Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Strategic Plan Document for 2013-14

Blackpool Teaching Hospitals NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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

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Date	**31st May 2013**

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;**
- **The Strategic 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 Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;**
- **All plans discussed and any numbers quoted in the Strategic Plan 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)*	Gary Doherty

Signature

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	Feroz Patel

Signature

Strategic Context and Direction

Trust's strategic position within Local Health Economy

Blackpool Teaching Hospitals NHS Foundation Trust is situated on the west coast of Lancashire, within a health economy network of Lancashire and South Cumbria. Within the network are 4 acute hospital trusts, covering a population of 1.6m people. There is one private hospital in close proximity to the Trust and a number further afield within the Lancashire and South Cumbria health economy, providing a range of services.

The continuing development of the choice agenda could increase competition and activity across a number of providers; the Trust however monitors the competitive market and views the opening up of the health care market through policies, such as the 'Any Qualified Provider' (AQP) model as offering opportunities for the Trust in the coming years.

The Trust was successful in its bid under the AQP model to be a provider of Audiology Services and has seen a return of elective activities from the private sector particularly within the specialty of Orthopaedics.

The position of the Trust remains strong in terms of size, clinical capabilities and performance. The Trust provides a comprehensive range of acute hospital services to the population of the Fylde Coast, as well as to the millions of holidaymakers that visit the area each year.

From 1st April 2012, following the merger with Community Health Services the trust also now provides a wide range of community services to residents in Blackpool, the Fylde Coast, Wyre and North Lancashire. This is a key strength in relation to our key competitors, as it provides the Trust with the opportunity to transform the way care is delivered through improved integration and partnership working.

The Trust is also a specialist centre for Cardiac and Haematology tertiary services for the wider populations of Lancashire, Cumbria and beyond.

An examination of the increases in population for the Fylde Coast – Blackpool Fylde and Wyre demonstrate in percentage terms the general population is increasing steadily (ONS mid-year population statistics, 2010) at approximately 0.5% per year, with an overall estimated increase of 4.7% over the next 10 years.

The over-65 population however is increasing at a much faster rate than the total population, 13.31% over the next 10 years, with an estimated total increase over the next 25 years of 47%.

A large proportion of the Blackpool Fylde and Wyre area is within the 50% most deprived in the UK. More specifically Blackpool and the majority of Fleetwood are within the 10% most deprived areas in England and the whole of the west coast are within the 60% most deprived.

In terms of health inequalities, life expectancy in Blackpool has improved in recent years, however despite this improvement, life expectancy in Blackpool has been increasing at a slower rate than the country as a whole and therefore the gap between life expectancy in Blackpool and the national average continues to widen. Blackpool's male life expectancy is 4.4 years below England and Wales and 2.9 years below the North West, making Blackpool the worst in the country. Female life expectancy is 2.8 years below England and Wales and 1.4 years below the North West, making Blackpool the 3rd worst in the country. In the most deprived areas of Blackpool life expectancy is 13.3 years lower for men and 8.3 years lower for women compared to the least deprived areas.

For Fylde and Wyre life expectancy has increased over the past 20 years with life expectancy for both being higher that the national average in Fylde and slightly below average in Wyre. Across Fylde and Wyre there is a 10.6 year difference in male life expectancy between the most and least deprived areas and 6.4 years difference for female life expectancy.

Prevalence rates for alcohol related conditions, cancer, kidney disease, COPD, diabetes, hypertension, stroke and coronary heart disease are higher in Blackpool than surrounding areas, with high rates of smoking, alcohol and drug

use. In Fylde and Wyre prevalence of circulatory disease and diabetes is higher than the national average.

These health inequalities and the rising elderly population will put the health economy under additional strain as demand for services will only increase. This is being taken into account when planning for service reconfigurations, to ensure that services are in place to meet the anticipated demand.

Threats and opportunities from changes in local commissioning intentions

The Trust is aware that during 2013/14 and over the next few years, there will be some challenges in relation to the changing commissioning landscape. The Trust has already forged very positive and productive relationships with local Clinical Commissioning Groups, Local Area Teams and Specialist Commissioners. This provides for focussed joint working particularly around the strategy for Scheduled and Unscheduled Care and service redesign. This level of partnership working is essential to meet the challenges we face as a health economy, in the years ahead.

Relationships have been strengthened with the Local Authority as it develops its strategies for Public Health commissioning. Strong relationships and partnership working are also being developed with both the newly formed National Commissioning Board and Specialist Commissioning Teams in terms of the Trusts provision of Tertiary services.

Taking account of the changing commissioning landscape and in order to strengthen its strategic position the Trust Board approved the draft Strategic Framework document in September 2012. Further work to refine and develop the Strategic Framework and specifically key target areas/aims continues. The key strategic target areas/aims can be defined as:

1. 100% of patient and carers involved in decisions about their care
2. Zero Inappropriate Admissions
3. Zero Harms
4. Zero Delays
5. 100% Compliance with standard pathways

Each of the five target areas or aims will be delivered through a number of schemes and deliverables aimed at continuous improvement of clinical quality and safety, productivity and efficiency across the Trust for the benefit of patients.

