



Liverpool Women's
NHS Foundation Trust

Operational Plan 2019-20

1. Introduction

Liverpool Women's NHS Foundation Trust (LWH) is a specialist acute trust dedicated to the care of women, babies and their families. The Trust provides maternity, gynaecology and neonatal services as well as reproductive medicine and genetics on a standalone site in Liverpool. The services provided by the Trust are utilised by people across Cheshire and Merseyside and called on to support many other providers.

In June 2014 the Trust formally notified regulators and commissioners that it was no longer clinically or financially sustainable in the long term. Since that time the Trust has undertaken several detailed reviews which have all reached the same conclusion that the best option for the services is to co-locate with the local adult acute.

In November 2015 the Trust published the Future Generations Strategy which detailed the clinical case for change and recommended that services be relocated to the Central University Health Campus (Royal Liverpool hospital site). Commissioners and regulators have accepted the clinical case for change. Liverpool CCG have produced a pre consultation business case, approved in November 2016, which concluded that the preferred option would be to relocate services to the Royal Liverpool site. This involved a capital cost of approximately £104m and resulting revenue savings of £4.6m pa.

NHS England, whilst accepting the clinical case for change, required assurance regarding the affordability and availability of capital, and will not support a move to public consultation until this is addressed. As a result additional work was performed during 2017/18 to satisfy these concerns. A Strategic Outline Case was produced by the Trust in September 2017 which demonstrated both the availability and affordability of capital. At the same time an independent peer review by the North England Clinical Senate confirmed the findings of the pre consultation business case. Following this the Trust submitted an STP capital bid in the summer of 2018 via the Cheshire and Mersey Health and Care Partnership. The bid was ranked first of the large schemes by Cheshire and Mersey and third overall. The Trust however has been recently informed that this bid has not been successful and that STP capital should not be pursued in the future. This is an extremely difficult position for the Trust; the Trust however will continue to explore all available funding options to address the clinical and financial sustainability issues that have been evidenced.

The Board have carefully assessed the immediate clinical risk, taking advice from the clinicians, and believe that the plans for mitigation must continue to be pursued. The Trust will therefore continue to invest in mitigating actions whilst approval for the preferred option continues. There is however a limit to how effective these mitigations will be in the medium to long term. Further investment into on-site mitigation is required in 2019/20. This approach however is not sustainable and a long term solution must be reached. The Trust will hold a clinical summit in June 2019 to inform the future position of the services. The outcome of this may have a significant impact on the long term plan of the Trust which will be submitted via the Cheshire and Mersey Health and Care Partnership in the summer of 2019.

The Trust has a strong track record of financial control, consistently delivering the control totals set by NHSI, however as a small specialist organisation the Trust carries proportionally high overheads and has been reporting a deficit in recent years. The Trust has been set a breakeven control total for 2019/20 after £2.3m Provider Sustainability Funding (PSF), £2m Financial Recovery Fund (FRF) and £0.3m of central Marginal Emergency Rate Tariff (MRET). The Trust has accepted this, in a change from the draft plan, but there a number of risks associated with this, such as CIP delivery and management of clinical cost pressures. Contracts have now been agreed with nearly all commissioners, with a significant proportion (c70% of clinical income) on a block arrangement which removes some of the risk on income.

The Trust will continue focus on waiting lists and the recovery of cancer and referral targets throughout 2019/20.

The following sections of the operational plan provide an update to the Trust's approach to clinical risk, quality planning, workforce issues, patient activity and the financial forecast for 2019/20.

2. Activity planning

A significant proportion of the Trust's activity relates to Maternity services, which are not included in the national Activity Submission. There has been detailed work undertaken to assess demand for Maternity services and this is under discussion with commissioners.

The Trust has not been achieving the RTT standard in 2018/19, primarily due to capacity issues in Gynaecology. Recruitment of additional consultants is under way. The Trust is working through detailed demand and capacity modelling, using the IMAS tool and with support provided by a team from NHS Improvement. This has highlighted areas of lack of capacity at a sub-speciality level and has allowed the Trust to develop a number of business cases for additional resource into the Gynaecology service. This has also informed activity planning and led to an agreed increase in funding from commissioners.

