

Blackpool Teaching Hospital Foundation Trust

Operational Plan

2019/20

Final Submission – 4th April 2019

Blackpool Teaching Hospitals NHS Foundation Trust

2019/20 Operational Plan Narrative – Final Submission 4th February 2019

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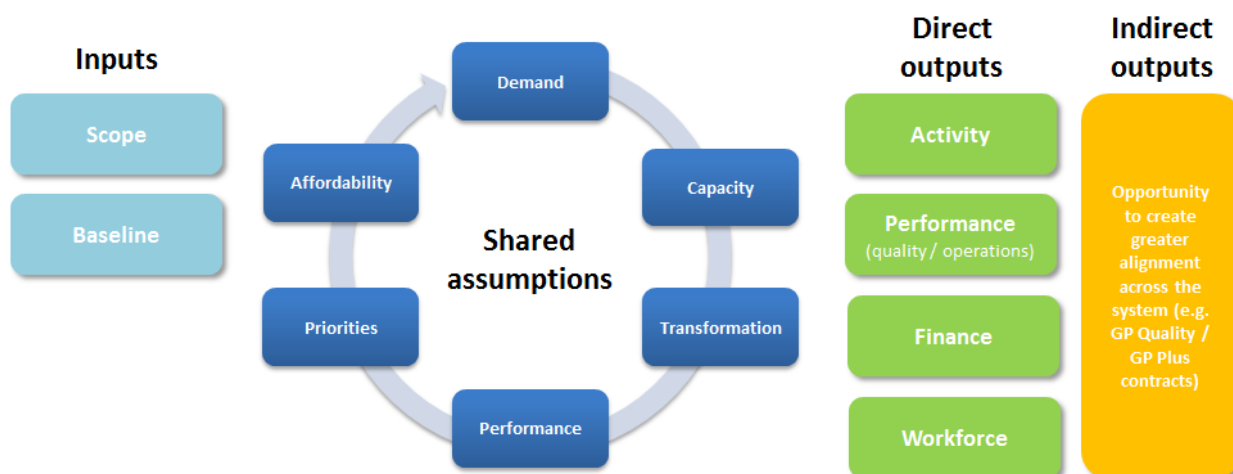
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Overview

This document summarises the key points in the Trust's operational plan for 2019-20. The Trust has developed its operational plan as part of the Fylde Coast Integrated Care Partnership. It should be noted that the operational plan for 2019-20 has been developed in such a way as to ensure that it is fully aligned with those of our commissioners. A Fylde Coast Operational Planning Group has been established to ensure alignment of assumptions, building on the approach that was taken in the previous two years. The remit of the group is also to ensure that these assumptions are included within all contracts as required to reflect the Fylde Coast Delivery Plan, including specialist commissioned activity. The jointly agreed assumptions used are set out in the activity section.

The planning has been undertaken as a 'bottom up' approach, through the identification of predicted activity levels by POD, considering the demand and capacity mismatches across the Fylde Coast system, and identifying opportunities to address these. Options to address the demand and capacity mismatches have been considered alongside other priorities including transformation and affordability.

An outline of the process being followed is shown below:



Priorities for 2019/2020 have been developed jointly with the Trust's ICP partners through:

- A Fylde Coast Executive Strategy group workshop which considered priorities for 2019/20 and also the longer term ambitions, as a result of the expectations and requirements from the both the planning guidance and the NHS Long Term Plan;
- Development of a set of proposals recommending the priorities for delivery within 2019/20 including a number of scenarios for consideration;
- A joint CCG Governing Body and Board of Directors meeting on 21st March 2019, where the options included within the operational and financial plans were agreed prior to ratification at individual organisational committee meetings.

The main themes for delivery within 2019/20 were identified as Cancer, RTT, Urgent & Emergency Care and Primary Networks / Neighbourhoods. In addition to the clinical themes, the supporting themes of Workforce, Digital, Statutory / Regulatory requirements and ICP Development were also identified as both key to enabling delivery of the clinical priorities, and also necessary to support the wider transformation required across the ICP.

The Trust has submitted its final 2019-20 operating plan on the basis of accepting the Control Total. This is however on the basis of significant non-recurrent support from its local CCGs and further work is required in 2019-20 to develop a sustainability plan in collaboration with the Trust's ICP and ICS partners. Further details on this are set out in the Finance section of this document.

The three Fylde Coast health organisations (Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals NHS Foundation Trust) are individually and collectively active partners in the Lancashire and South Cumbria ICS through involvement in a number of transformation work programmes, the development of a commissioning framework for L&SC, the development of new management and governance arrangements for CCGs, the creation of jointly agreed planning assumptions, and the development of ICS-to-ICP assurance processes with national bodies.

Activity planning

Activity: Baseline Activity Plan Assumptions

The baseline for all points of delivery is the forecast outturn for 2018/19 using actual data from 1st April to 31st December 2018. This should give a realistic prediction of demand, noting that the impact of winter 18/19 on elective activity has been significantly less than seen in the previous two financial years. There are some minor differences between the central forecast outturn and the local forecast outturn. These reflect the use of more recent data than is used in the central forecast outturn.

Activity: Growth Assumptions (Demographic, Working Day / Leap Year, Cancer)

The Population Activity Growth model uses latest NHAIS GP Registration data to establish growth for registered population, at 5-year age band level. Fylde Coast population growth has been calculated based on the previous 2 years, and has been applied to each organisation's draft submission baseline activity plans at an average of +0.43% for both CCG's.

It was agreed to apply a consistent level of growth across the two CCG's, as the average demographic shift for Blackpool CCG was showing a reduction of an average of -0.31%, but on closer analysis by age band, the position for the over-50's was a net growth, and it was the shift in children aged 0-9 which were causing the net reduction. With activity levels remaining fairly static, we felt it prudent to adopt an overall small level of growth across the population rather than apply an expected reduction to part of the health economy.

It has been noted that 2019/20 contains an additional working day, and therefore activity levels have been increased across all elective PODs to account for this. In addition, 2019/20 is a leap year and therefore contains an additional day. As this falls on a Saturday, activity levels have been increased across non-elective PODs only to account for this.

Specific growth has been applied for Cancer activity, which has seen significant increase over the last three years, at an average of 12.6% across most tumour sites and with some pathways seeing much higher levels of growth, circa 25% with particular pressures around colonoscopy and prostate pathways. Further analysis has been done since the draft submission to calculate the specific growth levels by tumour site specialty and POD, and following agreement from the three organisations it has been agreed that these higher levels of activity should be built into the activity and finance in place of the original blanket growth of 12.6%.

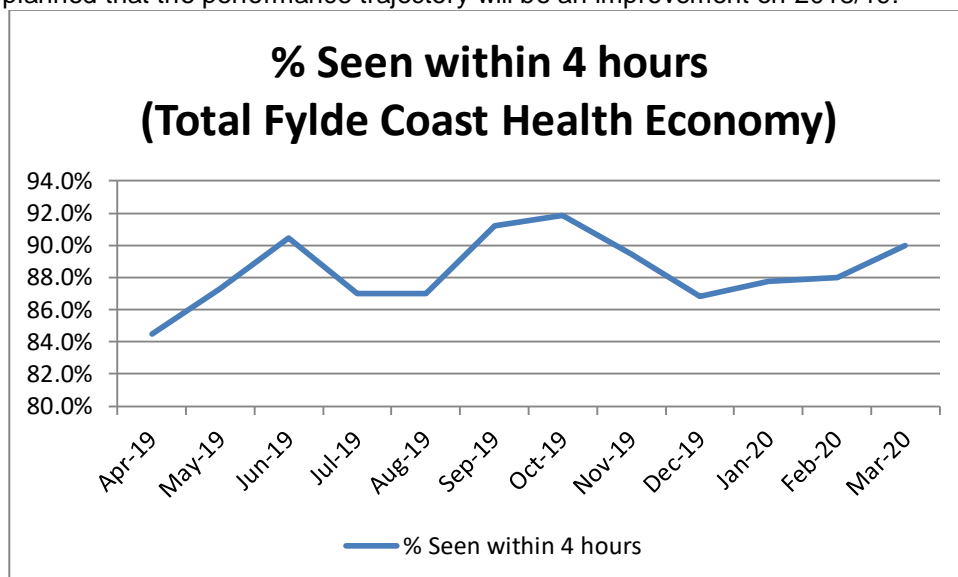
Activity: Deflections

Within the submission no further deflections in activity have been built into the plan over and above the impact of existing deflections schemes which are already within the 2018/19 baseline activity. These include: Tier 2 service models for Dermatology and MSK; the Extensive Care service and Neighbourhood teams; and primary care streaming.

