

Blackpool Teaching Hospitals 
NHS Foundation Trust

Forward Plan Strategy Document for 2012-13
Blackpool Teaching Hospitals 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

Kay Holland

Job Title

Head of Performance Planning & Contracting

e-mail address

Kay.holland@bfwh.nhs.uk

Tel. no. for
contact

01253 303186

Date

30th May 2012

The attached Forward Plan Strategy Document (the "Forward Plan") and appendices are 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 and appendices are 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 and appendices have 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 and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Ian Johnson
-----------------	-------------

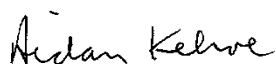
Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Aidan Kehoe
---------------------------	-------------

Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Tim Welch
----------------------------	-----------

Signature



Section 1: Forward Plan

A. The Trust's vision is summarised as:

The Trust's vision and values approved in June 2010, following a consultation exercise with staff, remain in place and make explicit to all, our commitment to the delivery of safe, high quality patient centred care.

The Trust's vision is based on 6 key themes each with an underpinning breakthrough objective, the 6 themes can be summarised as follows:-

Quality: To provide "Best in NHS Care" for our patients.

Safety: To reduce avoidable harms to our patients.

People: To realise the potential of our staff and be a great place to work.

Delivery: To exceed all national and local standards of service delivery.

Environment: To deliver the best environment for patients, staff and the wider community.

Cost: To achieve "Best in NHS Care" at the lowest cost.

Delivery of the Trust's vision is further underpinned by the Blackpool Way, the Trusts cross organisational approach to continuously improving the performance of the organisation through:

- Developing a fully engaged workforce, where individuals and teams have greater influence and autonomy in driving the Trust towards best in class performance.
- Charging managers and leaders with achieving the Trust's objectives through an inspired and motivated workforce.
- Measuring success not only by results but how those results are achieved.
- Inspiring all staff to work together to continuously improve the service to patients and customers.

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

The Board of Directors recognise the changing environment in which the Trust is operating and has taken this into account in preparing this Forward Plan. There are a number of external factors that have been taken into account including:

- NHS Operating Framework 12/13
- The White Paper Equity and Excellence: Liberating the NHS
- Transforming Community Services
- NHS, Next Stage Review 'High Quality Care For All' and World Class Commissioning
- The local market context
- Patient choice and plurality of providers

We believe that pursuing a strategy of delivering high quality, safe care for patients that eliminates waste and implementation of our future business plans will enable us to best meet the challenges and opportunities presented by these external factors. A summary of the Trust's strategic intention, founded from the corporate objectives is to:-

- Improve the efficiency and effectiveness of the workforce,
- Optimise opportunities and benefits from our merger with community services
- Reduce length of stay and readmissions
- Increase clinical productivity
- Rationalise use of the estate
- Optimise procurement cost savings

Our partnership approach with our commissioners, as evidenced by our joint working to date is a key strength, which we need to maximise during the forthcoming period as the NHS Reforms develop and embed. During 2011/12 the Trust strengthened clinical leadership across the organisation by restructuring the Divisional Management Team and appointing senior clinicians at the heart of decision making processes. These changes will support the continuation of a partnership approach as work develops with commissioning GPs to drive the transformation of health care on the Fylde Coast and gives us a solid platform to work together as a Health Community to meet the challenges of the next three years.

As part of the strategy to improve the efficiency and effectiveness of the workforce, optimise savings and improve the provision of Laboratory Medicine the Trust has agreed a Strategic Pathology Alliance with University Hospitals of Morecambe Bay NHS Foundation Trust. Working in collaboration this alliance will support the introduction of a high throughput and rapid screening facility for biochemistry, the rationalisation of microbiology, standardisation of anti-coagulation services across Blackpool, North Lancashire and Cumbria and the modernisation of transfusion services.

The intention is to continue to work in partnership with University Hospitals of Morecambe Bay NHS Foundation Trust to secure benefits to patients through strengthening links between University Hospitals of Morecambe Bay NHS Foundation Trust and Community Services and cost benefits where feasible through the rationalisation of back office support services.