In addition to expected demographic growth, the Trust expects both to clear its current backlog, and to maintain ongoing higher levels of activity in Outpatients and Elective inpatients in Gynaecology, bringing activity up to levels achieved in previous years, before the significant capacity issues which have hampered activity in 2018/19. The Trust is planning to achieve the 92% Referral to Treatment standard by the end of Quarter Two 2019/20 (supported by additional commissioner funding).

Due to the nature of the Trust's services, winter pressures do not significantly impact.

The Trust is planning to achieve the Cancer two week wait target and 31 day treatment standards, and to make an improvement in performance on the 62 day target.

3. Quality Planning

Approach to quality improvement, leadership and governance

The Director of Nursing and Midwifery is the named executive lead for quality improvement and the Medical Director is the named executive for the Trust Quality Strategy and Mortality Strategy.

The Trust's governance structure currently in place is underpinned by the strategies for Risk, Patient Experience, Quality and Research. Each of these strategies is an enabling strategy in relation to risk on the Trust Board Assurance Framework (BAF), which are also aligned to the Trust risk appetite. The risk appetite is linked to the Trust strategic aims and is assessed every year by the relevant sub-committee of the board.

The Board has six committees: Audit Committee; Charitable Funds Committee; Quality Committee; Finance, Performance and Business Development; Remuneration and Nomination Committee; and Putting People First. The committees of the Board are chaired by Non-Executive Directors and supported by an Executive Director lead. Each of the committees is supported by committees and/or groups relevant to their areas of responsibility within the organisation. There is one adaption within this structure and this relates to the Corporate Risk Committee, this is chaired by the Chief Executive with Executive Directors and senior managers as members of the group.

The Quality Committee is responsible for providing assurance to the Board that the Trust is managing the quality of patient care, the effectiveness of clinical interventions, patient experience and patient safety. The Committee is responsible for the approval of the quality strategy which is usually set on a 3 year cycle; currently this is in the 2017-2020 strategy cycle. The Quality Committee receives quarterly reports on progress of each of the key aims and goals of the quality strategy and as part of its scrutiny role, reviews the quality goals to ensure that progress is being made in relation to the key areas for improvement.

In order to track progress there is one single quality improvement plan that is cross referenced to other relevant quality initiatives, e.g. CQUIN, Quality Accounts etc. Progress is reported in the Trust's Annual Quality Account, which will be made available on the Trust's website, NHS Choices and included in the Trust's Annual Report.

Locally, the Trust has a focus on the future sustainability of clinical services in the form of our Future Generations Strategy. The Trust believes the services it provides are vitally important across Cheshire and Merseyside and add value and quality to the lives of women and their families. For that reason active planning for the future is underway, involving working closely with colleagues in commissioning and across the healthcare sector to find the best way forward to ensure continuing focus on women's services in Liverpool and the wider geographical area.

In developing the Quality Strategy nine key themes of focus were identified under three overarching priorities. These themes emerged through discussion with staff, patients and

their families, and other stakeholders and were felt to be integral to the delivery of the Trust's overall vision of being the leading healthcare provider for women, babies & their families.

In reviewing the progress of the previous Strategy, it is recognised that whilst significant progress has been made in enhancing quality improvement within the Trust, further efforts are required. In maintaining the three overarching priorities the Trust recognises that they remain relevant and important but with the nine key themes allowing for specific key areas of focus for the future Strategy.

Part of keeping this strategy live will include holding stakeholder events for both staff and external stakeholders. The Trust is committed to continuously engaging commissioners, service users and staff to both hold it to account against delivery of priority areas and help to identify new areas for each year of the strategy.