Constitutional Standards: A&E, Cancer, RTT and Diagnostic Targets

A consistent approach has been taken across the Fylde Coast in respect of the assumptions regarding performance trajectories. Between the draft and final submissions of the plan the organisations have worked together to assess the extent to which additional activity can be delivered to improve performance against the Cancer and RTT standards. Further work has also been done to analyse the profile of the trajectories over the year, to generate a more realistic expectation of delivery.

- For **A&E**, it is planned that the performance trajectory will be an improvement on 2018/19:



The profile reflects the expected seasonal variation and the trend builds on previous years, using 2018/19 performance as the starting point and aims to deliver improvement on the performance achieved over the previous 12 months. Further details on the actions being taken to improve performance are set out in the *Non selective services and waiting times in the Emergency Department* section below.

- For **RTT**, it is assumed that the waiting list size will not be any greater than it was at March 2018, with no patients waiting longer than 52 weeks.

For the final submission, the Trust and CCGs have worked together to assess the extent to which additional activity can be delivered to reduce the overall size of the waiting list and reduce the RTT backlog, taking into account the available capacity and the affordability to undertake the additional work. This analysis was incorporated into the information and options for the planning priorities which was taken to the Fylde Coast Executive Strategy Group. Due to the financial constraints and competing pressures, it was agreed to not separately fund the clearance of the RTT backlog but that further efficiency initiatives would be put in place to identify improvements in current systems, processes and services to ensure that the backlog can be reduced over the coming year and to ensure that we can continue to meet the requirements around the waiting list size and the zero 52 week waits.

There is a risk that if these initiatives and improvements are not put in place, the shape of the waiting list could shift, with an increase in long waiters. It is therefore being treated as a priority to ensure that these initiatives and improvements are prioritised with detailed plans being developed by the Planned Care Transformation Programme.

It is anticipated that these plans will look at how we can use existing resources differently and also explore the use of the Independent Sector, and investigating potential transfers to Tier 2 Services, as well as the ongoing initiatives such as waiting list validation and further rollout of virtual clinics which will reduce the number of face to face follow up appointments.

Additional activity has been included to reduce the RTT backlog for electrophysiology and TAVI, which are commissioned by Specialised Commissioning.

- **Cancer** services plan to deliver the 85% quarterly standard for 62 day referral to treatment

Between the draft and final submissions the organisations have worked together to identify the activity and capacity required to ensure delivery of the Cancer standards. In the draft plan, the Trust submitted performance trajectories which fell short of the required standard for three of the cancer targets (2 week wait; 2 week wait, breast symptoms; cancer screening). Following agreement by all organisations to fund additional internal capacity and capital developments around the breast imaging facilities, the Trust is now planning to deliver the 2 week wait and 2 week wait (breast symptoms) standards as required by March 2020. The cancer screening target will continue to be a challenge, given that there are a number of factors outside the Fylde Coast ICP's control, and that the small numbers leave little tolerance. As a result, it is forecast that performance against this measure will be 80%.

- **Diagnostic** activity will maintain the 6 week standards.

Non-elective services and waiting times in the Emergency Department (A&E)

During the last financial year the enhanced streaming to the Urgent Care Centre initially reduced the number of ED attendances. However, the number has gradually increased even though streaming to the Urgent Care Centre remains relatively consistent. It is anticipated that the activity profile for 2019/20 is more likely to be similar to the outturn for 2016/17. The variation in demand remains, however it is now more predictable, both within the hours of the day and days of the week, with peaks associated with seasonality. This level of insight informs the work we are doing to safely meet the needs of the patients we care for, whatever day or time of day they present to us. In times of peak pressure we will plan to ensure all patients receive the same level of care and that extra resources supplement the existing team. This is particularly important when we escalate into the scheduled care bed base as planned during winter escalation; thus ensuring patients are not out-liered and that the elective activity continues at a planned reduced level.

This year we have introduced additional hands on support to lead this work and to accelerate our programme called 'Better Care Now' which feeds into the Urgent and Emergency care Steering Group. This group not only assures the governance of the work undertaken but acts as a planning resource and a group of senior accountable managers and Executives to authorise pathway and process change. From the front door, the following are key work-streams designed to support the delivery of the 4hr A&E standard through 2019/20: Review and redesign of the triage and RAT process to ensure that ambulances are released quickly and all patients see a senior clinician in the first instance; Removal of the GP stream of patients out of the ED; Continued drive to ensure patients are cared for in the AEC, where possible; Ensuring the Trust consistently works to the 4 hour transit time; Further development of urgent care GP pathways to reduce the attendance to the ED; Improve the clinical flow team and management of flow in the hospital managed through the daily meetings; Develop escalation policy's that deliver the de-escalation responses required in all areas; Procure support to embed SAFER at ward level; Through operational resilience meetings, develop a robust method of ensuring capacity is available at the time it is needed; Work with external partners (ECIST) to continue the reduction of over 7 day stranded patient numbers; Work with a team of senior clinicians to get the clinical teams to fully adopt the SHOP process and to ensure every patient has a plan of care thus no Red days for any patients; Develop a Frailty model that ensures patients in our care are seen by the COE team and have a comprehensive geriatric assessment where ever they are in the hospital; To procure and develop technologies that both improve communication and visibility of our processes – aiming to introduce 'CEM books' and 'voicera' in the near future.

Similar issues continue to be seen in children's services, with an increasing number of referrals to the Children's Assessment Unit (CAU). The CAU is open 7 days a week to support A&E operational standards. The Trust is working in partnership with the local CCGs, and other local secondary care providers, to implement standardised pathways of care

for the management of children's health and social care that will support primary care professionals to make appropriate choices in urgent / emergency situations.

Winter Plans

The 2019/20 plan assumes a winter plan that is the same as the 2018/19 winter plan regarding the levels of non-elective activity. It is recognised that this has not been sufficient to meet the A&E standards (4 hour performance / 12 hour DTA breaches) during 2018/19 but significant progress has been made in recent months to reduce the impact of the winter pressures.

A winter debrief session is planned for April 2019, and the learning from this will help to inform the further work required to identify the transformation schemes needed to achieve the A&E standards. These plans will be owned by the Fylde Coast ICP Urgent and Emergency Care Steering Group and will be reviewed and agreed by the Fylde Coast Executive Strategy Group.

Elective services, inc Referral To Treatment (RTT) and Improving Access to Psychological Therapies (IAPT)

The open pathway measure was not delivered across 2018/19. The Trust has managed to reduce the number of Open pathways below the volume reported at 17/18 year end and had consistently been below trajectory on the number of patients waiting longer than 52 weeks, with a plan to eliminate these by the end of March 2019. In order to achieve the 18-week RTT standard at specialty level, the Trust will continue to respond to changing patterns of demand. To mitigate risk and address capacity issues, a combination of actions will be taken including creation of additional internal capacity through: effective use of resources; use of the independent sector, if appropriate; embedding of Tier 2 services to manage demand appropriately; and identifying opportunities to redesign pathways and implement new ways of working across the health economy. The Planned Care work stream aims to tie all of these elements together to improve services to patients, across both primary and secondary care. There will be particular focus on reducing face to face follow-up appointments, a continuation of pilot work in 2018/19. Key development priorities for the Scheduled Care Division include: - Surgical enhancements – robotic surgery, cold elective surgery and additional theatre facilities; Tertiary centre enhancement including a modular catheter laboratory and separation of cardiac and thoracic surgery; ICS collaboration, on fragile services as well as enhancing and strengthening other key services.

For IAPT, the quarterly access rate has increased annually from 15% (2016/17) to 19.1% (2018/19). The targets were achieved in 2016/18, but forecasting achievement of 16.7% against the target of 19.1%. The target is set nationally and is recognised as challenging to achieve. Plans are in place to increase the access rate in line with national requirements, noting that the target increases incrementally to 22% in 2019/20 and 25% in 2020/21. The recovery rate target of 50% has been achieved by the Trust during 2018/19 with a forecast achievement of 53.0%. The access to treatment time targets of 95% accessing treatment in 18 weeks and 75% accessing treatment in 6 weeks have been achieved during 2018/19 at 100% and 95% respectively.

