



## Chelsea & Westminster Hospital NHS Foundation Trust

### Final Operational Plan 2019/20

#### 1. Introduction

This operational plan outlines the Trust's Strategic, Activity, Workforce, Quality and Financial plans for 2019/20 and alignment to North West London STP.

As outlined in the finance section (section 7.2), the Trust has accepted the 2019/20 control total of £11.8m surplus (including PSF and MRET). The Trust's financial plan is a £11.8m surplus on a control total basis.

#### 2. Strategic Priorities

The vision for Chelsea Westminster over the next 5 years is to *Extend Clinical Excellence for Our Patients*. We wish to strengthen our position as a major health provider in north-west London (and beyond), our position as a major university teaching hospital, driving internationally recognised research and development; and to establish ourselves as one of the NHS's primary centres for innovation. Alongside this, in the light of the NHS Long Term Plan and the North West London STP, the Trust is also planning on playing a leading role in supporting the development of Integrated Care Systems and improving population health (see section 8).

To achieve the vision of *Extending Clinical Excellence for our Patients* our priorities are proposed as:

- 1) Extending excellence across **Acute Hospital Services**: We have successfully demonstrated that we have an ability to deliver high quality, low cost, hospital care. The Strategy should look to grow and expand this model.
- 2) Establish excellent services for **Population Health**: We believe that the NHS Long Term Plan and existing STP (Health and Care Partnership) strategies will incentivise population health management as the setting where we can deliver the best care at lowest cost. The Strategy should look to explore this and the role we should play in the wider health system.
- 3) Achieving excellence in Clinical, Operational and Financial performance driven by a process of **Research, Discovery and Innovation**: We believe that the sentinel features of our organisation are our culture and the values that underpin it; and the capabilities and development of our people. The Strategy should build on this and – in partnership with CW+ - seek to establish the Trust as one of the primary centres for innovation in the NHS.

Strategy	Strategic Themes	Supporting Programmes	Enabling Strategies
Acute Hospital Care	Women's & Children's Services	NWL Healthier Hearts & Lungs (proposals to re-provide RBH cardio-respiratory academic and clinical services)	HR/Workforce & OD Communications & Engagement Innovation Research Quality Digital
	Critical Care (ITU/NICU)	Supporting the critically ill and deteriorating patient	

			Estate Volunteering Commercial Finance & LTFM
	Redesigning Urgent & Emergency Care	Ambulatory Care Innovate UK Testbed	
	Digital	EPR Global Digital Exemplar	
	Reconfiguration of acute hospital services in NWL	STP/Health & Care strategic initiatives inc Joint Transformation Programme	
<b>Population Health</b>	Population Health	Hounslow Integrated Care Establishing WMUH Health Campus (inc integrated care hub) STP/Health & Care strategic initiatives	
<b>Research Discovery Innovation</b>	Improvement Innovation R&D	Future Care at Lower Cost (Use of Resource/SLR) Improvement Programme CW+ Innovation Programme Commercialising/Franchising (e.g. Sexual Health e-testing, Sensyne, CW Consulting) Building Research Capability	

To support delivery and consistency across all services provided by the Trust we plan to:

- Retain the Trust Strategic Objectives, which are recognised across the organisation and appear in Divisional, Directorate and Ward/ Department plans and in individual objectives:
  - Deliver high quality patient centred care
  - Be the Employer of Choice
  - Deliver Better Care at Lower Cost

Retain our focus and *Grip* on current performance levels across quality, access and finances as well as our forward strategy and *Growth*. The achievement of current goals and the continued provision of excellent services to patients are key to maintaining our credibility and reputation.

### 3. Activity Planning

#### 3.1. Approach to activity planning

The Trust is developing a realistic and aligned activity plan with North West London (NWL) commissioners and the NWL STP that underpins the 2019/20 contract figures and activity planning. The building blocks of the 2019/20 activity plan are:

- 2018/19 outturn based at month 1-6 freeze data, multiplied by two and then adjusted for seasonality and known non-recurrent items and the full year effect of in-year changes. This

includes some corrections to month 1-6 data at the West Middlesex site, to correct data quality issues following the Cerner implementation in May 2018.