Summary of the quality improvement plan

The top three risks relating to quality in the organisation are on the Trust Board Assurance Framework (BAF). These are monitored by the relevant committee of the board and the board. The top three risks are:

- Long Term Clinical Sustainability, due to not being co-located to an acute adult trust with access to diagnostic facilities and additional services such as ITU;
- Difficulty in being able to recruit high quality specialist consultants in Gynaecology;
- The need for a single patient information system (EPR); the trust currently has multiple clinical systems which can cause delays in care.

All the risks and all others on risk registers across the Trust have specific actions to mitigate them or to assist in moving forward with development.

The Trust has a process through its Senate structure (these sit below the sub-committee of the board for Safety, Effectiveness and patient Experience) where by learning from reviews of key national learning is completed and shared with relevant areas of the Trust or external organisation as part of our external assurance processes. In relation to the specific area of the Gosport Report, the Trust undertook a proactive review of all the issues identified in the initial review and following review at the Safety Senate, 3 subsequent assurance reviews were completed. This review has been shared at relevant groups and committees internally and with the Trust's lead clinical commissioning group.

The Trust has implemented the national guidance for Learning from Deaths into its internal process, which includes an electronic system to assist in the process of completing the reviews, which is based on the Hogan system of review. Learning from deaths (includes both adult and neonatal) is reported quarterly to the senates and to the Quality Committee and by exception to the Board. All information related to Learning from Death is also included in the Trust's Annual Quality Account as required by national guidance.

All infections are monitored by our infection control team and the DIPC and reported to our Infection Control Committee, which is chaired by the Director of Nursing and Midwifery. The

Trust does not have patients developing Gram-negative bloodstream infections due to the nature of the patient group and procedures being undertaken.

NEWS2 has been rolled out across the Trust as part of its Sepsis strategy which has a consultant leading on its implementation. This is closely monitored through internal KPIs and the Trust's compliance with the CCG quality schedule. The Sepsis strategy is closely linked into the antimicrobial plan and the Director for Infection Control. Where the care for a patient with Sepsis has not met the required standard, this is reported as an incident and reviewed to identify learning.

Summary of quality impact assessment (QIA) process and oversight of implementation

The Trust has a documented process in place where all relevant documents which require a QIA are completed by a competent member of staff relevant to the document contents. The Medical Director and the Director of Nursing and Midwifery have the executive lead to sign off and QIA where there is a CIP and a clinical element.

The quality impact assessments and cost improvement plans are monitored via the quality schedule with Liverpool CCG.

4. Workforce Planning and Development

The Trust has adopted a revised approach to the workforce planning process for 2019/20, whereby it has been fully embedded into the operational planning cycle. Operational, finance, nursing and workforce colleagues have met on a regular basis to identify the key activity, commissioning and financial assumptions which will influence the workforce model for the next financial year. All divisions are tasked with having a fully developed workforce plan and completion of medical job plans completed by December each year, with full consideration of workforce tools including Birthrate Plus and BAPM, rota patterns, succession planning, age profile and recruitment and retention trends.

In addition, the Trust is fully compliant with National Quality Board guidelines for reporting staffing levels including a bi-annual nursing and midwifery staffing review which is considered by the Trust Board. These reports draw on the nursing and midwifery aspects of the divisional workforce plans, published in December of each year.

As part of the NHSI Retention Project (cohort 4), the Trust has looked in detail at turnover trends within the nursing and midwifery workforce and identified a number of projects with the objective of reducing turnover back in line with the regional average. The Trust-wide projects are:

- Supporting more flexible ways to 'retire and return'. This includes revision of the existing policy, piloting of specific roles for this staff group to provide education and pastoral support for staff at the start of their careers, job shares and buddy systems.

- Supporting staff with career planning. This includes structured conversations between line managers and staff regarding career progression and job enrichment opportunities, career management workshops led by senior nurse leaders and identifying ways for more staff to be released for development and learning.
- Supporting staff at the start of their employment: This includes structured support and interventions at 3 months, 12 months and following the end of a preceptorship programme with the aim of retaining those nurses and midwives who have been invested in heavily during the preceptorship period. Employment opportunities are also offered to all suitable nurses and midwives following their training.

