant change following a full option appraisal of the design solutions, both in terms of specification and the funding model to be adopted.

Working Capital

The chart below shows projected net quarter-end cash balances for 2012-13. The working capital facility of £10m is also shown.



The key factors affecting future cash balances are ability to generate planned surpluses, levels of capital spend, and borrowing.

Assumptions underpinning and risks associated with the delivery of the financial plan

The risks to the delivery of our financial plan are set out in Appendix 1 (Key Risks) and Appendix 3 (Financial Commentary). They can be summarised as follows:

- Changes to national and local commissioning arrangements which may impact on us adversely (for example regionally determined changes to Cancer pathways);
- Increasing competition as the AQP initiative gathers momentum;
- Further mergers and ongoing local pressures within the local system that may result in a shift in local priorities or commissioner intentions;
- Systemic changes to tariffs and the funding for education and training; and
- The successful delivery of our QIPP programme.

Section F: Leadership and Organisational Development

We have a specific corporate objective to prepare and support our staff (Objective 6). We have identified three key areas for leadership and organisational development within our Annual Plan:

- Appropriate succession planning for known changes to our leadership;
- Strengthening our clinical leadership to support meeting our corporate objectives; and
- Board development.

Succession Planning: Changes to Our Leadership

Over the next three years there will a number of changes to key roles at Board level including the retirement of our Chief Executive, and the completion of the final terms of a number of our non-executive directors, including the Chairman. We recognise the potential instability that this can cause for any organisation and the importance of a robust process in place to manage these changes.

In order to assist with managing this we have sought external advice on the appointment of a new Chief Executive and will ensure we embed appropriate levels of succession planning over the period.

Strengthening of Our Clinical Leadership

We recognise that strong clinical leadership and engagement is paramount to achieving our objectives. We have established an Aspiring Medical Leaders Programme (AMLP) that will commence in the summer of 2012.

The overall aim of the programme is to increase our clinical leadership capacity to meet future challenges. The programme will support and encourage current and potential medical leaders within the organisation to take on key roles as service leads or leaders of specific clinical developments.

Further details of our workforce related priorities can also be found within Appendix 3e.

Board Development

As part of a programme of ongoing board development we will be commissioning an independent assessment of the Board's effectiveness and capability during 2012/13. We will use this review to identify areas of strength and areas for continued development in both collective capability and in the structures and processes in place to support the Board in discharging its responsibilities. This review will assist us in ensuring that our Board remains fit for purpose.

Section G: Other Strategic and Operational Plans

We have described elsewhere our plans with respect to our strategic objectives relating to quality of the care and staff development. Within this section we expand upon our other strategic objectives.

Expanding the organisation; Corporate objective 2

We have an aspiration to grow the organisation. Our future is not dependent upon growth but would be strengthened by it, in terms of ensuring we maintain clinical critical mass, supporting our financial integrity and maintaining our strategic position as a key provider of acute health care in London. We are mindful that our ambition to grow is challenging in the current economic climate however believe that this is both a realistic and the right strategy for us.

Appendices 1 & 3 provide further detail on agreed plans and those under consideration.

Community and hospital service integration; Corporate objective 3

We have made significant progress in integrating the management of hospital and community services following the transfer of City and Hackney's community health services at the beginning of 2011/12. We have also made significant investments in IT and system support to enable the community teams to deliver their services more efficiently. In 2012/13 we are focusing more heavily on service integration.

We have a shared sense of purpose with our local commissioners and are working closely and effectively with them on this programme, which is designed to both enhance quality of care and optimise use of resources across the health economy.

Service integration plans are currently being implemented for Hospital and Community Adult Therapy services, Podiatry and Foot Health, the Sickle Cell service, and the Tissue Viability service. We are also integrating Adult Community and Hospital nursing structures, the Department of Sexual Health and the Community Sexual Health teams, and the Acute and Community Childrens' Nursing teams.

The condition of certain community service premises is an area for risk for us and delays to integration work have occurred as we have worked to address this matter with the commissioner.

Short wait organisation and optimal GP communication; Corporate objectives 4 and 5,

We have set ourselves a stretch target to achieve access wait times which surpass national threshold requirements. We recognise just how important timely access to services is for both patients and referrers. Short wait times are a strong marker of service quality; they also help underpin our strategy to increase activity.

Supporting short wait times is the need to provide referrers and patients with rapid feedback on encounters with the trust. Again, we have set ourselves a stretch target in this area.

Section H: Regard to the views of Trust Governors

The opinion of the Council of Governors is sought by the Board of Directors on key strategic issues. The Council of Governors is invited to review issues of importance at its meetings and advise the Chairman of their views. The Chairman ensures that these views are considered by the Board as part of the decision-making process.

Executive Directors regularly attend Council of Governors meetings to gain an understanding of the views of Governors and the membership constituencies they represent. Additionally, two Joint Council of Governors and Board of Directors meetings are held during the year.

Our draft corporate objectives and draft Annual Plan were presented at a meeting of the Council of Governors in March and April 2012, respectively. Views and feedback on these were received and incorporated. Members of senior management also met with the lead Governor to further review, discuss and provide input into the further development of the Trust's aims, objectives and key priorities.

In May 2012 the Governors considered the Quality priorities which are included in the Annual Plan along with an overview of the Annual planning process and content, which they reviewed and approved.

Membership Report

Our vision is to establish a representative and engaged membership. We launched a new Patient and Public Engagement Strategy in September 2011. The Patient Experience Committee, supported by a User Engagement Group, will oversee the recruitment and involvement of members with our new strategy.

In delivering our vision, we will:

- increase the overall number of members who are representative of our patients and local communities;
- strive for the composition of membership to reflect the diversity of the local community with a focus on recruiting young people and people with disabilities;
- engage the local community through health and social care events; and
- ensure members receive appropriate information to improve their understanding of the services we provide and the nature of relationship with the local community.

The overall public and staff membership has increased over the past year with 640 new members recruited and 254 members leaving. The public membership continues to be largely representative of the local population in terms of ethnicity and gender.

The Hackney 2001 Census data has been used for comparison of the local population, as the majority of our patients live in the borough with the majority of public members in the Hackney constituency. Our analysis will be updated by the 2011 Census data when it becomes available later this year.