The Trust believes 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 the health care agenda and external factors.

Our partnership approach with our commissioners, as evidenced by our joint working to date is a key strength. Directors, Senior Clinicians and Managers have worked hard during 2012/13 to maximise this approach, working with commissioning colleagues to develop and embed the NHS reforms as seamlessly as possible across the local health economy and particularly for the benefit of patients.

A key piece of work with Commissioners and health and social care partners has been the development of a Fylde Coast strategy for Unscheduled Care. The key aims of the Unscheduled Care strategy are to:

- Ensure that people in need of unscheduled care receive services of consistent high quality
- Ensure that people in need of unscheduled care receive a consistent response regardless of when, where and how they contact the service
- Reduce variations in standards between service providers
- Ensure that pre-designed pathways are in place so that the right treatment is provided in the most appropriate place, from the right person, as quickly as possible 24/7
- Share patient/client information across the system in accordance with current information governance practice

The Trust continues to strengthen links and work in partnership with University Hospitals of Morecambe Bay NHS

Foundation Trust to secure benefits for patients. The benefits from this partnership can be seen in the Strategic Pathology Alliance which continues to work collaboratively to improve efficiency in the delivery of pathology services. Focussing on collaboration, automation, rationalisation and development of the workforce, a review of the services has been undertaken, with the outcome due shortly which will inform the future development of services.

The Trust is also actively involved in a Pan Lancashire initiative to develop a Pan Lancashire Clinical Strategy. This is being led by the Medical Director for the Lancashire Area Team.

In addition, delivery of the Trusts strategic aims will lead to a reduction in the number of hospital beds in the health community through the introduction of new ways of working e.g. increased day case and laparoscopic procedures, introduction of pathway management for the top 20% of surgical procedures, introduction of seven day working, together with strengthening community based services to support patients in the community.

Collaboration, Integration and Patient Choice

A public consultation into the reconfiguration of services to meet the specific demands on health services across the Fylde Coast was launched in November 2012. The Trust has worked with health community partners to develop and agree the strategy which underpins the consultation and 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; make best use of NHS resources and builds on national policy to provide services at a local level.

The consultation, called 'Improving Patient Care – The Next Steps', outlined proposals to modernise and improve rehabilitation services for older people and provide more care outside of hospital and in people's own homes, utilising the 5 Primary Care Centres on the Fylde Coast and reduced dependency on bed based hospital care.

The outcome of the consultation indicated strong public support for the development of a consultant led service at Clifton Hospital. Blackpool Clinical Commissioning Group and Fylde and Wyre Clinical Commissioning Group have accepted the proposal which will result in the permanent relocation of rehabilitation services from Rossall and Wesham Hospitals to Clifton Hospital.

The public also strongly supported the proposal to provide a non-consultant led care facility in the north of the Fylde. This will be subject to a separate review by GP commissioners which will take some months to complete. The Trust will work with our partners across the health economy to establish the location and types of services to be provided from this facility, which is currently based at Bispham Hospital and run by Spiral Healthcare Community Interest Company.

The proposal to enable patients to be discharged earlier from hospital by providing better support services in the community was strongly supported by staff, patients and the public. Work is already well underway on a number of schemes to enhance services to support people in the community and in their own homes – avoiding unnecessary hospital admissions.

Approach taken to quality

The Strategic Framework for the Trust moving forward to 2020 has been created to identify the new vision and values for the organisation, strategic objectives, aims and targets. This strategy will also link in with and support the wider health economy strategy for future health and care services, specifically working in collaboration with the Fylde Coast Unscheduled Care Board, the Fylde Coast Commissioning Advisory Board and our other partnership organisations.

The aim of this strategy is to increase the range and quality of care provided within the community and patients' homes and to move more hospital based services into local health centres and other community settings. This will reduce the number of avoidable admissions to hospital and will bring seamless care closer to patients' homes and provide a greater sense of continuity of patient care.

The Board has defined the Trust's strategic vision:-

- To provide the highest quality, integrated and sustainable health and care services where patients can access the timely, personalised and safe care they need with the most appropriate environment.

Underpinning the strategic vision are the Trust's strategic values:

- We will put quality, safety and equality at the heart of everything we do
- We will develop a culture that encourages workforce development and ownership of services
- We will involve patients and carers in shaping the services we deliver
- We will work collaboratively with our partners
- We will provide the most appropriate and effective environments for our patients and staff
- We will work continuously to ensure our services deliver value for money

Underpinning the strategic values are six strategic objectives:

- To provide and maintain high quality and safe services
- To provide patient centred care across integrated pathways with primary/community/secondary and social care
- To be financially sound and able to re-invest in future services
- To deliver consistent best-practice NHS care which is evidence based
- To support and develop a workforce that is appropriately skilled and flexible in order to achieve the new models of working
- To actively work in the prevention of ill health as well as its treatment

The Trusts vision provides staff, patients and stakeholders with the overall aim of the Trusts Strategic Framework. Each is supported by a number of underpinning programmes and key quality improvement measures to support achievement.