The Trust has reviewed how the contribution of specialist nurse / midwife workforce can be maximised, and funding from Health Education England for the development of the new role of

Advanced Midwifery Practitioner has been agreed. LWH has the largest cohort of Advanced Neonatal Nurse Practitioners in the UK and has recruited and trained the majority of these postholders through an internal succession planning process.

The Trust has commenced reviews of the support worker workforce, to ensure there is career progression for these staff groups and that resources of qualified staff are being utilised most effectively. In partnership with neighbouring Trusts, LWH will support Nurse Associate in training roles, and LWH will be the pilot Trust for the development of a comparable role within maternity, currently under development by the NMC.

The Trust continues to identify and develop workforce leaders of the future via a talent grid, leadership programme and Aspirant Manager programme. The Trust has recently been able to appoint to traditionally hard to recruit management roles and highly specialist roles with individuals who have benefited from the schemes.

The Trust continues to consider all roles as potential apprenticeships through the vacancy control process and currently has 21 apprenticeships in process including healthcare science, management, business admin, healthcare, IT and ODPs.

The establishment of a Strategic Workforce Review group with senior multidisciplinary representatives from across the Trust has enabled shared learning regarding new and specialist roles to mitigate some of our workforce shortages and risks. From the group, a business case has been developed with the objective of identifying and procuring long term, attractive, Trust grade doctor posts via partnerships specifically with the Liverpool School of Tropical Medicine, University of Liverpool (Research Posts) and a partnership with neighbouring Trusts to recruit doctors from India on 3 year training programmes.

LWH's workforce strategy is already aligned to the priorities of the NHS Long Term Plan and will continue to be developed on this basis. Examples include a five year plan to make fundamental changes to the culture of the organisation via the 'Fair and Just Culture' project which will change the way the organisation responds to learning from incidents and errors and move to a culture of accountability rather than blame. Regarding E-Rostering, an e-

rostering project group is looking at benefits realisation around the current e-roster system for nurses and midwives and the Trust is participating in a regional bid to procure roster software for junior doctors and consultant job planning. In terms of developing a talent pipeline for Executive Director roles, the Trust is working with the NHS Leadership Academy to put in place a Shadow Board Programme from April onwards which will give opportunities for a diverse range of staff to experience participation in a Trust Board setting.

The Trust has risk assessed the potential impact of workforce departures as a result of Brexit and has concluded the likely impact to be minimal due to relatively low numbers of EU employees and the fact that LWH was the first NHS Trust to pilot the EU Settlement Scheme with high take-up rates.

LWH fortunately does not hold long term vacancies within the nursing and midwifery workforce, and to date have not seen the impact of changes to the nursing bursary system. In recent years there have been some difficulties recruiting high calibre candidates to senior nursing and managerial roles, potentially due to the possible changes to organisational form; however in the last 12 months there have been a number of successful senior appointments.

Within the medical workforce the Trust faces challenges in terms of junior doctor numbers common to all NHS organisations, and more specifically, some longer term recruitment difficulties within the consultant workforce arising from a lack of sub-specialist clinicians available and the Trust's position as a stand-alone site being less attractive to many clinicians. Work continues towards the requirement of seven day working with a long term programme of investment, recruiting an additional consultant post over and above establishment in each clinical specialty each year. Development of the Joint Surgical Service with Alder Hey NHS Foundation Trust will require significant recruitment of nursing, consultant and Advanced Practitioner workforce which will be phased in time to ensure that the staffing model at Alder Hey mirrors that at LWH.

Key Workforce Challenges and Risks

Impact on Workforce	Initiatives in Place
Rota gaps within junior doctor workforce	Use of bank and agency posts, consultants acting down, reduced activity Development of long term attractive Trust grade doctor posts. Further development of the Advanced Practitioner Workforce
Attracting the best quality consultants to a specialist centre on a single site	Gaps and risk of gaps within particular sub-specialties including oncology, anaesthesia endometriosis and foetal medicine. Partnerships with neighbouring Trusts to create joint posts.
Turnover rates within the nursing and midwifery workforce when benchmarked against other trusts.	Investment in training and development. Action plan developed via NHSI Retention project.