Cancer services

The Trust continued to experience challenges in the delivery of the cancer standards in 2018/19. Of significance had been the levels of growth across the majority of the tumour sites, equating to just short of 13% in year. The greatest challenge has been the impact that patient choice has throughout the patient journey, but particularly to the first outpatient appointment. Work will continue into 2019/20 with commissioners and GPs to emphasise to the patients the importance of attending appointments once referred to the Trust and throughout the diagnostic stages of their pathway. Peaks in referral rates (predominantly driven by national cancer campaigns and seasonality) and increased case complexity are anticipated to continue across 2019-20. The Trust is working with other providers to deliver the 62 day standard but is significantly handicapped by the lack of oncology capacity in the health economy. Actions to mitigate this include improved matching of demand and capacity through proactive pathway management (including continuous review of all administrative processes). Formal escalation processes are in place across each element of the pathway. The Trust is working closely with the Cancer Alliance to implement improvement in the four key pathways whilst aiming to consistently deliver the 85% standard.

Diagnostic services

Capacity across diagnostic services is a key factor in the delivery of all operational standards and diagnostics remains a significant enabler for all Access standards in the organisation, especially cancer. The use of CT scanning has increased by 8%, which is common nationally, but is significant and is likely due to the winter pressure programme increasing hours of work, to successfully improve in-patient flow in the daytime. The use of bone densitometry scanning at the Clifton site has unexpectedly increased demand and activity by 14%, and has arisen due to a new breast cancer treatment, requiring prior assessment of osteoporosis. MR is being increasingly recommended in many pathways, including cancer and stroke, alongside tertiary cardiac service requiring cardiac MR as a non-invasive gold standard test. The need for support from an acute service for children's scanning using general anaesthetic, stress induced cardiac and in-patient imaging scans; restricts the availability of this scanner. An increasing number of MR mobile vans, including some support from private providers have been used this year, however the need for scans on the static

Victoria site is essential and a business case is being prepared, aiming to balance the need for advanced and acute scans, developments and to enable acceptable time to test.

The breast imaging service has been overwhelmed with demand in 2018 and has regrettably breached the 2 week wait target on a number of occasions. A business case is prepared, to provide double the imaging facilities, to enable all patients to be treated within the expected time frames. There has been a greater need for imaging involvement, since digital imaging has permitted sight of very small lesions. More clinic slots are needed to meet this need to enable triple assessment for all where this is needed. Inevitably many patients require subsequent imaging and further imaging interventions and image guided surgical interventions require time on the single set of machines. There remains the need to do annual imaging on post cancer patients. Reporting has been improved steadily and in 2018-9 the department is working to extend the radiographer role into reporting. During the year we have embarked on a robust recruitment programme for Consultant Radiologists to support the increasing workload and planned retirements. This is to support the workload including the demanding MDT meetings, that radiology host. The department has submitted work for the UKAS Imaging Service Accreditation Scheme already in 2019, to be assessed for the 9th year of national accreditation and to date remain the only Trust in the NW to achieve this.

Pathology

The pathology service continues to experience increased demand for its services, with continued difficulties in recruitment to a micro-biologist and clinical scientist role. The department continues to promote a responsive workforce that allows scientists, nurses and supporting technical staff to undertake enhanced roles. The increased demand for phlebotomy and ADAS continues and the uptake of DOAC (Direct Oral Anti Coagulants) has been successfully introduced in some areas and provides synergy for those patients crossing from secondary to primary care, the future consideration maybe if there is a desire to adopt this appropriately cross primary care. The improvement of ADAS service standards to "UKAS point of care" is positively impacting on patient safety. The directorate continues maintain accreditations with micro-biology, histology and is due review in Cell Pathology soon. The Trust continues its commitment to working in partnership across the STP footprint for all Pathology services.

Quality planning

Approach to Quality Improvement

The Director of Nursing and Quality is the named Executive Lead on Quality, and the Medical Director is the named Executive Lead on Patient Safety. The Director of Nursing and Quality represent the organisation at monthly Quality Review Meetings with all local commissioners.

The Trust's Quality Committee is authorised by the Board to oversee quality activities within the scope of its Terms of Reference, including the monitoring of the delivery of the Quality Strategy and processes for assuring and delivering quality across the organisation. The main priority of the Quality Committee is to provide assurance to the Board that the highest possible standards in quality of care and patient safety are set and achieved by the Trust. The Committee meet quarterly throughout the year to ensure effective systems of clinical governance and clinical audit are embedded within the Trust and that it is under constant review and improvement. It has been agreed that the Quality Committee will meet monthly from April 2019. A major objective of the Committee to review all significant quality risks to ensure relevant action are taken to manage these risks and that all of the above is reported to the Board of Directors accordingly.

The Trust holds regular engagement meetings with the regional Care Quality Commission (CQC) inspection officers. The CQC inspected the Trust in November / December 2017 which resulted in an overall Trust rating of Requires Improvement, with a rating of Good for "Well-Led" and "Use of Resources". Following the inspection a CQC action plan was developed in response to the regulatory requirements set out in the published report March 2018. There were 12 areas of regulatory action the Trust must take to improve and these equate to 4 breaches of CQC regulation. The Trust reviews and updates the action plan on a monthly basis and this is presented on a quarterly basis to the Quality Committee, providing updates on progress made against each area of the action plan. It is also reported to the Fylde Coast Executive Committee on a monthly basis and also provided to CQC on a monthly basis and discussed in more detail with the CQC at the Trusts regular engagement meeting.

The Medical Director is the Executive Lead for Quality Improvement. The Trust has made some progress in using methods and tools to improve quality of care and patient outcomes and has worked closely with AqUA to support this. However, the Trust has not been in a position to adopt a systematic approach to quality improvement and to apply this consistently across the organisation. Following the Trust participation in the NHSI Moving to Good Programme it was clear that many Trusts are investing in Quality Improvement capability and capacity and developing systematic organisation –wide programmes to ensure that continuous improvement is implemented at scale. As a result the Trust has signed up as a QSIR (Quality, Service, Improvement & Redesign) Trust with NHSI and their ACT (Advancing Change and Transformation) Academy. This will ensure there is a clear, consistent and widely understood improvement methodology for the organisation. There are currently 10 staff, both clinical and non-clinical undertaking QSIR Associate training which will facilitate the organisation and its key stakeholders to tackle large and small scale system wide change, create a culture of continuous improvement, and thus progress with structure the quality improvement journey.

The Trust recognises its current status as a challenged Trust and welcomes the support, guidance and challenge from NHS Improvement. Progress against defined and agreed terms of reference are discussed at the Trust Internal Quality Improvement Board which informs the external Quality Improvement Board, led by NHS Improvement and attended by the Trust Executive Team and senior representation from the Fylde Coast Clinical Commissioning Groups. The internal Quality Improvement Board will focus on the following specific areas:

- Improvement of safety in the Emergency Department and Urgent Care System
- Improvement in the mortality indicators for the Trust
- Improvement in organisational learning from reported Serious Incidents
- Increase Quality Improvement capability and capacity across the organisation
- Review and support the Workforce Strategy and plan

Individual driver diagrams have been developed for each of the above. These detail the planned drivers and change ideas alongside specific measures. A reporting template for each measure is in place to demonstrate the impact of quality improvements and progress against attainment of the identified outcomes. This then informs the Board of the narrative for the external Quality Improvement Board.

The Trust is also working to embed a culture for quality improvement (QI), which is supported by a central QI team, the focus of which will establish a clear plan for Quality Improvement that focuses on the key areas for improvement as outlined in the external Quality Improvement Board Terms of Reference.

The 4 key drivers of focus for quality improvement are:

- Establishing, agreeing and adopting the behaviours, at all levels, which support a culture for improvement to flourish
- Reviewing the systems, structures and resources to support continuous, sustained, improvement in quality and performance – this will link with ensuring governance systems and assurance processes
- Introduction of evidence based best practice to ensure that data is displayed appropriately so that performance and improvement information is transparent and reliable, and provides genuine assurance at all levels

- Establishment of a governance structure to ensure that improvement work is aligned with trust priorities and is given the support required to engage and empower staff.