In the second half of 2010, the Trust along with health community partners agreed that a public consultation on the future configuration of health services was required. Working with our health community partners a strategy for health across the Fylde coast was developed and agreed. This strategy depicts a NHS which is more flexible and responsive to the needs of patients. It places people at the centre of care and seeks to bring services and skills closer to home wherever and whenever possible. It is a strategy that will best support the health of the population and will make best use of NHS resources. It also builds on national policy to provide services at a local level. It will be developed in a way that responds to the specific demands on health services across the Fylde Coast.

The consultation process is on schedule to be launched in July 2012 and will set out the aims for a reconfiguration of services which sees more services being provided in the community, utilising the 5 Primary Care Centres on the Fylde Coast and reduced dependency on bed based hospital care. The consultation is

focused predominantly around the management of patients with rehabilitation needs, with the intention being to manage them outside of the secondary care setting and closer to home.

The Transforming Community Services agenda provides the opportunity to support the strategy and to jointly develop a new approach based upon integrated delivery along evidence based care pathways; for this reason the name of the project was changed to Transforming of Patient Pathways. We believe that this name more accurately reflects what the proposed strategy is about – recognising that the delivery of better integrated care will transform the way that hospital care is provided as much as it will transform community services.

In addition a reduction in the number of hospital beds in the health community will result from new ways of delivering elective services e.g. increased day case procedures and Laparoscopic surgery, introduction of seven day working, together with strengthening of community based services to support patients in the community reducing the need for them to come into hospital in line with the ambition of increasing care closer to home.

The Trust is currently putting in place a Transformation Team that will support the Trust Board through the review, development and implementation of a strategic plan through to 2020, linked to the outcome of the Fylde Coast Health Economy consultation. It is anticipated that there will be support for the changes consulted on which will lead to the development over the next 12 months of out of hospital services, primarily outpatient services and services for patients with long term conditions. The transformation team will also support delivery of the outcome of the consultation, delivery of the strategy and the realisation of the benefits from the Transforming Community Services transaction.

Clinical and Quality Strategy

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

The Quality Framework developed in response to Lord Darzi's paper "High Quality Care for All" (NHS 2008) and approved by the Trust Board in November 2008 remains relevant and the driver for Quality Improvement across the Trust. The Quality Framework identifies Patient Safety, Clinical Effectiveness and Patient Experience as the 3 key elements in the quality of care for patients with specific targets for action for each element.

The Trusts vision for Quality (to provide the best in NHS care for our patients) and Safety (to reduce avoidable harms to patients) provide staff, patients and stakeholders with the overall aim of the Trusts Clinical and Quality Strategy. Each is supported by a number of underpinning programmes and key measures to support achievement.

Continuous review of services throughout the year in conjunction with discussions with our key Stakeholders, Governors and Staff and after consultation at Board level supported the development of quality improvement priorities for 2012/13, which will have maximum benefits for our patients. These were proposed and agreed by the Board of Directors and are reflected in the Trust's Corporate Objectives 2012/13.

These quality improvement priorities are also reinforced by the standards outlined in the NHS Outcomes Framework 2012/13 five domains of quality which set out the high-level national outcomes that the NHS should be aiming to improve. Domains one to three include outcomes that relate to the effectiveness of care, domain four includes outcomes that relate to the quality of the patient experience and domain five includes outcomes that relate to patient safety.

In late 2009 the Board of Directors appointed ALERT Life Sciences UK Ltd as the Trusts strategic partner for the delivery of an electronic patient record system. The decision to procure an electronic patient record system was taken to support the delivery of high quality patient care, whilst also supporting key strategic initiatives such as the Quality Framework and the QUIPP programme. These strategic initiatives are designed to improve services by empowering staff, and specifically clinicians, to make the necessary changes in clinical practice. This requires a system that provides real time, high quality clinical information. The implementation of the ALERT® system will allow clinical information to be recorded, collated, analysed and reported, with the focus on outcomes and the quality of the care being delivered. The system will also provide real time information to monitor and improve the effectiveness and efficiency of care, thereby improving clinical quality.