- 2019/20 growth rates have been agreed with local CCGs within the STP. For NWL STP there has been a sector-wide agreement to net off growth and QIPP levels, with a shared aim to manage demand collectively and share the risk of demand growth between providers and commissioners. This will require a significant step change in demand management and represents a significant risk to the Trust due to the high levels of growth, particularly in non-elective activity, seen in the last few years.
- Commissioner QIPP schemes have been included based on identified schemes from local CCGs and NHS England and have been agreed with local CCGs within the STP.
- Activity plans have also been adjusted for changes in Sexual Health activity, to align with the 2<sup>nd</sup> year of the 5 year contract with the London Collaborative Local Authority commissioners, which has a reducing baseline over the 5 year contract period, as activity is expected to transfer to the e-service model.

The Trust and commissioners have agreed the approach to the contract construction overall and within this how material unplanned in-year variations will be managed.

#### **4. Operational Performance**

In line with the standards outlined in the Long Term plan, we will aim to maintain our performance against the 95% 4 hour A&E standard. Our strong performance in 2018/19 was, in part, supported by the introduction of Ambulatory Emergency Care (AEC) Units on both of our hospital sites. 2019/20 will see the further development of additional pathways to either reduce admissions or facilitate earlier discharge. The AEC is a key component of our plans to respond to the continued increase in non-elective attendances/admission.

The Trust will strive to continue to deliver the referral-to-treatment standard of 92% of patients at any given time waiting less than 18 weeks. Whilst we are currently meeting this standard as an organisation, we have recovery trajectories in place for key services that are not yet achieving 92% at a specialty level. Over the past 12 months no patient has waited longer than 52 weeks from referral to treatment, and the Trust aims to maintain this record. This is particularly impressive achievement given the replacement PAS at our West Middlesex site and a key challenge for 2019/20 will be the introduction of the replacement PAS in October 2019 across the Chelsea site.

The Trust will aim to continue to deliver on the cancer waiting time standards, all of which are currently being met.

#### **5. Quality Planning**

##### **5.1. Quality Priorities**

Our Trust Quality Priorities for 2019/20 are aligned to the Trust's Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). As in previous years, they have been informed by:

- Engagement and feedback from our Council of Governors Quality Subcommittee that includes external stakeholders (e.g. commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across wider healthcare. Within that context, we have set the following priorities for 2019/20:

1. Improving sepsis care
2. Reducing hospital acquired E.Coli bloodstream infection
3. Reducing inpatient falls
4. Improving continuity of care within maternity services

Details of each of these priorities, including the actions planned and how we will monitor our progress throughout the year, are presented below. A quarterly report will be provided to the relevant subgroup of the Trust's Quality Committee i.e. Clinical Effectiveness Group, Patient Safety Group or Patient Experience Group and, subsequently, to the Quality Committee itself.

### *1. Improving sepsis care*

Sepsis is recognised as a common cause of serious illness and death. It also has long term impacts on patients' morbidity and quality of life. Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

In 2019/20 we will:

- Improve screening of sepsis in our emergency departments and inpatient settings so that at least 90% patients who meet the relevant criteria are screened. Audits conducted between April and November 2018 showed that this was only happening in 84% of cases.
- Improve the timely commencement of appropriate antimicrobial therapy for patients found to have sepsis so that at least 90% of receive IV antibiotics within 1 hour. Audits conducted between April and November 2018 showed that this was only happening in 80% of cases.

### *2. Reducing hospital acquired E.Coli bloodstream infection*

As well as improving safety, reducing avoidable E.coli blood stream infection (BSI) is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing. Our work during 2018/19 reveals a complex picture in terms of the primary focus for hospital onset BSIs, however, there are modifiable risk factors that relate to the use of devices (cannulae and catheters) which increase the risk of infection.