The actions required to attain the above drivers are multi-faceted, but include:

- Development of a Quality Improvement Strategy which is underpinned by a Quality Improvement Delivery Plan aligned to the Trust strategy and objectives, and that is endorsed by the Executive Directors.
- Development of a QI Capacity and Capability plan, which identifies how many staff are needed at each level of QI competence; how these will be trained and supported; how time to deliver improvement work will be released. This will align to the NHSI 'dosing formulary'.
- Facilitating the development of system leaders, both Executive, clinical and non-clinical, alongside front line staff to understand their role and responsibilities in Quality Improvement.
- Ensuring that there are clear structures in place to oversee and facilitate QI work, including the recognition of the links to other departments.
- Establishing a cross-functional QI Advisory Group to act as critical friends and sounding board for QI development; to monitor progress and to ensure that learning is shared and spread.
- Effective use of data to measure and demonstrate sustained improvement, aligned to the QSIR methodology

The Trust recognises that to embed QI is a journey and this will be reflected in the QI Strategy. To inform staff our Quality Improvement Approach 2019-2020 has been narrated into a formal document (currently in draft). This will detail the Trust QI approach, methodology, leadership, culture and measurement of improvement requirements. A Quality Improvement plan on a page will detail the aims of the next 2 years, aligned to the Trust strategy. The Trust recognises that our staff are the best asset we have and we aim to provide the tools and space for learning, collaboration and improvement that will see our staff transform its services and improve outcomes.

To support this journey, Board sessions have been facilitated with NHSI over the coming months, to inform the requirements of the Board in relation to QI responsibilities, leadership, culture and measurement for improvement. Three staff have become Data Ambassadors and are actively encouraging the use of SPC charts to inform the Board of improvements and performance.

Summary of the Quality Improvement Plan

The Trust's quality goals remain focused on the provision of safe and high quality care and continue to build on the goals set out in the 2017/18 quality accounts: patients and carers being involved in decisions about their care, zero inappropriate admissions, zero harms, zero delays and compliance with standard pathways. The Trust's quality priorities were agreed following consultation with Trust staff, governors and local CCGs; they support the targets set within the commissioning quality contract; and are aligned with the NHS constitution standards and CQC quality and safety standards. The 3 year quality strategy's development was overseen by the Quality Committee, and endorsed by the Trust Board of Directors in July 2016.

The development of a three year quality improvement strategy has provided a framework to review quality of care against three quality domains; Informed, Timely and Safe (ITS how we care). Each domain covers a number of key improvement metrics, all of which are supported by three strategic enablers. The strategy has provided the Trust with a clear definition of quality and quality priorities for 2016 to 2019, and the commitment of the organisation to put quality at the heart of all it does.

Work has commenced across the integrated care partners on a Fylde Coast Quality Strategy approach. Whilst this work is developed the Quality Committee supported that the current goals were rolled over and continued to be reported to Quality Committee for ongoing monitoring and assurance purposes until the new Fylde Coast Strategy is agreed. During the next 12 months, the Quality Strategy will be revised to incorporate the Trust's QI approach and detail how improvements will be triangulated from 'Ward to Board' with workforce, finance, strategic ambition plans and Trust values. A planning day to commence integration of these key drivers is planned for April 2019 with support from NHSI.

Care Domain	Key Goals	Metrics
Informed	Enhancing the Patient Experience and Promoting Patient Involvement	<ul style="list-style-type: none"> • Did you feel well looked after by staff • Patient who have been treated with dignity and respect • Patients who feel involved in their care • Patients know which nurse is looking after them • Doctors answers to questions were understood by patients • Patients who would recommend the service to friends and family
Informed	Providing Evidence Based Care	<ul style="list-style-type: none"> • Compliance with key clinical pathways based upon opportunities to care • Mortality rates for conditions with a clinical pathway as reflected in 12-month rolling SHMI
Timely	Care in the Right Place	<ul style="list-style-type: none"> • Number of 'none optimal placement' of patients to admitting ward • NEL length of stay reduction • EL length of stay reduction • Delayed transfers of care • Number of 7 and 21 day stranded patients
Timely	Care at the Right Time	<ul style="list-style-type: none"> • RTT open pathways • Total number of patients waiting • Cancer treatment targets 62 days

Care Domain	Key Goals	Metrics
		<ul style="list-style-type: none"> • Cancer targets • A&E 4 hour standard • Cancelled Operations non clinical on the day • Percentage bed occupancy
Safe	Harm Free Care	<ul style="list-style-type: none"> • Reduction in falls incidents resulting in harm • Reduction in failure to rescue / cardiac arrests • 100% compliance with intrapartum guidance • Reduction in avoidable harm due to pressure ulcers
Safe	Open and Honest Culture	<ul style="list-style-type: none"> • Number of clinical incidents reported • Performance on questions from staff survey in relation to transparency • Number of duty of candour processes completed for patient safety incidents

The Trusts Board Assurance Framework identifies three main key quality risks which are within the quality strategy:

- Failure to maintain a reduction in the Trust mortality rates – Mortality rates are monitored by the Board as well as being tracked and discussed at performance meetings, mortality board meetings and monitored as an agenda item at the Quality Committee. There has been a steady fall in 12 month rolling SHMI from a start position of 126 (Q1 2012) to a current position of 114 (Q1 2018). Internal modelling with the HED tool suggests a SHMI of c.110. Cross organisational work will continue (with CCG, primary care and NHSE representation) to support progress against the top five priority actions within mortality governance which were generated by the AQUA mortality comparator review.
- Failure to maintain a high patient experience – Maintaining a high patient experience is a key quality goal for the Trust and is monitored quarterly via the Quality Committee, as a subcommittee of the Board. Monthly visibility of performance is monitored by the integrated performance report. This performance continues to be reported on at divisional-level via exception reporting at performance review meetings. An annual review of performance, themes and lessons learned will also be provided in a report to Quality Committee which will be reflected in the Annual Quality Accounts.
- Failure to maintain CQC standards compliance – This is monitored via the Quality Development plan which notes outstanding actions against any requirement notices issued by the CQC. The Trust holds one outstanding requirement notice for the A&E Departmental in relation to 'the number of patients waiting for mental health assessment for over four hours did not always meet the needs of the patient.' It is recognised that this is a regional issue and formal work / review of the current position, supported by NHS England, is being facilitated with all partnership agencies to address and influence service provision.

The trust has been working to achieve ten 7 day services clinical standards originally developed in 2013, with a focus on four priority standards identified in 2015; ensuring that patients have access to consultant-directed assessment (Clinical Standard 2), diagnostics (Clinical Standard 5), interventions (Clinical Standard 6) and ongoing review (Clinical Standard 8) every day of the week. The Trust has used an online self-assessment survey tool to input data taken from patient case notes to measure achievement of standards 2 and 8, alongside an assessment of the availability of key diagnostics for Standard 5 and interventions for Standard 6.

From 2019 NHSE/I have replaced the survey tool with a board assurance framework and the Trust Board have agreed a process that enables recording of assessments of 7DS delivery in each of the four priority standards for both weekdays and weekends and in addition allows recording of progress against the remaining six standards and the priority 7DS clinical standards in five urgent network specialised services (only STEMI heart attacks are applicable to the Trust). From 2019 / 2020 the board has agreed a self-assessment on performance twice a year including a summary of headline issues relating to delivery of the 7DS clinical standards as well as providing self-assessment information. This will be presented as a bi-annual paper to the Board who will also monitor a completed relevant board assurance framework template. These will be shared with the regional seven day service teams to allow for their collation and national analysis which will continue to be published on the NHS Improvement and NHS England websites.

There is a process for reporting LeDeR deaths across the organisation and to ensure robustness of identification of those deaths the Bereavement Office also notify the Assistant Director of Nursing & Quality of all registered deaths involving a patient with learning disabilities. They in turn ensures a UIR has been entered and that the mortality lead is aware.