Management of temporary staffing

Expenditure on bank and agency staff remains low in comparison with benchmarked Trusts and there is a 'bank first' usage policy. An e-roster project group is currently reviewing how maximum benefits can be obtained from the e-roster systems. E-roster refresher training was recently commenced to all managers, who are now required to attend regular 'roster challenge' meetings to ensure that the substantive workforce is being used effectively and therefore minimising the use of temporary staffing. On an ongoing basis, Finance and HR Business Partners work closely with managers to ensure they are planning staffing resources effectively such as proactive recruitment for maternity leave and vacancies, and looking at new ways of working such as on call systems during peak holiday periods that can be flexed based on demand.

A robust medical bank is in place and regular recruitment open days are undertaken, to expand the non-medical bank. LWH faces some constraints due to the geographical location and specialist nature of services, and therefore predominantly uses substantively employed staff as bank workers.

The Trust is actively engaged with the Cheshire and Merseyside Temporary Staffing Programme, 'Impacting Agency Spend' and is working collaboratively with neighbouring Trusts to drive down average prices from medical and non-medical agencies. Benchmarking exercises have demonstrated that as a Trust, LWH receives competitive rates compared to neighbouring organisations. Only on-framework agencies are utilised.

Health, Wellbeing, Engagement and Diversity

A sustained focus on driving down sickness absence continues. As at December 18 the cumulative position remained above the 4.5% target at 4.66%. The Trust has participated in the NHSI sickness improvement project and has identified three work stream areas to target over the next 6 months. Specifically, these are 'Keep Hydrated', 'Communications' and 'Stress'. An outsourced physiotherapy and occupational health service is in place, and proactive physiotherapy sessions have been used in clinical areas with the highest reported levels of MSK related absence. An active Health and Wellbeing Committee is in place, which is focused on mental health and stress, and a cohort of mental health first aiders has been trained. This group complements the existing 'Dignity at Work' advisors who provide peer support for staff with concerns about bullying and harassment. Whilst the number of formal Dignity at Work Investigations remains low, the feedback from the National Staff Survey shows that an unacceptable number of staff feel bullied. The introduction of a quarterly engagement survey and team intervention programme 'Listening to our People' is aiding managers to identify issues and tackle them in real time.

Equality Objectives for the next 2 years will be published in 2019 and a key area of focus is how more Black and Minority Ethnic (BME) staff can be appointed into managerial roles, via active promotion of leadership pathways and courses such as the NHS Leadership Academy's 'Ready Now' programme.

Partnership Working

LWH plays an active role in the Cheshire and Merseyside Local Maternity Solution (LMS) and are providing midwifery and medical staff to service the newly established 'one stop' hub in the North of the city which will provide a complete maternity service including a birthing suite in the premises of a GP surgery. The second phase of the development will be midwives working in partnership with local GPs at hubs in the south of city to provide a triage and treatment service to avoid unnecessary attendances at hospital.

In line with Carter, a number of corporate services are outsourced, including payroll, occupational health and recruitment where this delivers efficiency savings whilst maintain quality. An Imaging General Manager is shared with two other Trusts and pharmacy management is in-sourced from a neighbouring organisation. Regular reviews of corporate services take place with benchmarking against national norms including a recent review of the finance department to establish a business partner model delivering focused support to divisions.

5. Financial Planning

i. Financial Forecasts and Modelling

Financial planning is integrated as part of an overall operational planning process at the Trust, incorporating workforce, quality and safety cost pressures, capital planning, contracts and commissioning, CIP and efficiency. This is led by the divisional management teams incorporating the Clinical Director, Head of Nursing or Midwifery, and Operational Manager for each division, supported by Finance, HR, Performance and other support areas, and overseen by the Trust Board.