These quality improvement drivers are also reinforced by the standards outlined in the NHS Outcomes Framework 2013/14. The five domains of quality 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.

The work to develop and implement electronic patient records continues across the Trust and is a key enabler for delivery of the Trust's objectives and the Strategic Framework. The decision to invest in the implementation and utilization of electronic patient records was taken to support improvement to services by empowering staff, and specifically clinicians, to make the necessary changes in clinical practice. The electronic clinical systems in use will also provide real time information to monitor and improve the effectiveness and efficiency of care, thereby improving clinical quality.

Introduction of electronic record keeping requires a review of systems, processes and pathways and priority is given to services that have requirements linked with national or local CQUIN deliverables or initiatives, the Trust's strategic aims and local quality and safety issues, such as:

- Conditions with high mortality rates
- Pathways related to VTE, Dementia, COPD and Diabetes
- Reducing readmissions and A&E re-attendances
- Reducing admissions and optimising treatment times

The Trust is also working with the local health economy to develop a Medical Interoperability Gateway (MIG) which will allow the sharing of key patient information across services within the Trust, as well as with local GPs and other secondary care providers. This will support improvements to the quality and safety of patient care across primary, community and secondary care by providing clinicians with the ability to view a summary of the patient's health care to date.

The integration of Blackpool Teaching Hospitals with Blackpool Community Health Services and North Lancashire Community Health Services into one integrated organisation allows for care pathways to be developed which provide smoother more efficient patient flows, avoid unnecessary duplications and deliver improved patient experiences and outcomes. Service improvements have already been made with care pathways being developed and implemented

across Primary, Community and Secondary care in a number of priority areas such as Diabetes, COPD and End of Life Care. Further work is being undertaken to embed the use of these and develop others particularly in high mortality and high risk pathways.

Priorities for Quality Improvement

National Level NHS Outcomes Framework (DH 2013/14) Quality Domain(s)	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2013/14
Domain 1: Preventing people from dying prematurely. Domain 2: Enhancing quality of life for people with long-term conditions.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based. To actively work in the prevention of ill health as well as its treatment.	Clinical Effectiveness of Care	• Reduce premature mortality from the major causes of death • Reduce 'preventable' mortality by reducing the Trust's hospital mortality rates • The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust • The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.
Domain 1: Preventing people from dying prematurely.	To provide patient centred care across integrated pathways with primary/ community/ secondary and social care.	Clinical Effectiveness of Care	Achieve 80% compliance with agreed pathways by 2016 through the following strands of work: • Sepsis pathway North West Advancing Quality initiative that seeks compliance with best practice to improve patient outcomes in seven clinical pathway programmes: • Acute Myocardial Infarction • Hip and Knee Surgery • Coronary Artery bypass graft surgery • Heart Failure • Pneumonia • Stroke
Domain 2: Enhancing quality of life for people with long-term conditions.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based	Clinical Effectiveness of Care	Enhancing quality of life for people with dementia - Improve the outcome for older people with dementia by ensuring 90% of patients aged 75 and over are screened on admission
Domain 3 Helping people to recover from episodes of ill health or following injury.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based. To actively work in the prevention of ill	Clinical Effectiveness of Care	***Medical Care Indicators*** and Nursing Care Indicators used to assess and measure standards of clinical care. Improving outcomes from planned procedures - Improve Patient Reported Outcomes Measure (PROMs) scores for the following elective procedures: I Groin hernia surgery Ii Varicose veins surgery Iii Hip replacement surgery Iv Knee replacement surgery

	health as well as its treatment.		Emergency readmissions to hospitals within 28 days of discharge (Quality Accounts January 2013 DH) - The percentage of patients' of all ages and genders (aged 0 to14) and (15 or over) readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital; and - Compare the National Average for the above percentage
Domain 4 Ensuring that people have a positive experience of care.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based.	Quality of The Patient Experience	Improve hospitals' responsiveness to inpatients' personal needs by improving the CQC National Inpatient Survey results in the following five questions: - 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?
			Improve staff survey results in the following area: - *Percentage of staff who would recommend the Trust to friends or family needing care.*
Domain 4 Ensuring that people have a positive experience of care.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based.	Quality of The Patient Experience	Improving the experience of care for people at the end of their lives - 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. Patient-led assessments of the care environment (PLACE) - To improve PLACE survey results/standards
Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based. To actively work in the prevention of ill health as well as its treatment.	Patient Safety	Achieve 95% Harm Free Care to our patients by 2016 through the following strands of work: Risk-assessment for Thromboembolism (VTE) Improve the percentage of admitted patients who were risk-assessed for VTE; and Compare the national average for the above percentage Achieve a 10% reduction on the previous year in all VTE
			Rates of Clostridium Difficile and MRSA • The rate of Clostridium Difficile infections per 100,000 bed days amongst patients aged two years and over apportioned to the Trust; and • Compare the national average for the above rate. • Reduce the incidence of MRSA infection rates in the Trust as reflected by national targets