The Trust plans to begin its roll out of the electronic patient record system across inpatient and outpatient areas in 2012/13, with all departments using the relatively simple elements, followed by a layering of the more complex functionality once clinicians have gained confidence in using the system. During 2012, all departments will begin to use an electronic system to request clinical investigations (such as x-rays and blood tests) instead of completing paper request cards, and will also receive the results electronically. This will allow clinical teams to work much more efficiently.

Use of electronic systems for all clinical documentation, instead of clinicians recording their notes on paper and entering this into patient casenotes, will be implemented first in the outpatient areas. This will allow our clinicians to become familiar with using the system in an environment where use of this type of electronic patient record has been proven to work successfully – most GP practices now use an electronic record for their consultations – and will therefore build their confidence in using the system before implementing in the inpatient environments where patients can be very sick and require many medications and treatments.

Clinical and Quality priorities and milestones

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

Priorities for Improvement 2012-15			Indicators for Quality Improvement 2012-15
National Level NHS Outcomes Framework Domains of Quality	Trust Level	Key Elements in the Quality of Care	
<p>Domain 1:</p> <p>Preventing people from dying prematurely (NHS Outcomes Framework, DH 2012/13)</p>	<p>To Provide Best In NHS Care For Our Patients</p>	<p>Clinical Effectiveness of Care</p>	<p>Reduce premature mortality from the major causes of death</p> <ul style="list-style-type: none"> - Reduce 'preventable' mortality year on year by reducing the Trust's hospital mortality rates / Summary Hospital Mortality Indicators <p>North West Advancing Quality initiative that seeks compliance with best practice to improve patient outcomes year on year in seven clinical areas:</p> <ul style="list-style-type: none"> - Acute Myocardial Infarction - Hip and Knee Surgery - Coronary Artery bypass graft surgery - Heart Failure - Pneumonia - Stroke - Patient Experience Measures <p>Implementing 100,000 Lives and Saving Lives Programme:</p> <ul style="list-style-type: none"> - Reducing the incidence of surgical site infections year on year
<p>Domain 2:</p> <p>Enhancing quality of life for people with long-term conditions (NHS Outcomes Framework, DH 2012/13)</p>	<p>To Provide Best In NHS Care For Our Patients</p>	<p>Clinical Effectiveness of Care</p>	<p>Enhancing quality of life for people with dementia</p> <ul style="list-style-type: none"> - Improve the outcome for older people with dementia by ensuring 90% of patients aged 75 and over are screened on admission 2012/13 – establish baseline 2013/14 & 2014/15 – maintain or improve performance <p>Improve referral to treatment times for patients who suffer a Transient Ischaemic Attack (TIA) – maintain or improve performance against the agreed threshold</p> <p>Nursing Care Indicators used to assess and measure standards of clinical care and patient experience. Continue work year on year to sustain or improve performance against all measures.</p> <p>Implement Nursing and Midwifery high impact actions to improve the quality and cost effectiveness of care Continue work year on year to sustain or improve performance against all measures.</p>

Priorities for Improvement 2012-15			Indicators for Quality Improvement 2012-15
National Level NHS Outcomes Framework Domains of Quality	Trust Level	Key Elements in the Quality of Care	
<p>Domain 3</p> <p>Helping people to recover from episodes of ill health or following injury (NHS Outcomes Framework, DH 2012/13)</p>	<p>To Provide Best In NHS Care For Our Patients</p>	<p>Clinical Effectiveness of Care</p>	<p>Improving outcomes from planned procedures</p> <ul style="list-style-type: none"> - Improve Patient Reported Outcomes Measure (PROMs) scores for the following elective procedures: <ul style="list-style-type: none"> <i>I Groin hernia surgery</i> <i>ii Varicose veins surgery</i> <i>iii Hip replacement surgery</i> <i>Iv Knee replacement surgery</i> <p>2012/13 work to improve participation rates</p> <p>2013/14 & 2014/15 maintain participation and use baseline data from 2012/13 to maintain or improve outcome performance</p> <p>Reduce emergency readmissions to hospital within 28 days of discharge</p> <p>2012/13 to reduce readmissions in line with peer</p> <p>2013/14 & 2014/15 sustain or improve performance to below peer threshold</p>
<p>Domain 4</p> <p>Ensuring that people have a positive experience of care (NHS Outcomes Framework, DH 2012/13)</p>	<p>To Provide Best In NHS Care For Our Patients</p> <p>To Deliver Best Environment For Patients, Staff And The Wider Community</p>	<p>Quality of The Patient Experience</p>	<p>Improve or maintain year on year the hospitals' responsiveness to inpatients' personal needs by improving the CQC National Inpatient Survey results in the following five areas:</p> <ul style="list-style-type: none"> - Were you involved as much as you wanted to be in decisions about your care and treatment? - Did you find someone on the hospital staff to talk to about your worries and fears? - Were you given enough privacy when discussing your condition or treatment? - Did a member of staff tell you about medication side effects to watch for when you went home? - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? <p>Improve or maintain year on year the staff survey results in the following area:</p> <ul style="list-style-type: none"> - Percentage of staff who would recommend their friends or family needing care

