

The Robert Jones and Agnes Hunt   
Orthopaedic Hospital  
NHS Foundation Trust

**Forward Plan Strategy Document for 2012-13**

**Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation  
Trust**

## Forward Plan for y/e 31 March 2013 (and 2014, 2015)

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

Name	Helen Ashcroft
Job Title	Business Planning Manager
e-mail address	Helen.Ashcroft@rjah.nhs.uk
Tel. no. for contact	01691 404512
Date	29 <sup>th</sup> May 2012

**The attached Forward Plan Strategy Document (the “Forward Plan”) is intended to reflect the Trust’s main business plan over the subsequent three years. Information included herein should accurately reflect the strategic and operational plans that have been agreed on by the Trust Board.**

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Russell Hardy
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Signature: 

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Wendy Farrington Chadd
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Signature: 

Approved on behalf of the Board of Directors by:

Name (Finance Director)	John Grinnell
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Signature: 

## Section 1: Forward Plan

### A. The Trust's vision is summarised as:

The Trust's Vision is:

***“To be the leading centre for high quality, sustainable orthopaedic and related care, achieving excellence in both experience and outcomes for our patients”***

In order to deliver this vision the Trust has developed three key strategic aims as an NHS Foundation Trust, which are designed to encompass patients, service users, staff and other community and healthcare stakeholders and link to clear organisational objectives developed through a robust business planning and performance management process.

Our three strategic aims are as follows:

- 1. To be the provider of choice for patients through the provision of safe, effective and high quality orthopaedic and related care*
- 2. To redesign the patient pathway to facilitate improved patient outcomes and increased productivity*
- 3. To develop a vibrant and viable organisation where people achieve their full potential and success leads to investment in services for patients.*

### B. The Trust's strategic position is summarised as:

The Robert Jones and Agnes Hunt Orthopaedic Hospital Foundation Trust (RJAH) became a Foundation Trust on the 1<sup>st</sup> of August 2011. The current turnover of the Trust is approximately £83 million and the Trust employs 1094 whole time equivalent staff. The net assets of the Trust are valued at approximately £50 million.

The Trust is one of the UK's five specialist orthopaedic hospitals providing specialist and routine orthopaedic and related care to patients locally, regionally and nationally. The Trust's geographical location and the specialist nature of our services give a complex and unique commissioning portfolio which spans across England and Wales.

The hospital operates mainly as an elective surgical centre for routine orthopaedics, a model which is well proven in terms of its clinical effectiveness and clinical outcomes. In addition, the Trust is a specialist centre for complex and revision orthopaedic surgery for both adults and children, a regional spinal injuries centre, and a national centre for bone tumour surgery.

Currently our two largest commissioners are Shropshire County Primary Care Trust (the local host PCT) and Betsi Cadwaladr University Health Board in North Wales. Other commissioners are predominantly located in the North West, Mid and West Wales and the West Midlands. Our spinal injuries services are commissioned through national specialist commissioners. In line with the forthcoming NHS reforms, the Trust has actively sought to develop working relationships with our new local consortia and our service plans have been developed with our commissioners to ensure alignment with their future commissioning intentions.

Due to the Trust's specific nature and its location demand for our services remains high with little likelihood of new competition within our geographical area. The Trust has a clear Marketing Strategy in place to maximise potential income and reduce the impact of any future reduction in demand due to increased competition or changes in local commissioning strategies.

In 2011/12 the Trust embarked upon the first year of a 5 year strategy to deliver its overarching vision. This Strategy was agreed by the Board of Directors and its Council of Governors after consultation. The Trust has put in place robust processes to monitor the delivery of this strategy over the 5 year period.

Key achievements during the 2011/12 year, in line with the Strategy were:

- Achieving Foundation Trust status on the 1<sup>st</sup> August 2011.
- The maintenance of CQC registration without conditions.
- Continued delivery of exceptionally low rates of hospital acquired infections; zero hospital acquired MRSA bacteraemia and only two C. Difficile cases during the year.
- Significant improvements to the patient pathway and way finding through the ongoing development of our new front entrance facilities.
- Achievement of excellent patient satisfaction rates from both internal monthly monitoring and the National Outpatient Survey; In excess of 95% of patients considering our quality of care excellent or good in the monthly in-house survey and 97% of patients rated their care as excellent or good in the National Outpatient Survey.
- Significantly improved overall lengths of stay to 2.3 days – as a first wave enhanced recovery site we have redesigned our hip and knee pathways increasing the number of patients able to be discharged in 3 days or less. Our overall daycase rate has improved to c.50% month on month and admissions on day of surgery have increased consistently. Our average length of stay is the now the best in the Strategic Orthopaedic Alliance (SOA).
- Maximised use of the new theatre information system to deliver theatre quality and productivity gains.
- Maintenance of the Trust's privacy and dignity policy including the delivery of single sex accommodation without exception.
- Develop common routes back into the service for patients experiencing issues post discharge issues, reducing the need for readmissions to the ward to 0.62%.
- Successfully delivery of the financial plan, including:
  - Delivery of a surplus of £1.5m, £0.2m ahead of plan
  - Achievement of a £3m efficiency programme
  - Maintained financial risk rating of 4 (low risk)
  - Further development of Service Line Reporting and Patient Level Costing now fully embedded in strategic decision making.

In the fourth quarter of the financial year the Trust, in association with the Department of Health's Intensive Support Team (IST) undertook a review of its 18 week referral to treatment (RTT) policies, this identified a gap in performance against the 18 week 95<sup>th</sup> percentile target for admitted patients. The Trust's patient access policies have now been revised and an action plan agreed with commissioners and Monitor bringing the Trust into line with the key access targets by the beginning of quarter three 2012/13. The impact of this issue was that although using Monitor's own scoring methodology the Trust delivered a risk rating of 1 'amber green' in 2011/12 this was overridden by Monitor to 2/3 'amber-red'.

The 2012/13 financial year will be the second year of our Trust's 5 year strategy as well as the first year of the 3 year forward strategy described in this documentation.

The following overarching objectives have been identified for the coming year as key steps towards delivering our longer term aims.

- **Deliver excellent levels of patient satisfaction**, patients and their families will be fully engaged in developing our care pathways through our patient forum. Our success in this area will be measured through the implementation of the net promoter question alongside both internal and external surveys.
- **Maintain excellent patient safety standards** including the delivery of exceptionally low hospital acquired infection rates, falls and pressure ulcer rates.
- **Ensure compliance with Monitor's terms of authorisation** including the delivery of all key referral to treatment targets (RTT targets), the quality governance framework, financial governance and internal governance processes.
- **Patient pathway re-design** - use of new technologies to improve patient access, working with stakeholders to improve pathways into and out of the hospital, and mainstream good practice.
- **Service redesign to deliver 4% efficiency requirements** including through the delivery of the 2012/13 Commissioning for Quality and Innovation (CQUIN) targets and review of administration to reflect revised patient pathways.
- **Reduce ward capacity** by streamlining ward processes, minimising the length of stay, and improving admission on the day of surgery to enable flexibility in the bed base beyond that assumed in our activity plans.
- **Introduce health promotion messages** into our outpatient clinics to support the wider health prevention and promotion agenda.
- **Invest in our Estate and Equipment** through the delivery of surpluses. Ensuring the provision of the highest quality facilities and technologies.
- **Maintain our strong financial performance** by delivering a £1.5m surplus and a financial risk rating of 4 (prior to normalisation).
- **Continue to develop close relationships with our local communities** through our Governors and Members, to ensure our strategic direction and operational plans meet local expectations and to ensure feedback as we develop our care pathways.
- **Sustain a stable and effective workforce** - Promote a culture of leadership and achievement through the delivery of our talent management programme. Review our nursing and Allied Health Professional skill mix and staffing levels.
- **Review the implementation of the new health bill** and its impact on our local commissioning arrangements.

The objectives described above are underpinned by clinical quality, operational, financial and workforce plans whose actions are further detailed within this forward strategy.

Our success over the course of this plan will be monitored by the Board of Directors and Council of Governors using our integrated performance reporting mechanisms.

Key Performance Indicators (KPIs) against which our ongoing success will be measured include those detailed in the table below for the forthcoming year 2012/13 and the subsequent two years.