Published in May 2018 the annual LeDeR report 9 key recommendations were reviewed of which 4 are applicable to the Trust; Health Action Plans, Reasonable Adjustments, Training and MCA Governance. The Trust facilitated a self-assessment against the standards and developed an associated action plan that is being implemented and will be monitored during 2019 / 20. The Trust participated in the National Learning Disability Organisational level data collection, a patient experience survey of 80 patients to assess quality of care was completed and completion of a staff survey to identify themes of care delivery, workforce capacity, training and skills. The outcome of the two surveys will be fed into the self-assessment process and influence the associated action plan and ongoing processes facilitated within the Trust to review and learn from deaths. It is recognised that there is a delay nationally in providing feedback to Trusts from LeDeR reviews and whilst the Trust reported 12 LeDeR deaths in 2017/18, feedback on the outcome of external review is awaited.

The Trust has been working in collaboration with our local commissioners to help realise an ambition of reducing Gram-negative bloodstream infections. In partnership a Fylde Coast E. coli reduction action plan has been developed which aims to identify areas for improvement in terms of clinical performance or opportunities for health promotion. The Trust recently participated in the NHSI UTI collaborative to support implementation of wider health economy actions, for example, the development of a training package for local care homes to help them recognise and prevent UTIs in their residents.

The Trust also has its own reduction action plan and the Infection Prevention Team provide targeted training on wards / departments that are identified as outliers in terms of case numbers or sources of infection. The Trust has been reviewing all cases of E. coli BSI since April 2017 and has determined that the Urinary Tract is the most common source of infection. Therefore a UTI task group is being assembled by the Director of Infection Prevention and Control to address issues such as recurrent UTIs.

The Trust has implemented a new NEWS2 chart which was launched in December 2018 in the hospital based setting, with a Clinical Response to NEWS2 Triggers chart for community also designed. The aim is to escalate any deterioration to review the PAMS and plan of care to prevent unnecessary admission to hospital of patients, especially those with long term conditions.

These are the two major physiological changes to the NEWS2 chart that were required, but the Trust has taken the opportunity to completely redesign the chart so that it is much easier and intuitive to use and also carries a lot of clinical indicators and signposts to guide those completing the chart to key concerns to a patient's deterioration. This has been in response to lessons learned from clinical incidents of failure to rescue. It is hoped the new more informative and intuitive chart will support the clinical staff in the recognition and escalation of the deteriorating or critically ill patient. A revised failure to rescue KPI has been agreed which is a composite of reported failure to rescue, unplanned admissions to ITU and missed opportunity for DNACPR. This will be monitored via the Care of the Deteriorating patient group and audited through bi-monthly GTT audits. Communication organisational wide has been undertaken in relation to the roll out of the NEWS2, including Grand Round and ward level training, with a 3 months post implementation review. Acute Care Champions have been established and this group of 'champions' encompass the Fluid Balance Champion role as the Trust see this as integral and not stand alone to recognising and responding to the deteriorating patient.

The Trust has in place processes to learn, and where applicable, implement recommendations from national investigation reports and publications, eg MHRA, NPSA, Gosport etc. Assurance, organisational learning and progress of any improvement against these national reports is reported in writing to the Quality Committee, which is a sub-board committee. The national report into the events at Gosport was reviewed during 2018. Full assurance was provided organisationally in relation to compliance with the NHSI letter that the older style Graseby MS16/MS26 syringe drivers are no longer held or used in the Trust. Full Assurance that no serious patient harm has occurred since 1st April 2017 and 31st May 2018 as a result of an incident involving Morphine or Diamorphine was also given. To support learning from this national report, the multi-disciplinary Medicines Management Committee, chaired by the Director of Pharmacy, is undertaking improvement work to reduce medication errors in general, but with specific relation to opioids.

Summary of quality impact assessment process and oversight of implementation

Quality Impact Assessments (QIAs) are undertaken and reviewed as part of the overall process covering the production and approval of Project Initiation Documents (PIDs). This process has been revised and made more robust during 2018/19 through oversight from the Trust's multi-disciplinary Transformation Programme. Further details of the process by which this year's programme has been developed is set out in the Financial Planning section.

A PID is required for each theme or sub-theme and each divisional/departmental scheme > £50k. PIDs covering more than one scheme are permitted only for divisional/departmental schemes < £50k where they are sufficiently similar for it to be appropriate. A key element to the first stage of assessment of schemes is the identification of a clinical lead who has to consider 'are they able to certify that there is demonstrably no risk to quality without undertaking the full assessment?'

The process has screening questions, so that those schemes which are less than £50k in value, and for low-risk schemes where it can be certified "that there is demonstrably no risk to quality without undertaking the full assessment" the full assessment (stage 2) is not required.

The second stage is based on the best practice example included in the paper "How to Quality Impact Assess Provider Cost Improvement Plans" published by the National Quality Board in 2012 and asks the lead to assess any potential negative risks to quality against five domains: Patient Safety; Clinical Effectiveness; Patient Experience; Staff Experience; Targets/ Performance. Each of these is scored to give an overall score for the scheme and mitigating actions and residual risk levels are required.

Once a full PID (including the QIA) is completed, it requires sign-off by the full project team: for Transformational themes this will include a Clinical Lead and lead Divisional Director; for clinical divisions this includes both lead Divisional Director and Assistant Chief Nurse for the division. The PID is then submitted and enters the approval process which is administered by the Transformation Team and includes circulation to a panel of 26 senior individuals who have seven days to vote yes or no, or to ask questions regarding the proposal. To be approved, the PID must secure "Yes" votes

from all of the Executive Directors (including Medical Director and Executive Chief Nurse), together with a majority of those who respond from the remainder of the panel. Implementation of the scheme can only commence once it's PID (including the QIA) has been approved via this process.

Ongoing Monitoring and Review of Quality Impact is demonstrated by the regular review of the Trusts "QIA Register" which is maintained in the Transformation Team and reported regularly to Turnaround Board. Whilst QIAs should be considered to be a live document and reviewed/updated on an ongoing basis, the Trusts view is that it is good practice to mandate risk-based minimum review periods as follows:

Overall Score		Individual Scores	Minimum Review Period	Review after closure
0-3 (Low)	AND	No individual score 15+	6 months	Not Required
4-7 (Moderate)	AND	No individual score 15+	3 months	3 months after closure
8+ (High)	OR	Any individual scores 15+	Monthly	3 months after closure

As a minimum each project is asked to confirm that the CIP has been reviewed in line with these time periods and whether any changes have been made.

A QIA Register is maintained in the Transformation Team and reported to Turnaround Board periodically. The transformation team monitor QIA reviews and chase any which approach or exceed their minimum review period, and provide visibility to Turnaround Board of the overall levels of risk in the programme and assurance that QIAs are being updated as required. As a minimum reviews include the following for each scheme:

- Scheme value
- Risk scores
- Date PID approved
- Date QIA last reviewed
- Date next QIA review due
- Any changes to risk scores from signed off PID

This process ensures that Turnaround Board has visibility of the overall levels of risk in the programme taking account of the cumulative impact of efficiencies/CIPs, and both has the power to pause schemes and/or request modifications to address any quality concerns, and to escalate concerns to Finance Committee which would in turn be reported to Trust Board.

The triangulation of Quality, Workforce, Activity and Finance plans was discussed and challenged at February's Finance Committee: in particular the potential impact of the projected workforce changes on quality and the feedback from this discussion has informed the further development of the final plan.

It is important to recognise that the QIA process is only one of a number of mechanisms by which the Trust is assured that quality is being maintained and not being compromised through delivery of CIP or any other changes. These mechanisms include tracking through the IPR and at Quality Committee of Mortality, Health Care Acquired Infections, safety incidents, complaints and the Friends and Family Test.

Workforce planning

Blackpool Teaching Hospitals NHS Foundation Trust aims to provide excellent care first time, every time, whilst being a great and safe place to work. In order to meet our aims, tackle the challenges and take the opportunities that lie ahead it is vital that we have **'the right people with the right skills in the right job at the right time'**. We fully understand the impact staff experience has on our patient experience and the delivery of high quality safe and effective care

A new Workforce Strategy has been developed and was approved by the the Trust Board of Directors in April 2019.

Our local challenges are very much in line with the national challenges:

- ***Growing workforce gaps***

Nationally there are specific challenges around Nursing and Medical vacancies, to put this into local context at the beginning of 2018/2109 we had approximately 200 nurse vacancies which has remained steady throughout the year so far and approximately 60 Medical vacancies which we have reduced to approximately 25 as we have begun to implement the Workforce Strategy.