			Reported patient safety incidents • *To monitor the rate of patient safety incidents the Trust have reported per 100 admissions; and* • The proportion of patient safety incidents the Trust has reported that ***r***esulted in severe harm or death • Reduce the incidence of Falls by 30% at low, minor moderate and serious impact levels • Reduce the incidence of medication errors by 30% resulting in moderate or major harm • Reduce the incidence of new hospital acquired pressure ulcers stage 2 by 30%, stage 3 by 40% and stage 4 by 100% and reduce stage 2, 3 and 4 non-hospital acquired pressure ulcers by 10%.
			• Introduce the Think Glucose Programme

Key Risks to Quality

- Mortality: The Trust has had a high reported standardised mortality (SMR) as measured by HSMR and/or SHMI for the past two years. This has been recognised by the Trust Board and the Trust has embarked on an intensive plan for reducing mortality both in hospital and within 30 days of discharge. A new Medical Director was appointed in April 2012. He has appointed a clinical Lead for Mortality Reduction, an Associate Director for Medical Informatics, and a senior Clinical Coder (to work with clinical teams on a shared understanding of coding language). Since July 2012, a series of distinct work streams have been developed to ensure that national mortality ratio measures accurately reflect the Trust's position as well as ensuring safe, appropriate, harm free care is being delivered,

- Demography and primary care services: Blackpool has the worst male and third worst female life expectancy in the country. There are high levels of alcohol and substance abuse, and teenage pregnancy. Bloomfield electoral ward is the most deprived in the country. Blackpool PCT was in the bottom 30 in the country for GP provision per head of population. The area is in the bottom quintile for persons dying in their place of residence.

- Medical Workforce: The Trust has historically had a doctor: bed ratio lower than the national average and below the average for Trusts in the North West. The Trust faces challenges in recruitment in relation to medical staff. We are at the northern extreme of the North West Deanery: because of this trainees centred on Manchester and its environs are sometimes reluctant to travel to Blackpool (even though those who do come report high satisfaction with training opportunities and training delivered). This in turn results in a continuing reliance upon locum medical staff, which can impact on continuity/consistency, and also means we are less well placed than some Trusts to recruit trainees into substantive consultant posts.

- Nursing Workforce: Achieving appropriate nurse staffing levels particularly in the Unscheduled Care Division is a challenge that the Trust is focused on. Historically the Trust has had issues in recruiting nurses to work in a coastal hospital and had been very dependent on the use of temporary staffing. In 2009 a significant project to improve nurse staffing recruitment and retention was launched by the Board. The main outcomes of the project were closure of the nurse bank and re-investment of £1.8m to recruit nurses for the medical wards, a targeted recruitment campaign to establish the Trust as an attractive employer for nurses in the region, improved support for newly registered nurses, reduction in sickness and absence and the introduction of supervisory status for band 7 ward managers. Nursing Turnover is 10.66 % (rolling 12 months) and sickness is 4.28%. The Board has continued to monitor nurse staffing levels and further investment of £1.5m (52 WTE) has been agreed to further enhance the establishments in 2013/14. The Trust has recently recruited nurses from Portugal and Ireland in order to achieve full establishment.

- Infrastructure and Capacity: The Trust has made major investments into building stock in recent years including a new A&E department, critical care areas, and medical wards; a new cardiothoracic centre; a new surgical block and a newly refurbished women's and children's unit. We currently face a challenge to replace some of our medical equipment and our IT infrastructure. The Trust has a range of medical equipment that needs to be replaced on a phased basis across the forthcoming years with an emphasis on a large number of assets to be replaced immediately. A range of options for equipment replacement are currently being considered by the Trust. The Trust has approved a programme of IT equipment replacement which will support our 'Vision' project to

create an electronic patient record. This will enhance patient safety through the implementation of care pathways and easier audit. We are currently working to review our plans to implement our Vision project in the light of lessons to date.

- Admission pressures: The Trust, like all of our neighbouring Trusts, has experienced significant levels of activity growth, with particular pressures during the winter. Despite putting a wide range of measures in place, both internally and working with health/social care partners, there has been a lengthening of waiting times for patients in our A&E department.

- Lancashire/Cumbria system impact/reviews: We are part of a wider healthcare system and both impact on, and are impacted on, by changes elsewhere. One of our neighbouring Trusts has recently experienced financial and clinical governance issues and we are already experiencing an increase in women from outside our catchment area attending for antenatal and perinatal care. Whilst this increase has been accommodated so far unplanned further increases in maternity and/or other clinical services may place a strain upon our ability to offer a high quality service. We are also dependant on other providers for some of our specialist cancer work. The level of activity pressure within other economies has led to the cancellation of some elective activity, which has lengthened waiting times for cancer patients referred from Blackpool. We have raised the issue with our commissioners and we are monitoring the situation very closely. The ongoing review of vascular services in Cumbria and Lancashire has recommended the provision of three specialist centres to serve the population. None of these will be situated in Blackpool despite the fact that we host the regional Cardiothoracic Centre. This reconfiguration may impact upon our ability to recruit the highest calibre surgical and radiological consultants in future.