Metric	Year end target		
	2012/13	2013/14	2014/15
Overall daycase rate*	55%	55%	55%
Admission on day of surgery	85%	90%	90%
Average length of stay (including daycases)	2.0 days	1.8 days	1.7 days
Hip and Knee average length of stay	4.25 days	4 days	4 days
Bed Occupancy	87%	87%	87%
Number of Beds	184	176	173
Available theatre sessions utilised	95%	95%	95%
New to Follow up ratio	1:2.1	1:2.1	1:2.1
Staff turnover	10%	10%	10%
Staff sickness rate	2.5%	2.25%	2%
Readmission rate to RJAH	1.1%	1.05%	1%

\* and overall increase in daycase rates for BADs procedures

## Clinical and Quality Strategy

### C. The Trust's Clinical and Quality strategy over the next three years is:

The Trust has a high quality reputation and it is widely accepted within the Trust that continuous quality improvements are crucial to the Organisation achieving its key strategic aims over the next three years.

In order to achieve continued improvements in quality a 5 year Quality Improvement Strategy spanning from 2010 to 2015 has been approved by the Board of Directors.

Key priority development areas which have been identified for the next 3 to 5 years based upon both the national requirements of the quality framework and local initiatives include:

- Maintaining low infection rates and reducing harm from falls, VTE and pressure ulcers, through the delivery of Safety Express and the NHS Thermometer
- Enhancing patient and staff experience, by the development and evolution of patient pathways
- Enhancing our leadership and accountability arrangements, through;
  - Staff skill mix reviews,
  - The implementation of a revised nursing assessment and accreditation system, and
  - Further development of audit tools to assist in the assessment of clinical practice and quality and potential developments.

The strategy has been developed in order to enhance and deliver best practice and innovation whilst maintaining 'Excellent' performance against national standards including:

- CQC
- NHSLA
- CQUIN
- QUIPP.

Supporting the delivery of the strategy the Trust has in place the following key sub strategies and policies:

• Patient Experience Strategy	• Risk Management Strategy
• Clinical Audit Strategy	• Infection Control policy
• Clinical Governance Strategy	• Medicines Management Strategy

#### **D. Clinical and Quality priorities and milestones over the next three years are:**

The overarching quality goals for the next three years, as set out within our Quality Strategy and which draw together safety, clinical effectiveness and patient experience are:

- **Improving patient experience**
- **Delivering clinical effectiveness & efficiency**
- **Achieving high levels of patient satisfaction**

There are no outstanding quality concerns raised by CQC or other quality monitoring organisations.

The overarching clinical and quality actions and milestones for the next three years within the contexts of Monitor's quality governance framework and the Trust's quality strategy are to:

- Enhance the internal quality review processes at Board and Corporate levels through systematic reporting and assessment of our services against CQC regulator standards
- Through continued delivery of our excellent safety standards maintain low mortality rates
- Demonstrate exceptional levels of patient satisfaction through the internal net promoter question methodology, external surveys and our PEAT scores
- Deliver outstanding low rates of infection including:
  - Maintenance of the nationally set hospital acquired C. Difficile target (2 in 2012/13)
  - Maintenance of a 0 hospital acquired MRSA bacteraemia rate
  - Reduced catheter infection rates
- Compliance with the local cluster aim of eliminating all hospital acquired grade 2, 3 and 4 pressure ulcers by December 2012
- Continuation of the 90% VTE assessment rate
- Launch a new patient experience strategy, key actions within which will be to:
  - Introduce iPad technology to collect real time patient satisfaction data from patients, to inform us of feedback and issues.
  - Review the options available to the Trust regarding the 'patient opinion' toolkit to broaden our feedback mechanisms
  - Enhance the function and remit of the patient panel with specific work streams relating to the quality strategy e.g. nutrition
  - Involve patient representatives in the ongoing operational development of our care pathways
  - Implement systems to ensure comment card feedback to be more readily acted upon.
- Embed a system of Patient Safety Walkabout processes and feedback
- Develop a quality performance culture within our wards through the implementation of ward quality dashboards.
- Reduce patient falls and readmissions through the embedding of good practice

- During 2012/13 put in place key actions to deliver NHSLA Level 2 in 2013/14 and Level 3 in 2014/15
- Implement the Local and National CQUINS to deliver £1.3m of income, of which the 2012/13 objectives are outlined in the table below:

CQUIN name	Description	% of total CQUIN income
VTE - Nationally Mandated	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	5%
Patient Experience - Nationally Mandated	Improve responsiveness to personal needs of patients	5%
NHS Safety Thermometer - Nationally Mandated	Improve collection of data in relation to pressure ulcers, falls, and urinary tract infection in those with a catheter.	5%
Improving Diagnosis of Dementia in Hospitals - Nationally Mandated	Improve awareness and diagnosis of dementia, using risk assessment, in a acute hospital setting (3 indicators)	5%
VTE - Audit of at risk patients	Percentage of adult inpatients assessed to be at risk of VTE who receive appropriate prophylaxis in accordance with NICE guidance	10%
Productive theatre	Reduction in turn round time between cases in main theatres	15%
Making Every Contact Count	Number of NHS staff completing locally agreed training in delivering brief advice as required to implement the Making Every Contact Count ambition	15%
Net Promoter Question	Real time feedback to support the Patient Revolution work as embedded in the SHA Ambitions	15%
Mental Health/Wellbeing Awareness for Medical and Nursing Staff	Increase knowledge base and skills of medical and nursing staff in the spinal unit to recognise the need for specialist intervention for patients with suicidal thoughts/intents	10%
Medicine Management	Improving discharge information to GP's - renal function / allergies / TTO supplies (3 indicators)	15%

Key actions to deliver these goals have been agreed with our internal Divisions and as appropriate wider stakeholders including our commissioners. The actions required are built into the Divisions internal operating plans.

Quality governance is considered a key priority throughout the Trust from Ward to Board. This is evident in both our structures and historical outcomes. From a Trust Board level our Director of Nursing is responsible for the delivery of quality governance with cascading responsibilities build into staff's job descriptions as appropriate.

The risks to delivery of the 2012/13 quality priorities will be monitored by the Board via the Integrated Balanced Scorecard, Corporate Risk Register and Board Assurance Framework which in turn is fed from robust performance information systems. At a Divisional and Team level progress will be monitored via an integrated Ward to Board scorecard systems and robust monthly and quarterly monitoring arrangements of local risk registers and risk assessments.

Key risks identified include:

- Non-adherence to policy and guidelines
- Increased infection rates
- Clear leadership and accountability.

## Financial Strategy

### E. The Trust's financial strategy and goals over the next three years:

Our core plans for the next three years are aligned to those incorporated in the IBP. Our IBP and Financial Strategy focuses on 4 key financial aims for the Trust:

- *Invest in service delivery to continuously improve the quality of our services*
- *Support our productivity agenda maximising 'invest to save' opportunities*
- *Invest in our facilities with a focus on maintaining and modernising the Estate and in doing so improving the patient experience*
- *Generate cash balances that give the Trust sufficient risk coverage against future exposure to adverse events (downside risks).*

The start point for this plan has been assessing the recurrent financial position of the Trust into 2012/13. Whilst a surplus of £1.8m was reported for 2011/12, this has been adjusted as detailed in the normalised earnings table below to derive the recurrent rollover surplus.

Normalised Earnings	2011/12 Actual £M
Reported surplus	1.8
<i>Less material non-recurring items:</i>	
Impairment reversals	-0.3
<b>Normalised Surplus</b>	<b>1.5</b>

### Financial environment

The transfer of Commissioning responsibilities from Primary Care Trusts to Clinical Commissioning Groups (CCG's) is well underway locally with Shropshire County CCG operating in shadow form and approved as a first wave CCG with Director appointments now made. Since Shropshire will continue to act as lead Commissioner for all of our English activity we anticipate their advanced position will offer us stability and that our existing strong working relationships will be maintained.

We operate locally as part of a West Mercia Cluster covering Shropshire, Telford & Wrekin and Hereford and Worcester within which are a high proportion of financially challenged providers.

## Planning Assumptions

Our planning assumptions are outlined in the table below. These are based on those used in the Trust's IBP but updated where necessary based on an agreed 2012/13 Commissioner position and consideration of the wider financial environment. Further rationale is provided for each of these in appendices 3a (income) and 3g (cost).

We are planning a 4% year on year efficiency requirement which is between 0.5% and 1% lower than the efficiency expectation set out in the latest set of planning assumptions issued for aspirant Foundation Trusts.

Outside of this plan we continue to hold a long list of approved mitigations that would be implemented in the event of the actual efficiency requirement being higher than the 4% used. These schemes have been re-assessed against our current planning assumptions and form the basis of the following themes:

- Income Generation 0.4%
- Pay Reform 1.9%
- Bring Forward CIP schemes 2.2%.