In 2019/20 we will reduce the number of hospital onset E. Coli BSIs by 10% by:

- Reducing our use of devices (cannulae and catheters) which increase the risk of infection
- Improving adherence to best practice with respect to the use of devices; and
- Standardisation around products that are associated with a lower risk of infection

We will also continue to engage with and support our commissioners and community colleagues who are leading on the work to reduce community onset infection, actively contributing to the local BSI steering group.

### *3. Reducing inpatient falls*

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHSI shows that a multifactorial assessment and intervention can reduce falls by around 25%

In 2019/20 we will:

- Increase in the percentage of eligible patients with a fully completed 'Safer Steps' care plan in place from 31% to 70% leading to a reduction in the number of inpatient falls.
- Introduce the NHSI falls underreporting tool. This is a validated tool used to estimate whether the reported falls rate truly reflects the number of patients actually falling on wards. By introducing this tool, we will be able to better understand our data and more accurately assess whether our interventions are having an impact.

The above work will be completed on all adult wards across both sites. However, we recognise that certain wards have a higher number of falls than others. We will therefore also complete more focused work with these wards to reduce the number of falls.

### *4. Improving continuity of care within maternity services*

Continuity of care and the relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience. As of January 2019 less than 10% of women who give birth at Chelsea and Westminster were booked onto a continuity of carer pathway. The trust will introduce continuity of care midwifery teams linked to a named consultant and increase the number of women receiving midwifery continuity of carer to 30% by March 2020. As a result, we will improve the experience of mothers and increase the rate recommending the Trust to be at or above the national average.

## **5.2. Embedding Quality Improvement**

The Trust's quality priorities are set within an overall improvement framework that will guide our "Journey to outstanding and beyond". Continually improving healthcare is a team effort, where that team includes staff, patients, carers, families and the local communities we serve. Our ambition is for improvement to be an everyday narrative used in all activities, from part of daily huddles on our wards and departments, through to senior management. In addition to formalised education and training, staff will be able to access to support and advice through the development of our 'improvement community' as well as 'improvement hubs' at both hospital sites. We will use the model for improvement to help teams accelerate and embed improvement in our day-to-day work as well as deliver on the specific quality priorities set out above.

## **6. Workforce Planning**

### **6.1. Workforce Planning**

The Trust has developed a People and Organisational Development Strategy which sets out what we will do to establish ourselves as an employee of choice. The strategy is underpinned by the following six strategic themes:

- Attraction and on-boarding
- Engagement, culture and leadership
- Health and wellbeing
- Designing a workforce for the future
- Workforce productivity

The above themes play an integral role in our workforce planning to ensure that we have a workforce that meets the needs of our services and that staff are equipped with the necessary skills and resources to deliver excellent patient care now and in the future.

The annual workforce planning process at Chelsea & Westminster forms an integral part of the annual business planning cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. An assessment of workforce demand is linked to commissioning plans reflecting service changes, developments, CQUINS and cost improvement plans.

Divisional plans are developed by appropriate service leads and clinicians, directed by the Divisional Director, and are subject to Executive Director Panel review prior to submission to Trust Board.

Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through the Workforce Development Committee which reports to the People and OD Committee.

The impact of changes which may affect the supply of staff from Europe, changes to the NHS nursing and allied health professional entry routes to training and funding sources or any other national drivers are factored into planning and our Workforce Development Committee has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required.

## **6.2. Managing agency and locum use**

Our underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Workforce Development committee.

Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering, use of Patchwork, increased numbers on our internal bank and tighter controls in approval processes for agency and locum use.

Actions to manage supply include improving the ratio of bank fill vs. agency by external and internal marketing campaigns, incentive payments and through close collaborative working with PAN London groups to ensure adherence to Local London rates and continue to explore the possibility of a collaborative bank.