- ***Ageing Workforce***

Around 30% of the NHS workforce is over 50 compared with 20% in the nineties. This number is reflected locally as we have approximately 1400 clinical staff who are currently over the age of 50.

- ***Financial challenges***

Whilst the additional £20 billion government funding is welcome, the Trust still has a significant underlying deficit needs to be addressed. The Trust has had had Cost Improvements Plans (CIP) of around £20m in recent years, and will have a significant CIP challenge in the forthcoming year. This, coupled increasing demand means that the Trust faces a significant financial challenge.

Planning

An initial Steering group has been formed Involving the senior workforce team, senior finance colleagues and support from Programme Management Office.

Engagement

From the steering groups the Human Resources Business Partners were tasked with engaging key stakeholders from within the clinical divisions. The key approach was that the workforce strategy needed to be driven from within the divisions where the key knowledge is held. HR Business Partners set out to understand some of the key issues below:

- How are we currently performing against key metrics?
- Where are the hotspots in terms of clinical risk?
- Where do we have longstanding recruitment / retention issues?
- How can we be more efficient with our current resource?
- What are the potential solutions from within the departments?
- Where do we need new roles / what are the new roles?

To assist the Trust to engage staff and achieve key metrics such as mandatory training and appraisals we are reviewing the methodology behind appraisals with regards to a time limited 'window' or individually timed appraisals linked to pay. Mandatory Training eligibility is being reviewed to ensure we have the right staff doing the right training, and most importantly technological solutions within the current ESR system like 'self-serve' are being deployed to make appraisal and Mandatory Training facilitation more efficient for all stakeholders.

Methodology

Expert help has been commissioned from an external source to assist us with some of the planning work; we will be using 2 workforce planning tools.

STAR

Is a tool that has been developed by Health Education England to support workforce transformation, helping providers understand their workforce requirements and also providing a range of potential solutions.

WRaPT

This is a Workforce Repository and Planning Tool created by Health Education England. It is a web based application that enables the collection, analysis and modelling of workforce information from providers across the whole health and social care economy. It is a flexible tool which, at its core, establishes the relationship between workforce capacity and service activity.

Model Hospital

Model Hospital is used to compare productivity, quality and responsiveness data to identify opportunities to improve and bench mark against similar size organisations.

Attract and Retain

A new trust microsite is currently being developed to help market the organisation and offer full details of the various elements of our offering to potential members of staff.

The Trust is participating in cohort 4 of NHSI Retention scheme, action plans have been submitted, and various masterclasses being put on to assist with best practice on attracting and retaining staff, effective rostering etc.

Global Learners Programme

Health Education England has been working with a number of countries, responding to requests for support on workforce development, creating placements for professional groups, matching NHS workforce need with overseas training requirements and seeking out new bilateral relationships to strengthen workforce development in the NHS and overseas.

Apprenticeships

We recognise that apprenticeships offer high quality and prestigious pathways to successful careers, and aim for these opportunities to be available across all areas of the organisation. We aim to:

- Offer a range of high quality apprenticeships.
- Seek opportunities to develop apprenticeship routes.
- Maximise the financial return from the apprenticeship levy by investing in developing our current and future workforce.
- Increase and improve employment prospects of our workforce.

Existing, New and Alternative Roles

Whilst we continue to improve our Recruitment and Retention position the medium/long term solution is the redesign of roles across boundaries and professions, which maximises the contribution of staff around public and patient needs.

There are several new roles emerging nationally. These include Advanced Nurse Practitioner and Advanced Clinical Practitioner, along with the newly established roles of, Nurse Associate, Physician's Associate and Physician's Assistant. Other more radical developments include the introduction of a generic support worker role integrated across Health and Social Care, to support Advanced Practitioners in the Neighbourhood Teams.

The Trust has already had success with some of the new roles as we engaged with both the Physicians Associate and Trainee Nurse Associate programme. In addition we are also piloting the use of ward based pharmacists so that nursing staff can be freed up from the distribution of medications. Interviews for the 4th cohort of 'Trainee Nurse Associates are due to take place in April 2019.

Whilst Numbers of the Transformational roles are relatively low ongoing work is underway with divisions to identify further transformation roles appropriate to the service needs through workforce planning sessions using STAR and

WRAPT methodology. It is expected that further roles will be identified as we align the workforce needs with the service needs of the future

Consideration has been given to the need for double running original post with new posts whilst in training and the related funding. In addition the ability to offer training in some areas has been considered taking into consideration: the number of trainees required and the potential that offering apprenticeships in areas where staff levels are already low may have a negative impact on retention of these staff. The Trust recognises that there is a need to provide a quality placement for trainee, but also ensuring offers safe and effective care to patients/service users.

Flexible Working

Although the UK's policy framework for supporting older workers and creating fuller working lives is well-developed in comparison to many other European countries, there is a crucial need to turn this thinking into practical action. As a trust we will continue to develop our range of flexible working options, including:

- Buying Extra Annual Leave.
- Voluntary variation to contracted hours.
- Retire and Return Scheme.

Bench Working / Contingent Labour

In October 2015 the Trust implemented an internal bank (branded as Bench) to assist with the workforce challenges we face. In 2016/17 the bench made a 9% reduction in agency costs and as the bench continues to grow not only do we save financially we retain skills and offer another flexible working option. We have expanded the bench to Clerical and other staff groups and in 2019/20 we will be implementing a Medical Bench.

The Trust has moved away from a Clinical Workforce Strategy and moved to a Workforce Transformation Strategy, as we are aware that trying to replace existing roles where there is a national shortage will not cover the short, medium or long term plans of the NHS. In order to ensure patient care is delivered in a safe, personal and caring environment in both the acute and community setting means alternative workforce modelling is required.

Agency spend in 19/20 is expected to reduce as we address several key areas:

- Planned appointment of substantive staff.
- Addressing agency rate variation.
- Negotiating with suppliers for reduced commission based on volume and contract.
- Working with neighbouring Trusts under collaboration to ensure each agency, worker is provided as a standard rate with limited or no variation regardless on location placed within the STP/ICS.

The plan is to increase the number of staff registered on the bank and avoid using high cost agency works in areas of need to meet any short term requirements prior to the impact of: the workforce transformation strategy; use of Internal Graduate Programme; Global Health Exchange; and domestic recruitment.

Recruitment (specific Staff Groups)

Medical recruitment has improved significantly in general however we plan to target specific areas such as Pathology and Radiology. Recruitment within these departments has been challenging so the Trust will be engaging the use of a number of recruitment providers to source candidates with the necessary requirements. We will be working with Global Health Exchange, Global Learners, Agency Recruitment providers.

Nursing recruitment has also proved very challenging in recent years, and so along with the new roles, and growing our own we will look to tap into new programmes such as the Global Health Exchange, a further offer of 33 jobs have been made as a result of the latest overseas campaign with planned start dates of around October 2019.

The "Plan on a Page" which summarises the Workforce Transformation Strategy, which has recently been presented to the Trust's Strategic Workforce Committee (but still subject to ratification by the Trust Board), is shown on the following page.

Workforce Transformation Strategy - 2018-2023
Blackpool Teaching Hospitals NHS Foundation Trust
A Plan on a Page

Our Vision

'To be widely known for providing personalised, safe care, in every setting'^{*}

^{}N.B. This is a "working title" to be confirmed*

Our Values

- People Centred
- Excellence
- Compassion
- Positive

Our Ambitions

- Quality is our organising principle
- Improve patient experience
- Improve staff satisfaction
- Reduce mortality
- Improve our sustainability (£)
- A Great Place to Work

Our Key Drivers

- A clear vision and strategic plan
- Values that drive behaviour
- A relentless patient focus
- Effective Leadership
- Structures/ processes in place to support delivery of the strategy

Our Key Deliverables

- A Quality Improvement Strategy
- H&WB Strategy
- A Staff Engagement Strategy
- A Recruitment and Retention Strategy
- An Equality, Diversity and Inclusion Strategy
- An Apprenticeship Strategy
- Clear Mission Statement
- Effective Induction
- Effective Appraisals
- Behavioural Framework in Place
- Implement the 'Blackpool Way' *
- Implement 'Just Culture'
- Back to the Floor
- Patient Safety Walkabouts
- Freedom to Speak Up
- Volunteer Support
- Flu Campaign
- Strategic Workforce Measures
- Compassionate Leadership Strategy
- Great Place to Work Approach
- 100 System Leaders Programme
- QI Leadership Programme
- An Effective SWC
- An Effective JNCC
- An Effective JNLC
- An Effective Reporting System to Board / Sub-Committees
- Implement the STAR
- Implement WRAPT

Financial Planning

Financial Forecasts and Modelling

2018/19 Financial Performance

The Trust continues to face an extremely challenging financial environment. The Trust utilised further non-recurrent technical mitigations of £4.3m in Q3 in order to achieve the control total at Month 9. There are limited mitigations available in Q4 and the Trust formally reported a forecast variance from plan of £5m as part of the month 10 in year monitoring return submission.