Priorities for Improvement 2012-15			Indicators for Quality Improvement 2012-15
National Level NHS Outcomes Framework Domains of Quality	Trust Level	Key Elements in the Quality of Care	
<p>Domain 4</p> <p>Ensuring that people have a positive experience of care (NHS Outcomes Framework, DH 2012/13)</p>	<p>To Provide Best In NHS Care For Our Patients</p> <p>To Deliver Best Environment For Patients, Staff And The Wider Community</p>	<p>Quality of The Patient Experience</p>	<p>Patient Environment Action Team (PEAT) Survey</p> <ul style="list-style-type: none"> - To improve or maintain year on year PEAT survey results/standards <p>Improve or maintain year on year the experience of care for people at the end of their lives</p> <ul style="list-style-type: none"> - Seeking patients and carers views to improve End of Life Care - Ensure that patients who are known to be at the end of their lives are able to spend their last days in their preferred place across all services.
<p>Domain 5</p> <p>Treating and caring for people in a safe environment and protecting them from avoidable harm (NHS Outcomes Framework, DH 2012/13)</p>	<p>To reduce Avoidable Harms To Our Patients</p>	<p>Patient Safety</p>	<p>Reduce The Incidence of Avoidable Harm to our patients through the following strands of work:</p> <ul style="list-style-type: none"> - Global Trigger Tool to be used to measure adverse events - Reduce the incidence of MRSA and Clostridium Difficile infection rates in the hospital and community setting as reflected by national targets - Improve or maintain year on year the percentage of admitted patients risk assessed for Venous Thromboembolism (VTE) - Reduce the incidence of inpatient Falls by 30% resulting in moderate or major harm by 2015 - Reduce the incidence of newly-acquired category 2, 3 and 4 pressure ulcers by 30% in the hospital and community setting by 2015 - To monitor the rate of patient safety incidents and reduce year on year the percentage resulting in severe harm or death

Financial Strategy

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

2011/12 continued to be a challenging year for the Trust from a financial perspective. However we have learnt from the experience and we believe that we are better placed to meet the challenges of the next few years. In the coming year we must continue to deliver the high level of operational performance that we have demonstrated throughout the year and enact our financial plans to consolidate our financial position and deliver financial surpluses to support future clinical developments. At the same time we must retain the commitment and focus of our workforce on quality and service redesign to ensure that patients receive the level of care they expect and deserve. This will allow us to continue our progress toward delivering the Trust's vision.

From April 2012/13, the integration of Blackpool Teaching Hospital, (BTH), Blackpool Community Health Services (BCHS) and North Lancashire Community Health Services (NLCHS) gives rise to a number of opportunities for benefits to be realised, in terms of both value for money and quality of service. One of the reasons for this transaction is to deliver a financially robust efficient and effective integrated healthcare provider to the Fylde and North Lancashire that will be able to invest those efficiencies in improving patient experiences and outcomes. The Trust will develop whole system pathways which begin to move care out of acute settings into the community. By combining the organisations into one integrated health provider the transaction will enable care pathways to be developed which cross existing delineations of responsibility and provide smoother and more efficient patient flows, avoid unnecessary duplications and deliver improved patient experiences and outcomes.