Description of workforce challenge	Impact on workforce	Initiatives
Shortage of supply of qualified Nurses	Increase use of Temporary Staffing, Low Morale	There are a number of are in place including; <ul style="list-style-type: none"> <li>• Overseas recruitment</li> <li>• Targeted recruitment campaigns</li> <li>• Guaranteed job scheme for student</li> </ul>

		<p>nurses</p> <ul style="list-style-type: none"> <li>• Capital Nurse Rotation Programme</li> <li>• Nursing Associates and Degree Apprenticeship Nurses</li> </ul> <p>These initiatives have resulted in a significant decrease on our vacancy rate (currently at 8.5%) and will continue in 2019/20</p>
Reduction in training posts for medical staff in certain specialities	Gaps in Rotas resulting in increased use of locums	<p>Overseas recruitment campaigns now include medical staffing. The Trust is working with a number of Royal Colleges to recruit staff through the MTI scheme.</p> <p>In addition a new ways of working group has been established to explore new the introduction of new roles such as physician's assistants and how these could reduce the need for locums.</p>
Retention of Staff	Low morale, Lack of Engagement, Increase in recruitment and temporary staffing cost	<p>The Trust is working with the NHSI Retention Support programme and has seen a reduction in turnover of 2.6% since it began in Oct 2017. There are four areas of focus as follows:-</p> <ul style="list-style-type: none"> <li>• Improving training &amp; Development opportunities</li> <li>• Enhancing Support from Managers</li> <li>• Encouraging staff reaching pensionable age to stay in work</li> <li>• Improving our benefits</li> </ul> <p>In addition in 2019/20 the Nursing retention programme will be expanded to cover other staff groups. Unqualified nursing and Allied Health Professionals have been identified as the next focus area. In addition the retention work will be complimented by a refreshed approach to apprenticeship training.</p>

### 6.3. Productivity

As part of our Improvement programme the Trust is renewing the emphasis on productivity, innovation and transformation, partly driven by the need to manage workforce costs in the context of growth and meeting our financial plan.

As well as local innovation and transformation projects, we will:

- Roll out Healthroster to all staff Groups
- Implement E-Job planning
- Implement Robotic and AI solutions
- Implement a robust Talent management and succession planning process
- Increase the uptake of the Apprenticeship levy

## 6.4. Risks

Workforce and Organisational Development risks are reported on the risk register and are monitored and scrutinised monthly through the People and OD committee. Currently 27 staffing risks are being managed, with no extreme risks identified. The highest scoring risk relating to staffing identified relates to Brexit. A Trust Brexit Committee has been established which meets fortnightly. All staff have been written to by the CEO and sessions have been run by the Trusts solicitors for staff to attend. A Brexit Workforce Plan has been produced which is monitored via the Trust Brexit Committee. The number of EU leavers is being monitored through the Workforce Development Committee.

## 7. Financial planning

### 7.1. Financial Plan Summary

The Trust's financial forecast and plan for 2019/20 is built up from the Trust's long term planning model and updated following revised planning guidance and reflect the Trust priorities on quality investments, activity assumptions, workforce changes and service developments.

The Trust is planning an £17.8m overall surplus in 2019/20, with an adjusted position (on a control basis) of £11.8m surplus and the planned risk rating is 1. This will generate an EBITDA of £46.1m (6.8%) from total operating income of £683.4m. The planned closing cash balance for 2019/20 is £88.4m and the capital plan is £35.1m.