  Further to the Peer Review for Head & Neck Cancer, major Head & Neck cancer services will transfer to Lancashire Teaching Hospitals NHS Foundation Trust, we are working with commissioners to understand the ramifications for the Trust, local health economy, patients and carers.

Clinical Strategy

Service Line Management Strategy:

In March 2011, in response to the Governments proposals to introduce GP Commissioning, the Trust Board approved a new divisional management structure in order to strengthen clinical leadership and place clinicians at the heart of the decision making processes.

The revised structure sees the development of twenty-three Departments aligned to traditional specialties / patient conditions. Each department is led by a clinical Head of Department, supported by matrons and Directorate managers, and are responsible for all qualitative, operational and financial issues. The Departments are governed by four Divisional Management Teams led by a Senior Clinician, Senior Nurse and Deputy Director of Operations, working as a team and playing a greater role in managing the Trust and shaping its future.

Managing the Organisation at this departmental level ensures that the Clinicians have an overview of their service delivery, including visiting other Trusts and developing best practice. Furthermore, Heads of Departments are able to develop services to meet the needs of the local population in conjunction with GPs across the Fylde Coast.

Clinical Workforce Strategy

The Trust has defined its strategic framework and the organisational effectiveness strategy sits within it as an enabler. The key areas for development are outline below:

1) Flexible and sustainable workforce

- Support service lead consultation for 7 day workforce to deliver new models of care
- Strengthen existing informal processes to establish a more robust medical workforce plan
- Workforce plan – integrated process with service / finance plans that is aligned to future care models
- Recruitment Strategy to underpin WFP and enable right skills and roles for the future
- Wider Apprenticeship model to encourage external recruits onto programme and develop as future workforce
- Establish a Workforce Modernisation Board to receive and monitor WFP's

2) Employee Engagement

- Clinical engagement / testing of values to develop behaviours and assurance framework
- Develop a strategy to implement and embed the values and behaviours – recommendations
- Develop 2013/2014 staff survey action plan in line with the Francis recommendations to support a positive Friends & Family test
- Develop employment brand and proposition

3) Future Reward Strategy

- Review pay and conditions in line with affordability and national direction
- Deliver workforce QUIPP target

4) Learning Organisation

- Implementation of a job planning framework to improve medical productivity
- Maintain IIP Gold accreditation
- Deliver apprenticeship pathway and QCF portfolio to develop bands 1-4
- Continue to embed a coaching culture across the organisation
- Achieve 90% Appraisal target and achievement of medical revalidation

5) Leadership, Talent and Succession

- Review current leadership strategy and align with transformation and vision and values
- Review talent management process to ensure approach remains fit for purpose, enabling targeted support/ development to those clearly identified as having talent
- Create a succession plan for the Board and most senior positions

6) Patient Experience

- Deliver the patient Revolution project to improve patient experience through education around change in behaviours
- Introduce Assessing for Attitude to support the recruitment strategy
- Expansion of the simulation and human factors adoption as a patient safety tool
- Implement new Whistleblowing policy to improve reporting, access, training, awareness and confidentiality.
- Talksafe – roll out and embed talksafe

7) Organisational Health and Resilience

- Develop self care model for individuals in the management of sickness/absence

8) HR Transformation

- Deliver HR Transformation phase 1 – Brilliant Basics

9) E-HR

- Implement new model and portal for HR and ESR Benefits realisation

Key Workforce Pressures and Priorities

1. A key priority for the Trust is to address the shortfall in the recruitment of nurses within Unscheduled Care and within the medical workforce, in particular around the expansion of qualified roles
2. Achieving Health Visitor national staffing trajectory by 2015
3. Expansion of Consultant roles and Consultant led services
4. Difficulty in filling middle grade posts and reliance on locum use
5. Delivery of the Back office/Corporate 6.3% QUIPP programme
6. Delivering the service transformation and workforce re-organisation resulting from the requirement to prevent hospital admissions and deliver 7 day services
7. Supporting workforce initiatives under collaboration and developing effective strategic alliances

Plans to address workforce pressures

- Working in partnership with deanery and lead employers ensuring satisfactory junior doctor intakes. Providing resourcing solutions where gaps are identified

- Devolvement of rota co-ordinators to the frontline to support management of rotas, and management of absence
- Supporting the annual job planning process; development of policy and consistency of application, systems and intelligent reporting to enable better workforce productivity and better quality of patient services.
- Review of hard to recruit and trainee gaps within medical workforce for alternative skills
- Continuation of Mastervend solution for Locum use
- Continue to deliver the roll out of E-Rostering across the Trust to enable more efficient rota management
- In March 2013 the trust reported steady progress on the Dr to bed ratio at 0.68% = 544.62 doctors (including locums). In May 2013 following on from the planned recruitment activity the trust reported a Dr to bed ratio of 0.70% = 559.82 doctors (including locums). Further workforce plans are progressing to increase a further 25.8 substantive posts and reducing our reliance on locums to reach 0.72% slightly exceeding the NW average 0.71%

Clinical Sustainability

The position of the Trust remains strong in terms of size, clinical capabilities and performance. The Trust provides a comprehensive range of acute hospital services to the population of the Fylde Coast, as well as to the millions of holidaymakers that visit the area each year.