As a Foundation Trust we are keen to use our freedoms to work much more closely with the local community, through partnership working with our Council of Governors and our membership. The role of the Council of Governors was continued to be developed throughout the year through holding Governor workshops, development days focussing on specific topics and governor representation on committees, such as the Information Governance Committee. In addition Governors are also participating in a number of QUIPP programmes.

In 2011/12, the Trust has strengthened clinical leadership by restructuring Divisional management Teams and appointing senior clinicians to the heart of decision making processes, supported by Clinical Heads of Departments. With the introduction of GP Commissioning it is vital our clinicians are more involved in managing the Trust and shaping its future. With GPs running commissioning it makes sense for clinician to clinician engagement on service change. In addition, part of the national policy agenda is to move to more measurement of success based on clinical outcome.

The 2012/13 plans have been through a budget review process with the Heads of Departments and Non-executive Directors.

The main assumptions underpinning the Trust's activity, income and expenditure for each of the 3 years is summarised below and detailed in the respective sections:

Activity and Income:

- The 2012/13 activity plan has been costed using the published national tariff and has used the 2011/12 forecast outturn, adjusted for known changes to activity, such as:
 - Normalisation of the loss of elective income in 2011/12;
 - Full year impact of the Primary PCI service development in Cardiology and the Specialist Haematology Service across Lancashire; and
 - Service developments to meet quality and performance challenges in Gastroenterology; Ophthalmology, Orthopaedics and Haematology / Oncology Services;
- The Trust has continued the 2011/12 revised agreement with the commissioners for readmissions, in which the Trust only receives:
 - 40% of the tariff for emergency readmission following daycase or elective procedure;
 - 85% of the tariff for emergency readmission following an initial non-elective spell.

The financial impact of this agreement is £2m and the Trust is working closely with commissioning colleagues to continue to audit why patients re-represent at the Trust. The health and social economy is working closely to re-invest readmission impact into reablement schemes to reduce overall non-elective activity;

- The 2012/13 planned income incorporates the effect of the agreed transaction of Blackpool Community Health Services (BCHS) and North Lancashire Community Health Services (NLCHS) from April 2012.
- Beyond 2012/13, the Trust has modeled deflationary pressures on clinical income of 1.5% annually in the planning period. All inflationary pressures therefore, are expected to be met internally in the future through achievement of efficiency.

Expenditure:

Over 60% of the Trust's operating costs relate to the workforce. The main increases in pay costs are due to:

- 2012/13 pay impact of the changes to the income plan, both activity and non-activity related as described in the income assumptions above;
- No pay award except for lower paid staff £0.7m post transaction (£0.6m pretransaction);
- Incremental drift of £2.0m (£1.8m);
- Consultant contract commitments of £0.4m (£0.4m).

The Trust has built upon its already well established non-pay review process. Resources have been identified to support forecast additional costs including:

- Budgets uplifted for known / assumed inflationary pressures;
- Calculated impact of NHSLA costs.

The key financial risks that the Trust faces are summarised below along with the actions that the Trust has implemented to reduce their probability and to deliver mitigations against the risks

- Achieving the activity plan – Following the underperformance in elective activity in the Scheduled Care Division in 2011/12, the Trust has implemented actions plans to limit the risk through daily activity monitoring by the Divisional management team to ensure their daily activity plans are achieved. The Trust has also procured an update to the contract monitoring system that would enable the Divisional Teams to monitor their activity and income on a weekly basis and be able to make timely decisions regarding activity levels or capacity reductions.
- Achieving the required CIP target – The Trust's QuiPP planning is based upon continuous improvement and incorporates the lessons learned in 2011/12. The QuiPP programme is theme based / Director led. Clinical engagement has been increased in the 2012/13 QuiPP planning round and the Trust has QuiPP development and planning capacity including external support. The Trust has in place a QuiPP PMO and the QuiPP governance arrangements include QuiPP gateway meetings and QuiPP Programme Board. The Trust is currently putting in place a Transformation Team that will lead the Trust through the development and implementation of a rolling five year strategic plan. All aspects of the QIPP agenda will be considered within this five year strategic forward look.
- Ensuring the Trust has sufficient cash support the achievement of its plans – The Trust continues to manage cash balances robustly to ensure continuity of the improvement in the underlying cash position generated in 2011/12. The short term cash forecast (the next 13 weeks) is refreshed every two weeks and performance against this forecast is submitted to Directors each Friday by email. These processes will continue but will now be supplemented by a better understanding of the cash impact of the income and expenditure forecast. This will be managed through the Cash Committee. The Trust has extended the £19m working capital facility (WCF) with Barclays Bank until 1st October 2013, and as a result of TOPPS authorisation the WCF with Barclays will be formally varied to £24m in line with previous agreement.