**Table 1 – 2019/20 Summary Financial Plan**

	2018/19 Outturn (Draft Accounts)	2019/20 Plan
	£m	£m
Operating Revenue	713.9	683.4
Employee Expenses	-365.0	-367.5
Other Operating Expenses	-286.9	-281.3
Non-Operating Income & Expenditure	-15.9	-16.8
<b>Surplus/(Deficit)</b>	<b>46.1</b>	<b>17.8</b>
Net Surplus %	6.5%	2.6%
Remove capital donations/grants	-5.6	-6.0
<b>Surplus/(deficit) on a Control Total Basis</b>	<b>40.5</b>	<b>11.8</b>
<b>EBITDA</b>	<b>73.1</b>	<b>46.1</b>
<b>EBITDA Margin %</b>	<b>10.3%</b>	<b>6.8%</b>
<b>Recurrent EBITDA</b>	<b>5.9</b>	<b>21.9</b>
<b>Recurrent EBITDA Margin %</b>	<b>0.8%</b>	<b>3.2%</b>
Use of Resources Rating	1	1
Closing Cash Balance	100.3	88.4

### 7.2. Control Totals



The Trust has accepted the control total (including PSF & MRET funding) of £11.8m surplus in 2019/20. However, the Trust's financial plan includes a significant CIP target of £25.1m, which is very challenging at c6% of addressable expenditure and therefore represents a significant risk to the Trust's overall plan.

The Trust has planned for the provider sustainability fund (PSF) of £10.5m and the MRET funding of £6.4m.

There are a number of risks to the Trust's financial plan:

- Delivery of significant CIP target of 6% of addressable expenditure
- Commissioner affordability – the plan is dependent on actual activity remaining in line with our planning assumptions and therefore appropriate payment in line with contract mechanisms. There is also a risk around overall affordability within the North West London sector as per the sector's STP plans and current gap to the sector control total.
- Continuing increase in demand for loss-making emergency care and impact of the NWL risk share agreement on over and under performance against the 2018/19 baseline.
- Impact of the phase 2 EPR roll out at the Chelsea and Westminster site on data quality and therefore on income reporting.
- Any impact of Brexit.

### **7.3. Contracting**

The Trust has agreed contract values with NWL CCGs and NHS England for 2019/20 and is due to sign contracts by the end of March. The activity planning assumptions have been reviewed and triangulated across the NWL STP to try to ensure alignment between providers and commissioners.

### **7.4. Efficiency savings for 2019/20**

The Trust's CIP programme for 2019/20 is £25.1m, which is c6% of addressable spend and is significantly higher than the CIP requirement in the tariff uplift due to the Trust's underlying deficit position.

The Trust has used a number of benchmarks to identify CIP opportunities within both corporate and clinical services, and is working with the wider North West London STP to identify savings and opportunities.

Corporate directorates have been allocated a higher CIP target than clinical divisions, to continue the Trust's focus to reduce back-office and support services costs and make best use of the Trust's estate. Corporate savings include reductions soft services contract following a tendering process in 2018/19 across the Fulham Road Collaborative, car park efficiencies, restructures in some areas and review of non-pay contracts.

For clinical services, the Trust is focussing on a number of cross divisional themes, as well as local smaller schemes. The Trust-wide themes include theatre productivity, bed productivity, medicines optimisation, outpatient productivity, temporary staffing, diagnostics demand management, increasing commercial and private income and procurement and are all the continuation and further stretch of the 2018/19 themes. Opportunities for further improvement have been identified using

external benchmarking, such as Model Hospital, Carter and GIRFT specialty reviews, as well as internal benchmarking across sites and outputs from the internal specialty deep dives.

The Trust is working in partnership with the North West London STP to identify further savings and opportunities to support the internal opportunities. There are a number of established work-streams, including procurement, corporate/ back-office and outpatient transformation programmes, all of which have already commenced.

The Trust has a mature approach to managing the financial efficiency agenda, with bi-weekly Improvement Board, which are chaired by the Chief Nurse and Chief Financial Officer. The Improvement Programme aligns both financial and quality improvements, with the quadruple aim of:

- Improving the individual experience of care
- Improving the health of populations
- Reducing the cost of healthcare
- Improving the experience of care givers

The Improvement Programme is supported by a Director of Improvement and an improvement team, which includes a PMO structure, as well as a wider matrix team of Clinical Improvement Fellows and Service Improvement and Efficiency teams within clinical divisions.