The Trust-wide plan is built up from detailed individual divisional plans.

This integrated approach means that the Trust is showing green on triangulation of workforce and finance and amber/green overall.

Key Assumptions

Key assumptions used in the financial plan are as follows:

- Plans are built up from the month nine forecast out-turn, adjusted for non-recurrent items and full year impacts (including the re-instatement of vacancies).
- Inflation has been applied in line with the national guidance, the most significant being pay inflation at 5%, other than in specific areas where additional inflationary pressures are known, e.g. contracts subject to RPI and utilities.
- Growth has been assessed using ONS projections for the demographics of the Trust's patients and expected fertility rates in the region.
- CNST represents a significant proportion of the Trust's expenditure and has been included in the plan at the level advised by NHS Resolution. Note that the Trust is assuming that it will retain the full maternity incentive premium.
- CIP has only been included where this has been worked up as a bottom up plan; this has been increased significantly from the first draft of the plan (from £2.6m to £3.6m of identified schemes).
- Approved and essential cost pressures are included, including additional consultants to move towards 24/7 consultant cover as identified as required under the Trust's Clinical Case for Change.
- All plans are consistent with currently agreed nursing and midwifery ratios, consultant job plans, and other agreed standards for workforce.

Income

The Trust was under a block contract arrangement ("Acting as One") in 2018/19, which provided more income than would have been earned under PbR. This has been stripped back and the underlying activity forecast has been used as the starting point for assumptions on income. On top of this, a significant amount of additional activity related to achieving RTT in Gynaecology and achieving Cancer targets has been factored in.

The Trust has undertaken an assessment of the impact of the revised tariff on income, and this is factored into plans. In headline terms, income for deliveries will be significantly

reduced. Whilst this is partially offset by a reduction in CNST premia, this does not fully explain the reduction, and means that the most significant line of income has reduced. This is partially made up by additional income for antenatal pathways, and increased income for some Gynaecology tariffs.

Contracts have been agreed with all main commissioners and Liverpool, South Sefton and Formby CCGs, and elements of the NHS England contract, are under block arrangements. There has been investment from commissioners in Gynaecology (backlog), Neonatal Outreach, High Dependency Unit, Frozen Embryo Transfers, and demographic growth.

Income assumptions included in the plan match to contracts agreed with commissioners for relevant larger CCGs and NHS England.

Genetics Laboratories

The plan assumes the TUPE of staff and removal of all income related to the Genetic Laboratory Hubs commissioning in July 2019, which would see Manchester Foundation Trust the regional hub, incorporating the lab at the Trust. However note this is still under discussion with Manchester Foundation Trust.

Single Oversight Framework

The Trust maintains the overall risk rating at 3 under this plan, in line with 2018/19.

Sensitivity Analysis

There are a number of risks to achievement of the plan. The Trust Board has discussed a range of potential outcomes, which range from achievement of the Control Total to a more significant deficit.

Potential cost pressures on the useful lives of buildings, have not been factored in to the plan.

Borrowings and Cash

The Trust would not require further distressed finance as would be delivering a breakeven position, and plans to repay £4.6m of historic debt early in July 2019.

A further £10.4m will be drawn down of the agreed neonatal loan to fund the build in 2019/20.

Control Total

The Board has accepted the control total but notes that there remains a level of risk to achievement, particularly in relation to CIP delivery and clinical cost pressures.

ii. Efficiency savings for 2019/20

The CIP programmes reflected in the plan include:

- **Procurement and contract savings**, including those being worked up at an STP level;
- Achievement of the **CNST Maternity Incentive**;
- Restructure and increased efficiency in **corporate services**, reflecting opportunities identified through benchmarking and Model Hospital;
- Review of **contracts and non pay**;
- Generating **workforce efficiencies**. The Trust is working with NHSI on programmes around both sickness and staff retention. In addition the Nursing directorate are reviewing all supernumerary and management posts, nursing ratios across the week, non-qualified roles, and skill mix;
- There is a workstream on **surgical pathways** underway encompassing theatre utilisation, ensuring patients are seen in the correct setting (including increasing daycases and reducing length of stay where possible), and streamlining pathways (e.g. reducing duplicated pre operative assessments);
- **Estates utilisation** is under review, particularly for the site at Aintree;
- Reference Costs data has indicated that the **Community Midwifery** service benchmarks as high cost and a number of schemes are in place to address this;
- The trust has applied for funding through **Section 106**.