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:

The Board recognises the changing environment in which the Trust operates and has taken into account external factors of national and local significance. The Board is currently undertaking a review with the aim of agreeing a strategic direction through to 2020. At the same time it is putting in place a transformation team, with a Board level appointment already made to take forward integration of community and acute services. The transforming community agenda and the strong desire to deliver integrated care demands that the Board makes effective decisions, challenges and holds to account.

In readiness for the transfer of community services the composition and skills of the Board were strengthened with the addition of 3 new Non Executive Directors (NEDs). These appointments have brought a new dynamic to Board meetings both in terms of quality, robustness of challenge and breadth of experience. The diverse range of experience of our new NEDs focuses on practice outside of the NHS, enhancing the existing composition of the Board. This can be observed through the development of the Patient Experience Revolution, which utilises experiences of customer services from within the private sector. An appointment of a 7th NED, which was considered due to capacity concerns, remains vacant, as no suitable candidate was identified. However we are currently discussing with our Executive Search firm concerning the skills set required. In addition as part of succession planning we had begun to recruit an NED with a strong finance background.

The appointment of an external candidate to the role of Chair in April 2012 will ensure the effective chairing and running of Board meetings will continue.

The Trust is well placed to meet the challenges in its forward plan, evidenced through specific achievement over the past 12 months, these include:

- The continued improvement in its financial position
- Introduction of the 'Patient Experience Revolution'
- IIP Gold reaccrreditation
- The only trust to win two national patient safety awards in 2011
- NHSLA 3
- Best internal communication awards in the NHS
- ISAS accreditation for Pathology and Radiology
- Enhanced teaching hospitals status
- Lowest sickness rates for an Acute trust in the North West of England at 3.2%
- The Trust was selected as a best practice example for the adoption of nursing quality indicators, prompting a visit from the Prime Minister

Board effectiveness has been regularly evaluated, most recently in March 2012 as requested by Monitor. The recent Deloitte's review considered the findings of their first report in March 2011 and charted the progress made in the past 12 months. The report evidenced a positive response from the Board to the points raised and significant improvements in effectiveness. The decision making and cohesion of the Board was considered effective with no material concerns noted.

The Board intends to continue reviewing and evaluating its effectiveness on a regular basis. To supplement the formal process it is intended, under the direction of the Chairman to use the North West Leadership Academy's Board Effectiveness Tool Kit. Ongoing Board development seminars on risk, workforce, succession planning, and personality styles have proved positive. The aim is to develop these sessions further through more strategic focus, thereby maintaining a vision for the organisation that remains clearly articulated.

The Board has a focus on quality, finance and workforce and has restructured its agenda around these key

risks facing the organisation. Quality is placed at the top of the agenda and includes specific discussions on NEDs monthly ward visits, patients experience stories and Serious Untoward Incidents. In 2011 the Trust completed a Divisional restructuring and with the creation of a new Unscheduled and Scheduled Care divisions. Each of these is now lead by a senior clinician who spends 50% of their time clinical and 50% on management activities. As a result clinical buy-in to management and financial decisions has improved, which is evident through increased engagement with QIPP and CIP schemes.