Heading	2012/13	2013/14	2014/15
Clinical income - volume (recurrent)	1.3%	1.3%	1.3%
Tariff deflation	-2.5%	-1.8%	-1.8%
Non Tariff deflation	-1.8%	-1.8%	-1.8%
Non Tariff re-base	3.6%		
CQUIN income	2.5%	2.5%	2.5%
Pay inflation	0.8%	1%	1%
Non Pay inflation - NHS specific	5%	5%	5%
Non Pay inflation - general	1%	1%	1%
Efficiency Programme	4%	4%	4%

Having modelled these through across the three year period, sufficient surpluses and cash balances are achieved in order to maintain a financial risk rating score of 4 (prior to normalisation) as set out below.

Key Financial metrics	2012/13 Plan	2013/14 Plan	2014/15 Plan
Net Surplus	£1.5m	£1.7m	£2.6m
Cash Balance	£5.5m	£6.7m	£7.7m
Risk Rating	4	4	4
Risk Rating after removal of charitable donations	3	4	4

The risks to the delivery of the financial plan are set out in Appendix 1.

## **Leadership and Organisational Development**

### **F. The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:**

#### **Board Level Leadership**

The Trust's Unitary Board was developed with a broad range of skills and experience encompassing exposure to the public and private sector at a strategic level. Whilst there has been a consistency of Non Executive Director (NED) leadership within the Trust, this has resulted in the need to replace three NED roles in 2012/13. The NED skill set and revised remuneration has been agreed with the Council of Governors which will ensure that the Trust will be able to attract experienced and appropriate NEDs for the future.

The appointment of a new Director of Operations who has significant NHS Board Director experience and a Medical Director who has previously been a Divisional Clinical Director in April 2012/13 will complete the consolidation and strengthening of Executive Director positions at the Trust.

Board effectiveness was thoroughly evaluated in 2011/12 as part of the Foundation Trust applications process. In advance of the 2012/13 financial year this has been reviewed internally and the Senior Independent Director has agreed a process for the ongoing evaluation of the Trust Chairman with the Council of Governors. The outcomes of the board evaluation will inform the ongoing Development programme.

With less than a year as a Foundation Trust, the Council of Governors has grown in knowledge and confidence, and will continue to develop a representative voice for their constituencies through increased membership engagement. As part of the public membership strategy, Governors will be instrumental in receiving feedback from members through focus groups, on-line surveys and secret shopper initiatives, in order to represent members more fully.

#### **Leadership and Talent Management**

The Trust has begun a talent management assessment process based on well established US Healthcare Management competency model. Over half of our senior managers have undertaken an assessment process which will provide a talent pipeline to support our established succession planning process to ensure continuity of managers within critical posts.

Moving forward, we will expand the development of leadership skills across all clinical groups, beginning with Clinical Director and Clinical Lead roles, embedding the Trust vision and values across clinical leaders throughout the Trust.

#### **Human Resources and Organisational Development Strategy**

The Trust is currently consulting with staff on a revised Human Resources and Organisational Development Strategy for implementation from 2012/13 onwards. This is designed to capture the challenges for our workforce over the coming years which include:

- a growing older workforce
- increased use of technology impacting on ways of working
- increased efficiency and activity
- flexible working, and
- attracting and retaining shortage specialities.

The strategy identifies the key challenges for the coming years and sets out 6 key responses which will be employed to assist in delivering our objectives at all staff levels within the organisation as detailed below:

- Further improve efficient ways of working & effective matching of workforce to activity
- Recognise and reward staff in a meaningful way (within national terms & conditions)
- Creating a culture of accountability & shared values
- Continue to improve employee engagement
- Promote RJAH as a good place to work & develop a career
- Achieving best in class performance

## Other Strategic and Operational plans

### G. The Trust's other strategic and operational plans over the next three years:

The Trust's Integrated Business Plan sets out the Trust's operational development strategy over a 5 year period from 2011/12. This was developed following a hospital wide, bottom up review with Clinical Teams to ensure alignment between corporate strategy, quality objectives and operational delivery.

On an annual basis the IBP is used by Clinical Teams and Divisions as a backdrop and guide to their operating plans and forms the basis of the Trust's three year rolling Forward Strategy document.