The Trust regularly reviews Model Hospital and other benchmarking where available to identify areas of opportunity. The CIP and efficiency programme is managed through the divisional Operational Planning process with support from corporate departments, and a separate PMO is not currently in place. This enables plans to be integrated into an holistic process.

iii. Agency rules

It is anticipated that agency expenditure will be well within the cap for 2019/20. The Trust does not have a significant problem with agency usage, and would aspire to reduce non-clinical agency spend in particular in 2019/20.

iv. Capital planning

A significant proportion of the Capital Programme relates to the redevelopment of the Neonatal Unit, which began in 2018/19. This is funded through an agreed DH loan facility.

There is also a significant component of IT expenditure planned related to the Global Digital Exemplar Fast Follower programme, part funded by PDC.

In addition to this, essential estates and medical equipment have been funded only; this will be funded internally through depreciation.

The Trust continues to vigorously pursue a solution to the wider strategic capital requirements in relation to co-location and also any requirements for further investment on site in the short to medium term.

6. Link to the local sustainability and transformation plan

The Trust continues to work closely with the Cheshire and Merseyside Health and Care Partnership, engaging in a number of work streams in support of the Partnership's vision.

This operational plan is aligned to the overall strategic direction of the Partnership and will form the basis of the submission to wider Cheshire and Merseyside view.

7. Membership and elections

Governor Elections

The Trust has 14 Public Governors elected by the Trust's public membership who represents the local community from: Central Liverpool; North Liverpool; South Liverpool; Sefton; Knowsley; and the rest of England and Wales. In addition there are 5 Staff Governors elected by the Trust's staff, from the following staff areas: Doctors; Nurses; Midwives; Scientists, technicians and allied health professionals; and administrative, clerical, managers, ancillary and other support staff. The Trust also has 7 appointed governors representing stakeholders.

The election process for Governors is undertaken in accordance with the Trust's constitution and follows the Model Election Rules. The Trust appoints the Electoral Reform Service as the returning officer for all Governor Elections. During 2018/19 the Trust undertook an election process for 10 constituencies (8 public and 2 staff) and was able to fill 8 positions (7 Public and 1 staff). The Council of Governors will actively engage with the membership and the public in order to support an active election process in both the public and staff constituency.

Alongside formal meetings of the Council of Governors, the Council created sub groups below it that mirrors the Board committee structure. This new structure has been operating since April 2017. The sub groups provide the Council with assurance and training with regards to Quality, Safety, Patient Experience and Financial and Operational performance. Additional to the sub groups and Council of Governors; a range of briefing sessions and workshops take place to both inform the governors of Trust initiatives and to gain their views. Governors receive induction training on appointment and meet with the Trust Secretary to identify specific needs.

Membership Strategy and engagement

A three year Membership Strategy was launched in 2017/18 with an overall objective of engaging with as many existing members and potential new members as possible to keep them informed and involved on various aspects of Liverpool Women's.