#### **7.5. Agency Rules**

The Trust is forecasting to achieve its agency cap in 2018/19 and is planning to stay within the agency cap in 2019/20. As outlined in the workforce section of this plan, the Trust is continuing with programmes, both local, sector and London-wide to reduce reliance on agency staff.

#### **7.6. Capital planning**

The capital plan for 2019/20 is £35.1m, with the breakdown by asset category in the table below.

**Table 2 – 2019/20 Capital Programme by Asset Category**

<b>Category</b>	<b>2019/20 Capital Plan £m</b>
Estates	22.4
Information Technology	9.6
Medical Equipment	3.0
Non-Medical Equipment	0.2
<b>Grand Total</b>	<b>35.1</b>

The capital programme has been developed with the key executive leads and has been signed off by the Trust Board. A process has been undertaken to prioritise bids and business cases submitted by the clinical and corporate areas, to ensure they are in line with the Trust's objectives, key risks and clinical and quality priorities.

Capital schemes include replacement of medical equipment and buildings maintenance, as well as supporting a number of strategic developments which are linked to quality, productivity and efficiency schemes. These include:

- Completion of the roll out of the new Cerner EPR system and continuation of the IT

- strategy, including the replacement of Lastword at the Chelsea and Westminster site
- NICU and ITU redevelopment
- A series of refurbishments to Emergency & Urgent Care areas (including Resus in ED) which link to service improvement and efficiency; and to longer term redesign of integrated care pathways
- Refurbishment of the Treatment Centre at the Chelsea and Westminster site (year 1 of a wider Theatre Productivity Programme) and:
- Fire safety works.

## 8. Alignment with Local STP Plan

The STP is rebranding locally as the North West London Health and Care Partnership. As the Long Term Plan indicates as the STP footprints are a key planning and delivery framework, it is vital that our local partnerships function well. The Trust is embedded in these relationships and in governance and decision making. The Chief Executive chairs the NWL Provider Board and the Medical Director and other Directors are key members of other supporting work streams.

Over the last year the refreshed NWL Health and Care Partnership has redeveloped its main ambitions around the triple aim of:

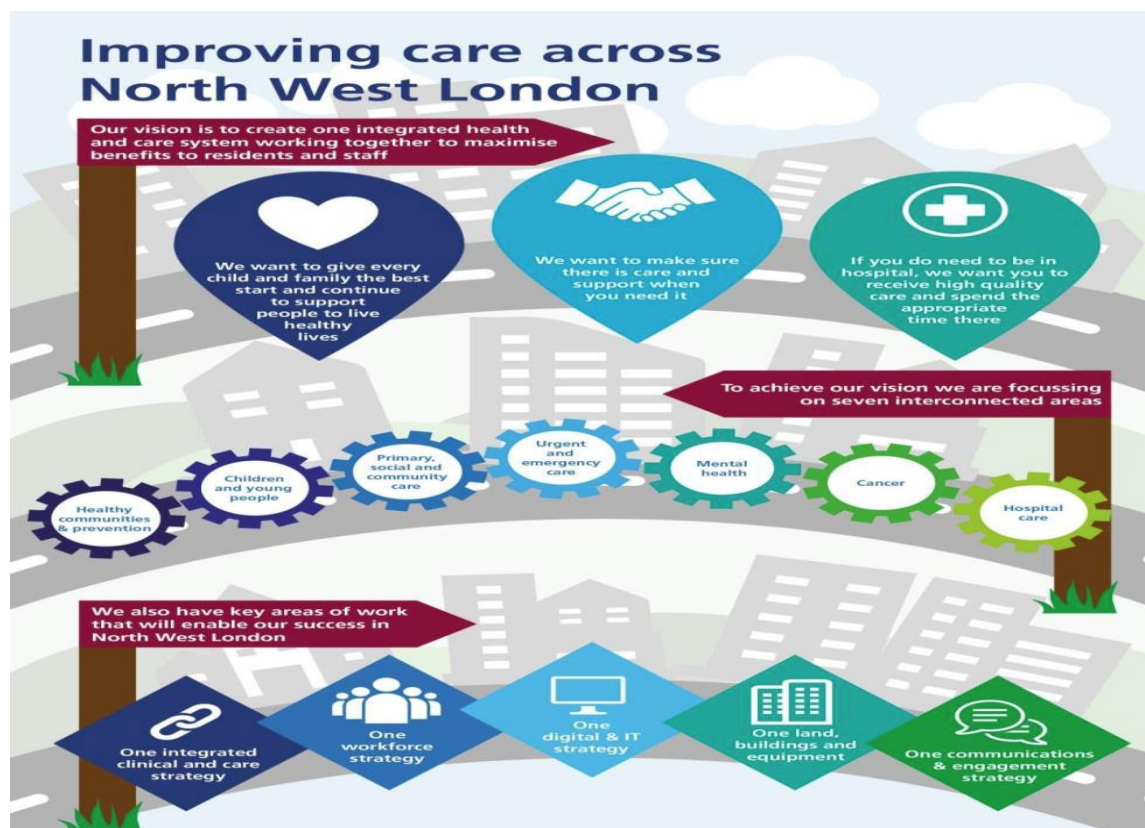
- Giving every child and family the best start and supporting people to live healthy lives
- Ensuring support and care when needed
- If someone needs to be in hospital making sure they spend the appropriate time there