The A&E performance was below the agreed trajectory in months 01 to 11. This has resulted in a £2.8m negative Provider Sustainability Fund impact. The Trust is able to account for the finance element of the PSF performance trajectory funding as a result of achieving the Q1, Q2 and Q3 control totals.

The Trust is forecasting a Use of Resources Rating (after overrides) of 4 at the end of 2018/19. An application to receive interim revenue financing in March was submitted to NHSI. Following the receipt of interim revenue financing the Trust has a forecasted year-end cash balance of £2.2m which is the Trust's Minimum Cash Balance.

The table below summarises the 2018/19 forecast which was formally reported as a forecast variance from plan as part of the month 10 in year monitoring return submission:

	2018/19 FOT £m
Operating income	428.9
Operating expenses	(438.5)
Operating surplus / (deficit)	(9.6)
Non-operating costs	(2.9)
Less PSF	(3.0)
Surplus / (deficit) excluding PSF	(15.5)
Performance against control total excl PSF	(5.0)
Year end cash balance after revenue interim financing	(2.0)

Over the last two years, plus this current year, the Trust has achieved significant levels of CIP: £18.6m (4.7%) in 2016/17, £20.3m (4.5%) in 2017/18; £17.4m (4.8%) planned for 2018/19. However a number of operational issues have meant that the CIP achievement has not been able to mitigate income and expenditure challenges:

The key financial drivers of the income and expenditure challenges and underlying financial performance are: -

- Costs to improve quality of care;
- Loss of Elective capacity;
- Costs related to operational pressures;
- Whilst noting the significant CIP achievement, there remains risk to delivery of the full year programme and achievement of the income and expenditure and cash plans;
- The proportion of CIP that is classed as non-recurrent has been too high in past years, which has meant that the cost base has not reduced recurrently, thus increasing the financial challenge in subsequent years.

Development of the 2019/20 Financial Plan

The Finance Committee and Board of Directors have been involved / informed throughout the planning process. The key steps have included:

- Presentations and discussions at Finance Committee and Trust Board meetings since December 2018;
- Planning Development Days held with Clinical Divisions in November 2018;
- Trust Management Team discussions since October 2018;
- Discussions at Fylde Coast Executive Strategy Group since December 2018;
- A three way Board meeting between the Trust and the two Fylde Coast CCGs in March 2019.

The focus for the Trust over the next year is to ensure that the Trust achieves stability and sustainability, in order to enable the transformational changes that are required across the Trust and wider health and social care economy, as set out in the Five Year Forward View.

The Trust has been notified that MRET central funding of £4.2m is available in 2019/20 and the non-recurring PSF allocation is £6.3m for 2019/20. The 2019/20 financial control total (including PSF and MRET funding) is a surplus of £5.6m.

Trust Financial Position

The Trust has a significant underlying deficit of circa. £34m, which is £24m worse than the start point for the NHSI calculation of the Trust's 2019/20 control total.

Whilst the uncertainty around the financial planning assumptions has reduced since the draft plan submission, a number remain. The main areas of uncertainty include:

- No agreed contract offer with the two main CCGs, although an outline agreement has been reached. This was ratified at the CCGs Governing Body and Trust Board on 2nd April 2019. Further work is required to agree any conditions attached to this non-recurrent support before contracts can be signed;
- No agreed contract offer with NHSE specialised commissioning. It is however anticipated that the outstanding issues with specialised commissioning will be resolved without recourse to mediation.
- CIP requirement of £35m (recurrent), before any non-recurrent support from commissioners, is considered to be beyond what the Trust can deliver safely. After non-recurrent support from commissioners, the CIP is still a challenging £17.5m;
- Validation of final tariff assessment;
- The tariff impact which has been modelled is not as beneficial as that assumed in the control total calculations;
- Further work to understand full cost impact of required service developments and cost pressures, beyond those currently agreed with commissioners.

A breakdown of the CIP requirement, before non-recurrent support from commissioners, is shown below:

Efficiency Requirement	Current
Assumed efficiency requirement in control total calculation (1.6%)	6.4
Gap between underlying position and control total baseline	23.6
Cost pressures	0.7
Contract adjustments (growth, cancer & extra day)	(0.9)
Depreciation & Dividend	2.5
Difference between assumed tariff impact (in CT calculations) & modelled tariff impact	2.7
Total efficiency requirement	35.0

Without significant support from Commissioners, the Trust would not be able to sign up to deliver the 2019/20 control total.

The Fylde Coast remains challenged in terms of achieving control totals, as it has pressures and cost growth relating to demographic change that out-strips historic funding. While control totals have been met across the Fylde Coast over the last two years, this has been reliant on the application of significant non-recurrent and technical mitigations. At present the CCGs and the Trust consider that the control totals for 2019/20 cannot be met by all the organisations individually and are have been working on collective solutions.

Local CCGs have had a significant increase in funding allocations for 2019/20 largely driven by changes in the allocation formula to allow commissioners to meet unmet need and reduce health inequalities. There are also specific funding commitments that commissioners are required to make to support primary and community care, and mental health. Given that the increase in funding allocations is in part linked to meeting unmet need and reducing health inequalities this will partly limit the level of local commissioner funding available to the health economy to close the gap in the Trust's 2019/20 control total position. Local commissioners will however have significant non-recurrent resources available in 2019/20, as it will take time to step up investments in these areas required to meet unmet need and reduce health inequalities. The 2019/20 financial year therefore presents a potential window of opportunity for local commissioners and the Trust to jointly agree a local financial recovery plan predicated on a package of both recurrent and non-recurrent / time limited funding being made available to the Trust in support of the delivery of a further Trust strategic efficiency requirement.

At a recent three-way board meeting the CCGs and the Trust agreed a potential way in which the Fylde Coast could deliver its aggregate control total position in 2019/20. This will involve significant non-recurrent support in 2019/20 (£17.5m) to the Trust from CCGs. This was ratified at the CCGs Governing Body and Trust Board on 2nd April 2019. Further work is required to agree any conditions attached to this non-recurrent support before contracts can be signed.

It should however be noted that there remains a significant recurrent shortfall. It is therefore proposed that a plan is developed, with the objective of the Trust achieving recurrent financial balance within three years. This will require local commissioners and the Trust to jointly agree a local financial recovery plan. This plan will need to have a number of key elements, covering both income and expenditure as set out below:

- A realistic level of investment in service developments and local cost pressures;
- Sustainable cost reduction;
- Reaching agreements with commissioners to secure additional recurrent funding to cover the cost base where this is not fully reimbursed under Payment by Results;
- Reaching agreements with commissioners to secure additional recurrent funding to cover recurrent activity growth including efficient delivery of activity growth, allowing a financial margin to be delivered;
- Non-recurrent cost reduction;
- Non-recurrent / time limited income from commissioners.

It is also important that this financial recovery plan is deliverable, sustainable and consistent with delivery of the Trust's quality and operational standards. The main impact of accepting the control total will be:

- The Trust will receive the PSF;
- The Trust will receive the MRET funding;
- The Trust will have a challenging CIP target of £17.5m;
- The Trust will not require any further distressed financing beyond that already drawn down.