The table below sets out the course of action for these priorities and other aims in line with the strategy and reflects both year one and two objectives

Year Two, 2018 – 2019	
1.	Consult and involve members in relevant engagement opportunities with respect of the Trust's Fit For Future Generations programme.
2.	Maintain membership numbers and aim to recruit to under-represented groups through the use social media and appropriate governor supported public events and campaigns to support achievement of this.
3.	Analyse the quality of contact information the Trust has and target regular communications, aligned to members' areas of interest.
4.	Introduce multi-channel communication broadcast from Governors to members in their constituency to achieve better visibility and more productive engagement with members.
5.	Introduce a dedicated and regular communication feature within the Trust's standard channels that showcases membership and Governor news, and the benefits of getting involved in order to increase recruitment.
6.	Put in place arrangements to involve members and patients in a number of identified committees/groups within the Trust that is concerned with quality (to include training and support and code of conduct and confidentiality issues).
7.	Link with local schools, colleges and universities, possibly in collaboration with other local Trusts to serve as a 'Membership Open Space' where young people can pursue information about careers in the NHS whilst also learning the benefits of membership.
8.	Involve more members and patients in a number of identified committees/groups within the Trust that is concerned with quality of service.

During 2018/19 the intention continued to make the intensity of some of the above activities dovetail with the ongoing progress of the Trust's Future Generations Strategy. However, as progress on this has slowed down due to issues outside of the Trust's control, there have not been as many public engagement opportunities as intended.

The Membership Strategy has continued to focus on recruiting new members via a range of promotional and engagement activities and between April 2018 and February 2019, 92 new members have been recruited.

Achievements during 2018/19 include The Trust's Annual Members Meeting (AMM) took place in October. In the lead up to the event a 'Back to the Future Generations' theme was promoted which focussed on a children's art competition and invited children to design a hospital for the future. By the end of September prior to the event, the competition received almost 50 entries from a range of schools in the local area. The event attracted approximately 200 attendees including members, governors, staff and members of the public. The Annual Members Meeting itself was also attended by approximately 50 people, whilst the video recorded version of the meeting also attracted over 200 views.

The 'Get Involved' campaign that was launched as part of the Communications & Engagement Plan 2018/19. This is attempting to promote Membership, Volunteering and the Charity. Promotional items have been produced for this as well as a promotional stand which

is accessible to all staff and Governors to use on request for their own engagement activities.

The first Get Involved event took place in August 2018 in Liverpool City Centre in partnership with Radio City. The Get Involved day consisted of a promotional media bus with many members of staff supporting the event to promote involvement, recruit members, and to share news on the Trust's developments and plans for the future with the public. Get Involved social media and email contact reached approximately 55,000 people in the lead up and on the day. The direct 'Get Involved' website visits was approximately 1,100, and £175 was raised towards Liverpool Women's Charity, and 55 new members were recruited on the day.

In addition, a data cleanse of the membership database continues which aims to improve the quality of contact information the Trust has for members. The Trust membership database only has a small proportion of email addresses for its members, meaning that in the absence of regular direct mail communication, a large proportion of our members will have limited engagement with us.

Following up this work with a long-term effort to secure a range of contact methods for existing members will allow for more regular engagement via digital means. This piece of work will continue into 2019-20 due to the volume of members that need to be contacted for this information.

Further engagement activities are being planned for the remainder of 2018/19 and 2019/20. Existing links to Asda and Tesco supermarkets had been developed allowing representatives from the Trust to host a promotional stand which will be useful to reach our under-represented areas and groups. However GDPR laws restrict how we can obtain personal information from customers for membership recruitment in this way. In addition focus will be on a series of events to include the link with local schools, colleges and universities, possibly in collaboration with other local Trusts to serve as a 'Membership Open Space' where young people can pursue information about careers in the NHS whilst also learning the benefits of membership.

Approaching year three of the strategy 2019-20 there will be a continued focus on achieving the objectives outlined for year's one and two, in addition to further objectives below, as outlined in the Membership Strategy. These objectives are focussed on increasing involvement of members and patients within the Trust's operations where appropriate, and to engage closely with the education sector to reach young people directly.

Year Three, 2019 - 2020	
10	Develop a core 'active members' database who can assist the Trust in a work experience/volunteering capacity around FT activities, such as AMM support and public/membership engagement.
11	Put in place arrangements to involve members and patients in the recruitment of new staff during the selection and interview process to promote wider membership involvement.