The Trust has been engaged in the NWL priority setting set out in *Developing Our Integrated Care System.*, This was reviewed by Board alongside developmental/relational programmes such as refreshed Clinical Strategy, system wide finance and contracting. The table below aligns initial issues/impact for the Trust against the NWL key programmes:

NWL Programme	Issues/Impact for CWFT
<p><b>Deliver key landmark programmes of an integrated care system:</b></p> <ul style="list-style-type: none"> <li>• the next phase of hospital and community estate development NB: SOC1 programme has not been supported by DH through any release of capital and other long term plans are required to support estate deficit in NWL</li> <li>• integrated diabetes care</li> <li>• outpatients transformation</li> </ul>	<p>The Trust recognises that in the short to medium term CWFT Estate development will need to be self-financing.</p> <p>Trust is already engaged in both current provision and dialogue on NWL model of care, and reasonably placed to develop models at both CW and WM sites (and in communities). Supports our operating model of standardisation</p> <p>Trust already engaged in specialty based programmes (e.g. Dermatology) and has further plans to be taken forward in 2019/20 Business Planning</p> <p>Already identified as a Trust priority. Both CW and WM sites</p>

<ul style="list-style-type: none"> <li>• Ambulatory care.</li> </ul>	<p>have developed estate and workforce capacity. Testbed initiative provides opportunity for Trust to lead way and establish a 'test and scale model'</p>
<p><b>Develop GP Federated Networks and Primary Care at Scale</b></p>	<p>CWFT will support and lead development of ICS in NWL. The Board is clear that for optimum leverage for benefits for the NWL population that the planned Primary Care at scale should not be solely aligned with existing CCG/Borough boundaries and that a stated ambition will be to consolidate across NWL. This is in line with the Neighbourhood, Place, System structures envisioned by Long Term Plan</p> <p>In this context local development may be the logical first step and CWFT will:</p> <ul style="list-style-type: none"> <li>- Work with CCGs, GP Networks and other local stakeholders to lay the foundations for integrated care</li> <li>- Work with CCGs and GP Networks to NWL wide priority programmes to allow provider Trusts to standardise across care for the entire NWL population</li> </ul>

The Trust has redeveloped its strategic priorities (section 2) to ensure it takes account of the environment of the Long Term Plan and our local STP; and manages the opportunities this provides. We are planning to use the 7 key 'inter-connected areas' themes identified in NWL wide planning (see picture below) as a checklist to ensure that business planning and engagement/ involvement is proportionate and fit for purpose.