All divisions undertook a high level review of their services. This took into account critical mass of the patient base and an assessment of the service resource sustainability including quality, workforce challenges, opportunities / threats for the future.

Of the services reviewed 3 were considered to be non-core and as such a further more detailed piece of work has commenced. The service areas are; Respite care, neurophysiology and sleep studies.

The outcome of the reviews into Vascular Services and Head and Neck Cancer and any resulting reconfiguration of services may impact upon our ability to recruit the highest calibre surgical and radiological consultants in future. The Trust is working with commissioners and the wider health economy to understand the full ramifications of these reviews and develop innovative solutions to the delivery of care in these services.

The Trust is also actively involved in a Pan Lancashire initiative to develop a Pan Lancashire Clinical Strategy. This is being led by the Medical Director for the Lancashire Area Team.

Productivity & Efficiency

- Length of stay;
  The first of a series of 100 day 'Map of Medicine' campaigns has started which involves process mapping and reviewing existing pathways involving clinicians in primary, community and secondary care - with the aim of moving to standard pathways. This in turn will reduce length of stay and variation from the system, as well as increasing the quality of service to patients and help manage their expectations. Current plans are predicting savings of £400k over a three year period and 13 whole time equivalents – further pathway work will follow giving rise to additional savings over the next three years.
  Other schemes within the 2013/14 plan that aim to reduce length of stay included the perioperative fluid management with a saving of £240k expected in 2013/14.

- Bank and agency spend;
  The Trust intends to build on the progress made in 2012/13 and further reduce bank and agency medical staff costs by developing the e-rostering system and increasing medical productivity. These plans are expected to develop savings of £175k in 2013/14.

- Bed occupancy;
  Bed occupancy is expected to fall as the projects to reduce admissions and reduce length of stay take effect. Details of which are included under each of these headings above and below.

- Theatre productivity;
  A plan is in place to increase productivity through improved theatre scheduling, addressing issues which cause delays and cancellations and implementing more robust performance management processes. A theatre utilisation project board has been set up with six work streams taking responsibility for different phases of the patient pathway i.e. pre operative assessment, scheduling/waiting lists, surgical admissions, day case and surgical wards, productivity in theatre, data and performance management. Productivity improvements will significantly reduce the need to run additional out of hours and weekend sessions and instead create capacity for work to be done without incurring additional cost. This scheme is expecting to deliver savings of £200k in 2013/14.

- Emergency readmission rates;
  The 2013/14 QuIPP programme includes a number of schemes that aim to reduce bed capacity following a reduction in hospital admissions. Overall it is intended these projects will reduce costs over a two year period totalling £1.1m with a reduction of 36.47 wte. This will be delivered by establishing a rapid response community based service to avoid hospital admissions, a care home support service, care planning and case management of the top 1000 that regularly present at A&E, extension of the Community IV therapy service and a pathfinder project working with North West Ambulance Service that prevents some patents with ongoing and long term conditions form being admitted to hospital and instead being referred to other more appropriate health and social care professionals.

CIP Governance

In order to ensure clinical engagement with regard to the drive for efficiency and productivity, the Trust uses the term QuIPP rather than CIP. The Trust has delivered or exceeded its QuIPP targets ever since the PMO was established three years ago. Whilst historic QuIPPs have been mainly as a result of efficiency the continuing financial challenges requires the development of more transformational projects linked to the Strategic Framework described earlier. The quality and efficiency gains that come from this agenda will be the key drivers for achieving QuIPP plans over the short, medium and long term. The Trust is currently engaged with KPMG to reinforce the PMO governance arrangements including the Quality & Safety risk assessments and the reporting structure to the Finance Committee.

As the Transformational projects will take time to implement and embed, the Trust has planned for QuIPP delivery in two streams. Firstly, the identification and delivery of efficiency schemes for 2013/14 and secondly, the Transformational schemes that may not deliver any savings in 2013-14 but need to be developed and implemented in the year to enable medium to long-term sustainable savings. The Trust has invested £0.5 million to appoint a number of project/transformation leads to develop and deliver the major programmes of work.

The PMO works collaboratively with the Board, senior managers and clinicians to ensure QuIPP targets and plans are aligned to the Trust strategic aims and objectives, and under pinned by excellent patient care. The PMO provides strategic leadership and advice on QuIPP planning, delivery and performance management of all schemes, as well as support to identify savings opportunities, and assists with risk and impact assessments. It carries out a review and challenge of all schemes within the programme and has a robust governance framework in place, which is used for reporting and escalation of slippage, non progressing schemes and any non-compliance with the process.