The IBP breaks down the operational development plans into the following areas of work:

- **Patient access:** including referral processes, outpatients, preoperative assessment and diagnosis
- **Surgical services:** Theatres and recovery services
- **Inpatient services:** Admission, ward services, discharge and rehabilitation services.

The delivery of the operational development plans is supported by the following core strategies:

- Quality improvement strategy
- Estates strategy
- Sustainability strategy
- HR and organisational development strategy
- IM&T strategy
- Marketing strategy

Within these areas of work the following priority areas have been identified to deliver the Trust's objectives and continue raising standards.

- **Patient access**
  - Reduce the number of visits patients make to hospital with the introduction of one stop diagnostic and preoperative clinics on the day of outpatient attendance
  - Complete the new main entrance and maximise its potential to improve patient access and flow
  - Ensure patient demand is met and reduce the time patients are waiting for treatment through the delivery of the 18 weeks RTT
  - Maximise the use of technologies to improve administration processes including the use of electronic referrals, patient booking in facilities, digital dictation management systems and electronic patient record technologies
  - Alignment of the Community Advanced Primary Care Services (APCS) referral service to RJAH referral processes.
  
- **Surgical services**
  - Review overall surgical capacity with a view to ongoing sustainability
  - Whilst a high number of our theatre sessions are utilised, through our productive theatre programme increase 'in session' efficiencies
  - Roll out six day working arrangements including appointments of Consultant surgeons incorporating standard Saturday operating sessions and flexible in week sessions
  - In support of reducing our length of stay and bed requirements increase the number of patients treated as daycases with a particular focus on bunions, removal of metal work and shoulder decompressions
  - Implement fully electronic theatre stock management system to reduce wastage and unnecessary delays to patient care
  
- **Inpatient services**
  - Reduce our average length of stay to 1.7 days by March 2015 through the following initiatives:
    - Increased daycase rates to 55% of all patients
    - Take the embedded enhanced recovery programme for hips and knees and ensure these principles are rolled out across other pathways
    - The consistent application of estimated day of discharge for all of our inpatients
    - By 2014, 90% of our patients will be admitted on the days of surgery
    - Through our working relationships with social care, primary care and commissioners improve discharge planning to reduce the number of patients with a higher than expected length of stay and reduce delayed discharges below those experienced in 2011/12.
  - Provide upgraded facilities for our tumour patients

These priorities are built into the Divisions' operating plans and will be monitored via regular quarterly performance review meetings between the Executive Team and Senior Divisional Managers and Clinicians using balanced scorecard methodology.

The overarching risks to delivery of our strategic plans are monitored at the highest level by our Trust Board Assurance framework and operationally via our robust risk management systems including Monthly and quarterly monitoring arrangements of local risk registers and risk assessments.

These prime objectives support our overall aims of increasing theatre and bed productivity. The key risks identified to the delivery of these objectives include the non delivery of the RTT waiting times, capacity constraints and financial constraints.

### **Foundation Trust Membership**

The Trust exceeded its membership target for the first year, with a total membership of 4,381.

Working with the Council of Governors, we have revised the Trust public membership strategy. Governors will be instrumental in taking forward the strategy to increase membership numbers year on year through promoting the benefits of membership and engaging directly with patients; local leaders, businesses and groups; existing members; annual membership events; local schools, colleges and universities.

They will also look to increase engagement through direct communication with members including listening exercises and surveys. In doing this, the Trust will encourage membership from underrepresented groups and areas, particularly younger members and men.

The Governor role will continue to be developed with increasing involvement in established groups, such as the patient panel and the Equality Steering Group and new groups, such as the Non Executive Director Nominations Committee and the public membership group. There is additional induction training planned within 2012/13 for new Governors and ongoing support for Governor development.

### **Regard to the views of Trust Governors**

#### **H. The Trust has had regard to the views of Trust Governors by:**

The Council of Governors are supportive of the Trust's plans for the coming years and have been consulted as appropriate during its development.

In December the Council of Governors received a presentation detailing annual planning process and the role of the Governors.

The February Council of Governors meeting received a presentation detailing how the plan would be developed, and an outline of the Trust's planned objectives. Governors were asked to feedback on these objectives and priorities. Since which as appropriate, both the Council of Governors, and their member's views have been fed into the plan's development.

The final version of the plan was presented to the Council of Governors on the 29<sup>th</sup> of May 2012.