## **Membership and elections**

### ***9.1. Governor elections and appointments***

The Trust held an election in October/November 2018 to fill a significant number of vacancies on the Council of Governors. There were: 7 patient vacancies; 1 public governor vacancy in the London Borough of Ealing; 1 public governor vacancy in the London Borough of Hammersmith and Fulham; 2 public governor vacancies in the London Borough of Hounslow; 1 public governor vacancy in the London Borough of Wandsworth; and 2 staff governor vacancies. All of the vacancies were contested demonstrating the engagement of our Members. Engagement with the election process was supported by a range of social media messages, including short videos with current Governors explaining the import of the role. Newly elected and re-elected governors started their terms on 1 December 2018.

Further elections will be held in 2019/20 to address vacancies that have arisen due to unexpected resignations and planned end of terms. During 2018/19, the Council also welcomed new appointed Governors from Imperial College and London Borough of Hammersmith and Fulham.

### ***9.2. Governor induction, recruitment and training***

New Governors have all been invited to attend an introductory meeting with the Chair and CEO and to induction with the Company Secretary and Board Governance Manager. New Governors are also asked if they wish to have a 'buddy' from the existing Governor cadre as well as being offered the opportunity to attend 'GovernWell' training courses run by NHS Providers. Courses available include Core Skills, Member and Public Engagement, NHS Finances & Business skills. A number of our governors attended the training courses during 2018/19 and courses will continue to be offered opportunities to governors during 2019/20. In November 2018, the Council held its annual away day which provided time for strategic discussion as well as a period of self-evaluation and reflection. The latter was supported by a bespoke session provided by Governwell on the role of a Governor and how best to deliver the 'holding to account' function. Council was fortunate to be able to invite newly elected Governors to attend the day as observers before their formal term starting.

Looking ahead, and as part of an agreed programme to enhance Board and Governor engagement, quarterly training sessions for Governors will be offered, covering quality, finance, workforce and performance, and a biannual Strategy and Representation Meeting is being established to provide time for more informal discussion on emerging strategic developments. Finally, all Governors are required to undertake common Trust statutory and mandatory training, which equips them with core skills and enables them to take part in activities such as ward accreditation.

### ***1.3 Governor engagement***

Governors have engaged with members and the general public in 2018/19 in a variety of ways including an Open Day to celebrate the 70<sup>th</sup> anniversary of the NHS, the Annual Members' Meeting, annual Christmas events at both hospital sites, 'Your Health' events and regular 'Meet a Governor' sessions. Meet a Governor sessions are held at both hospital sites and afford governors an opportunity to have direct contact with patients and members of the community gaining invaluable feedback on their experiences of services provided by the Trust. The Membership and Engagement Committee champions the 'Meet a Governor' sessions and will continue to consider how best to reach members during 2019/20. Individual Governors continue to engage with their own local communities and provide valuable feedback from e.g. local Healthwatch or local authority meetings attended.

Membership recruitment continued during 2018/19 via 'Meet a Governor' sessions, at engagement events and through the Trust website. These activities will continue through 2019/20 with a continuing focus on recruiting members in areas where our membership does not reflect the makeup of the local constituency population. Governors will also continue to work closely with the Trust's communications team to make sure engagement with members forms part of the overall Trust communications plan. In addition, Governors serve on a variety of Trust groups, such as the Falls Steering Group, Cancer Board and End of Life Steering Group which provide valuable sources of intelligence on member issues and concerns.

Finally during 2018, the Trust Chairman held 121 discussions with every Governor to help evaluate Council performance, opportunities for improvement, very much structured around the Trust's PROUD values. The anonymised themes from these discussions informed the November Council away day and stimulated discussion about future ways of working which will be implemented during 2019/20.