In addition the PMO offers independent support and advice to internal and external stakeholders on project planning for pathway redesign, identifying and overcoming barriers to change, and ensuring that all plans are aligned with national and local priorities. Support is also provided in the form of external and internal benchmarking where appropriate.

The PMO is currently leading on the development and implementation of a software package to automate the performance management and reporting of QuIPP – including risk management. The system will incorporate real time

project updates and facilitate short, medium and long term planning. It is expected that the system will go live in July with a period of double running until fully embedded.

In addition to the above fortnightly gateway meetings have been implemented throughout the life of the strategic plan chaired by the Chief Executive and will include all executive directors. The theme project team will report and present to this meeting, - once per month on planning and strategy and once per month on delivery. A quarterly QUIPP Programme Board supplements these fortnightly meetings. The QUIPP Programme Board will also be chaired by the Chief Executive and will include all executive directors and two non-executive directors. The purpose of this meeting will be to plan and monitor overall Trust strategy on all matters relating to QuIPP delivery and transformational change - ensuring that the programme is patient centric and aligned to service delivery plans.

Monthly update reports on QUIPP performance are also prepared for the Finance and Business Committee and for the Board. This includes forecast outturn as well as performance to date and in month.

CIP profile

Appendix 2 has been populated with the top five schemes within the 2013/14 plan where the focus is on back office, administration and procurement savings, reduced hospital admissions and reduced length of stay. Risk ratings are completed for each individual scheme within each project - the process for this is as described below under quality impact of QuIPPs.

Reducing hospital admissions and reducing length of stay are two major transformational/service redesign schemes within the 2013/14 programme. Reduction in hospital admissions will be achieved by enhancing the rapid response team service including community services, providing a more developed care home support service, improved care planning and case management of the top 1000 patients previously presenting at A&E, extension of the community IV therapy services and collaborative working with the Ambulance Trust on a 'pathfinder' project to more appropriately deal with emergency call out by using community and other health and social care professionals as an alternative to inappropriate use of A&E services.

The first stage in reducing length of stay will be the application of a phased introduction of standard pathways.

CIP enablers

All QuIPP projects have to be formally scoped and as part of the authorisation to precede all scopes have to be signed off by a clinical lead. The clinical lead will be the clinician engaged with developing the project plan and will be a member of the project team responsible for delivery. Fortnightly 'gateway' meetings are held between the Executive team and the QuIPP theme leads, and include the relevant clinicians to give an update on both planning and delivery.

Health economy wide engagement events have been held to progress transformation QuIPP plans and include clinicians from general practice, secondary and tertiary care, community care and Clinical Commissioning Groups. These events have formed the basis of plans to reduce hospital admissions and reduce length of stay.

Investment requirements in infrastructure to deliver the CIP have been identified and costs built in to the overall financial plan. The investment takes the form of £0.5m of project managers each dedicated to a stream of QuIPP projects such as reduction in readmissions or better care now. Further investment has been identified and planned for the development of clinical IT software to ensure a seamless transition of patients post-discharge to community and primary care staff. This investment recognises that some ongoing support will be needed within the Trust to deliver ongoing and sustained QuIPP to bring about true transformational change. In addition it is recognised that some one-off external support will need to be brought for some projects where more specialist knowledge or expertise is required.

In addition to human project delivery resources the Trust has invested in a project management software system that will automate much of the performance management of the QuIPP governance framework - including reporting and project planning. The system is currently being configured and is expected to be up and running by July once all staff have been trained.

Quality Impact of CIP

All scoped QuIPP schemes include a formal quality and safety risk assessment which covers the same aspects of quality, safety and risk as the Trust's overall clinical governance framework. These are – duty of care; patient experience; patient safety; clinical effectiveness; prevention; productivity and innovation. Each criterion is given an overall risk scores for consequence and likelihood at the time the project is scoped. Each project has a clinical lead that must sign off the overall scope including the risk rating. In addition to this all scopes are reviewed by the Director of Nursing or the Medical Director who formally approve the schemes to proceed. Notes of actions and any further risks highlighted at this review are formally recorded with dates for follow up. The PMO ensures that all actions are completed including any mitigating actions necessary to reduce or eliminate risk.

All risks are recorded on a PMO risk register, and those schemes that have a highlighted risk are flagged on the QuIPP master lists.

Risks are also recorded in the department or divisional risk register as appropriate.

All risks are monitored on an ongoing basis to ensure mitigating actions have been carried out and issues escalated if required.

Financial & Investment Strategy

An assessment of the Trust's current financial position

2012/13 continued to be a challenging year for the Trust from a financial perspective, with the Trust returning to a financial risk rating of a 3 in quarter three of 2012/13. Since Monitor de-escalated the Trust from being in significant breach, the Trust has begun a number of transformational projects that not only deliver significant service delivery improvements, but enables the Trust to be more financially sustainable in the medium to long-term.