Effective leadership and clinical leadership is essential for ensuring that the Trust achieves its strategic aims in challenging times and promotes organisational resilience, engagement and wellbeing. In 2012/13 we will pursue accreditation of our internal leadership and management development programmes at junior and middle manager level as well as reviewing our pilot of the Institute of Healthcare Management's Accredited Manager Programme. We will continue to work with Universities to deliver and evaluate the impact of programmes for clinical leaders and managers in 2012/13 measuring improvements to clinical quality and patient safety. In Autumn 2012 we will be running a 4th cohort of our Senior Clinical Leadership programme for those aspiring senior leaders role in the organisation.

During 2012/13 the Trust will renew its strategy for workforce planning. The aim is for engagement at all levels to ensure a multi-professional approach to the planning and review of service models and pathways for the future and ultimately the number of staff and their skills. This will be achieved through supporting divisional teams to design the workforce of the future as this is central to ensuring that workforce considerations combine with services and financial planning. During 2012 the roll out of Induction to Workforce Planning Sessions will be held with the aim of raising awareness to build further capacity and capability.

We will continue to monitor leadership effectiveness through the leadership and management style questionnaire (LMSQ) and Performance Appraisal as well as staff surveys and the IIP Gold reassessment.

Our talent management programme provides us with an agreed leadership and management competency framework based on organisational requirements. We will continue to offer leadership and management development that aligns to this framework thus developing leaders who are resilient; effective change agents; able to lead, communicate and influence effectively; can apply expertise thus balancing quality, safety and cost. We will continue to review our LMSQ to ensure that it can be used as a 360 degree development tool and that it aligns to our leadership competencies. From quarter two 2012/13 we will be launching a rolling e-survey to obtain real time feedback from the workforce in areas linked to staff satisfaction and patient experience.

The Blackpool Way is the Trust's programme for delivering best in NHS care through an enlightened approach to managing and leading people and developing a fully engaged workforce. In 2011 we were delighted to improve our performance against the IIP Gold standard in such financially challenged times.

In 2012/13 we will focus on how we use employee engagement to develop patient and family engagement, as evidence points to improvements in patient satisfaction levels where staff report higher satisfaction. We will continue to review the levels of support for those who are affected by change and in particular staff who will transfer in to the organisation as part of the proposed integration of community provider services. We intend to consult with the whole organisation on what our future engagement strategy will be branded as, linking to updated Vision and Values which represent our new geographical spread and increased services.

We have developed an action plan based on feedback from the IIP Gold reassessment and from feedback from our welcome and consultation events for community staff to ensure that we build on the best practices from across our constituent parts as we align our culture, management style and engagement practices. Measurement will be through feedback from staff in regular surveys, the LMSQ process and IIP Gold. We will continue to closely monitor key workforce metrics including, sickness absence short and long term, turnover and vacancy rates.

Other Strategic and Operational plans

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

Main Entrance & Multi-story Car Park

The Trust has identified that the current arrangements for car parking and the absence of a main entrance to the hospital are not satisfactory. The provision of adequate car parking for patients will be beneficial to patients and help them make Blackpool the first choice hospital. The patient journey and easy access into the hospital are essential to convey an appropriate image of the hospital and the delivery of NHS Health Care Services. The provision of adequate parking for staff will support the Trust in accommodating the needs of staff, and consequently making Blackpool a great place to work. More significantly staff have identified that adequate, safe and close parking is a very high priority.

Please Note: This is subject to agreement of funding by the Foundation Trust Financial Facility

Third CT Scanner.

Increasing demand for CT has resulted in the business case for a 3rd CT Scanner being approved by the Trust Board. The 3rd CT Scanner will be installed within the Cardiac Unit, reducing the movement of patients across the hospital site and improving the quality of care.

Regard to the views of Trust Governors

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

The Council of Governors is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy.

The roles and responsibilities of the Council of Governors, which are to be carried out in accordance with the Trust's Constitution and the Foundation Trust's Terms of Authorisation, and include:

- To provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning.
- To be presented with the Annual Accounts, any report of the Auditor on the Annual Accounts and the Annual Report.

The Deputy Chief Executive and Director of Operations met with Governor's to present and discuss the annual planning process and development of the plan; the outcome of contract negotiations and the impact on the Trust.

Strategic planning – key phases