Whilst it has been a difficult year we ended the financial year with a surplus of £3.4m for the year, however taking into account a net gain on the revaluation of assets of £4.0m, net loss on disposal of assets of £3.1m, and net restructuring costs of £1.0m, the surplus is £3.2m for the year. The Trust had a cash balance of £27.4m at the end of the financial year however EBITDA and liquidity performance continues to be a challenging and the need for strong financial performance continues to be a priority for the organisation.

Despite the financial challenges, we have continued to invest in new developments to improve the working environment for staff and enhance the overall experience for our patients. Our Emergency Department underwent a £0.8m overhaul with new treatment rooms and an improved Majors treatment area to enhance privacy and dignity and provide a brighter and more spacious environment. A new observation ward has also been constructed as part of this development to reduce the admission rate to the Medical Wards.

In January 2013, the Trust opened a new £0.5m Oncology and Haematology Unit thanks to generous donations from the hospitals charity, Blue Skies Hospitals Fund, the League of Friends of Blackpool Victoria Hospital and the Kay Kendall Leukaemia Fund. The Trust was also successful in securing £0.7m of funding from the Department of Health to create a new midwife-led unit, which will improve birth choices for mums-to-be across the Fylde coast.

One of the highlights of the year was the official opening of the £13.5m Women and Children's unit by the League of Friends of Blackpool Victoria Hospital who donated an amazing £2m towards the scheme thanks to a legacy they received from two local brothers.

Key financial priorities and investments and how these link to the Trust's overall strategy.

In the coming year we must continue to deliver the high level of operational performance that we have demonstrated historically 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 Strategic

Framework.

The integration of Blackpool Teaching Hospitals, (BTH), Blackpool Community Health Services (BCHS) and North Lancashire Community Health Services (NLCHS) in April 2012 has begun to provide 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 has begun to 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.

The 2013/14 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 2013/14 activity plan has been costed using the published national tariff and has used the 2012/13 forecast outturn, adjusted for known changes to activity, such as:
    - Known changes to demographics with may impact upon emergency activity;
    - Known demand increases in relation to national screening campaigns such as Bowel Cancer Screening; and
    - Known capacity requirements to continue to meet operational performance targets such as A&E, Cancer and 18 weeks.
- Beyond 2013/14, the Trust has modeled deflationary pressures on all income categories of 1.3% annually in the planning period. All inflationary pressures therefore, are expected to be met internally in the future through achievement of efficiency.

Expenditure:

Over 65% of the Trust's operating costs relate to the workforce. The main increases in pay costs are due to:

- 2013/14 pay impact of the changes to the income plan, both activity and non-activity related as described in the income assumptions above;
- An investment in nursing of £1.5m;
- 1% pay award of £2.3m;
- Incremental drift of £2.4m;
- Consultant contract commitments of £0.3m

The 2013/14 plan also assumes that all posts are recruited to.

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 of £1.3m.

Key risks to achieving the financial strategy and mitigations.

As part of the downside modelling to assess the going concern, the Trust has identified a number of risks to achieve the financial strategy. The risks 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 required QuIPP target – The Trust's QuIPP planning is based upon continuous improvement

and incorporates the lessons learned in 2012/13. The QuIPP programme is theme based linking the Strategic Framework to Operational Management. Each theme is led by an Executive Director, each having dedicated project management resource to deliver improvements in clinical care and financial performance. Clinical engagement has been increased in the 2013/14 QuIPP planning round and the Trust has QuIPP development and planning capacity including external support in the form of KPMG. In light of this risk, the Trust has implemented fortnightly update meetings chaired by the Chief Executive and holds the Senior Divisional Management Teams to account for the delivery of each project and therefore the financial requirements. In addition, the Trust has implemented a Quarterly QuIPP and Transformational Board attended by Non-executive Directors.

- Ensuring the Trust has sufficient cash to 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 2012/13. The short term cash forecast (the next 13 weeks) is refreshed every two weeks and performance against this forecast is submitted to the 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 is in the process of extending a £24m working capital facility (WCF) with Barclays Bank from October 2013 to May 2014.

- Loss of local resources due to the changing commissioning landscape – Following the changes to the commissioning landscape the local CCGs have had a significant reduction in their allocations. The Trust is in the process of agreeing an assured contract with local CCGs to enable the Health Economy to realise the benefits of the Strategic Framework. As part of the agreement the local CCGs have agreed to provide non-recurrent transformational resources to aid dual running as developments take effect such as Out of Hospital Care.

- Increases in emergency activity levels are not funded – Whilst the Trust has modelled changes to activity as a result of demographic changes or known demand changes, there is a possibility that non-elective activity will be greater our assumptions. Risks of an assured contract are that any increases in demand that have not been planned may not be funded as per PbR and would require re-negotiation. One of the main factors may be the CCGs affordability to fund the additional activity issues. In this case, the Trust would have to expedite the projects that deliver Better Care Now and Out of Hospital Care to mitigate the risk.