Income & Expenditure Plan – 2019/20

The Trust Income and Expenditure plan submitted includes the following main assumptions:

- Accepting the control total in 2019/20 (on the basis of significant non-recurrent commissioner support);
- 2018/19 forecast outturn activity levels brought forward into 2019/20 and then adjusted for population growth and performance trajectories (agreed with CCGs);
- The 2018/19 forecast outturn adjusted for known normalisation items including:
 - Non recurrent and full year effect of 2018/19 CIP;
 - Non recurrent mitigating actions to deliver the control total in 2018/19;
 - Prior year (i.e. 2017/18 adjustments) included in 2018/19 forecast;
 - Non recurrent and full year effect of 2018/19 service developments.
- Tariff income inflation of £13m in 2019/20;
- Inclusion of the PSF;
- Inclusion of the MRET funding;
- Cost inflation: to reflect National Tariff prices uplift contained in Planning Guidance and impact of capital expenditure programme on depreciation. The cost inflation assumptions are set out in the table and commentary below:

	2019/20 £m	
Pay	15.3	<i>see below</i>
Drugs (non-excluded only)	0.1	<i>0.6%</i>
CNST	(0.1)	<i>see below</i>
Other non-pay	1.4	<i>1.8%</i>
Total	16.7	

- Pay inflation: £15.3m comprising £10.9m 2019/20 pay inflation plus £4.4m 2018/19 Agenda for Change pay award (to be funded through tariff uplift);
- CNST: £0.1m reduction in 2019/20 contribution;
- In 2018/19 the Trust agreed an assured contract (activity and value) with its main CCG commissioners and associated risk-share mechanisms. The agreed starting point for the 2019/20 contract prior to the application of tariff uplift and tariff changes is the 2018/19 assured contract value.
- £0.7m estimated fund included for service developments and internal cost pressures;
- CIP target set at £17.5m

Based on the above assumptions, the Income and Expenditure plan for 2019/20 shows a deficit of £4.9m before PSF and MRET. (A surplus of £5.6m after application of PSF and MRET) The details are summarised in the following table:

	2019/20 Plan £m
Operating income	448.6
PSF	6.3
MRET	4.2
Operating expenses	(449.7)
Operating surplus / (deficit)	9.4
Non-operating costs	(3.8)
Surplus / (deficit)	5.6
CIP	17.5

Cash Flow Strategy and Projections

The forecast cash balance as at 31st March 2020 shows a £1.9m cash balance without a requirement for additional distressed financing during 2019/20. The cash position is summarised in the table below:

	2018/19 £m	2019/20 £m
Reconciliation of cash movement		
Opening Cash	3.3	15.6
In Year (Deficit) / Surplus (excluding impairments & donations)	(12.6)	5.6
Total capital and financing outflow (see table below)	(3.9)	(8.0)
Interim Revenue Support	20.9	0.0
Increase / (Decrease) in working capital excluding cash	7.9	(11.3)
Cash Balance as at 31st March	15.6	1.9

	2018/19 £m	2019/20 £m
Capital and financing outflow		
Depreciation	7.5	10.3
Receipt of PDC capital funding	1.4	0.0
Receipt from sale of Fleetwood Hospital	0.6	0.0
(Decrease) / Increase in Capital Payables	(0.2)	0.3
Capital expenditure	(9.0)	(14.4)
Loan & Finance Lease repayments	(4.2)	(4.2)
Total capital and financing outflow	(3.9)	(8.0)

The main cash plan (with PSF) assumptions are:

- The Trust delivers a £15.6m surplus cash position at 31st March 2019 after receiving £20.9m of interim revenue support in March 2019;
- The cash balance 31st March 2020 of £1.9m includes no additional interim revenue support during 2019/20;
- Includes all I&E assumptions; including CIP delivery of £17.5m, and increase in contract with Fylde Coast CCG's of £17.5m;
- Includes receipt of PSF relating to quarters 1 to 3, and all MRET;
- Continuation of the existing management of working capital and supplier payment terms;
- Hosted funds (North West Leadership Academy and Healthier Lancashire) continue to be held at current levels;
- Includes a beneficial payment profile agreements with Fylde Coast CCG's to pay the baseline contract of £269.9m (Q1: 30%; Q3: 25%; Q3: 25%; Q4: 20%);
- Capital expenditure is currently set at a maximum level of £14.4m, in line with the initial requirement identified through the subgroups of the Trust's Capital Strategy Group.

Activity

The Trust has used the 2018/19 forecast outturn activity as the initial baseline for setting 2019/20 anticipated activity levels. This has then been adjusted for population growth estimates and cancer growth estimates which have been agreed with the Trust's local commissioners. In addition the extra work day due to 2020 being a leap year has been taken into account. Further details on the activity assumptions are detailed on page 2.

The main changes to activity levels between 2018/19 and 2019/20 are summarised in the following table:

	2018/19 Forecast	Population Growth	Cancer Growth	Extra Work Day	Spec Comm - RTT & Service Developments	2019/20 Plan
A&E	75,388	216	0	207	0	75,811
Non-elective admissions	46,428	245	0	127	0	46,800
Elective admissions	58,193	275	3,266	230	286	62,250
Outpatient attendances	316,928	1,439	8,452	1,253	2,247	330,319
Outpatient procedures	44,959	225	164	178	0	45,526
Total	541,896	2,400	11,882	1,995	2,533	560,706

Financial Priorities for 2019/20

The main priorities are to:

- Develop a plan with the objective of the Trust achieving recurrent financial balance within three years and how the control total can be delivered in 2019/20. This will require local commissioners and the Trust to jointly agree a local financial recovery plan. This will include:
 - Reaching agreements with commissioners to secure additional recurrent funding to cover the cost base and cover recurrent activity growth;
 - Delivery of a challenging but realistic CIP target in full, and recurrently. Where there is a risk of under delivery, the Trust will prepare a list of mitigating actions and implement as required, to ensure the financial plan is achieved;
 - Reaching agreements with commissioners to secure non-recurrent support on a transitional basis until CIP levels are sufficient to address the underlying deficit.
- Align activity contracts with commissioner plans, and ensure that the demand and capacity planning and associated actions, are sufficiently resilient and reliable to ensure resources are within planned levels; This will include agreeing any Fylde Coast activity changes with all parties, and ensuring that activity / income / cost changes are modelled through accurately;
- Address all of the key assumption issues so that the Trust can make an informed decision on whether it can agree the control totals (and therefore access the PSF and MRET funding);
- Contain temporary workforce costs within planned levels and the agency ceiling;
- Manage cash levels to reduce reliance on distressed financing;
- Develop the Emergency Village / Critical Care Full Business Case for Trust Board of Directors approval and submission to / approval by NHSI. The project governance arrangements for the development of the business case were presented to and agreed by the Board of Directors in January 2019.

Efficiency Savings for 2019/20

CIP Planning for 2019/20 commenced in August 2018 with a proposal discussed at the Trust's Turnaround Board, which was subsequently agreed by the Executive Directors.

The process was formally launched with a workshop on 17th September 2018. The forty attendees represented a wide cross-section of the Trust's senior management including executive directors, divisional management teams, clinical leads and senior nurses, and corporate leads. A presentation was delivered which covered the context, likely requirement, and a section showing the headline opportunities (based on benchmarking information taken largely from the Model Hospital). The room then split into five roundtable discussions covering:

- Planned Care;
- Urgent and Emergency Care;
- Innovation and Technology;
- Workforce;
- Commercial Development.

Following this event, these themes were formalised into six Trustwide Transformation Programmes (with the addition of Corporate Services, which was separated out from Workforce), and in October Executive Directors agreed the allocation of indicative targets to each of these.

Teams were set up to support each of these programmes, with a lead (Executive Director or deputy), SRO(s), clinical lead, and support from Transformation Team, Finance and HR.

In addition to these Trustwide Transformational Programmes, the programme also includes two Trustwide Transactional Workstreams (Procurement and Medicines Management), and Divisional Transactional proposals (based on a 1% target being allocated to each division and corporate department).

Progress with development of plans has been tracked via the Turnaround Board (renamed CIP Programme Board from the beginning of January) whose membership consists of the Chief Executive (Chair), Deputy Chief Executive and Director of Finance (Deputy Chair), Deputy Medical Director and Turnaround Consultant. The Trustwide components have attended monthly since November to provide progress updates (including draft Project Initiation Documents) and Divisional targets have been reviewed each meeting since early January.

As part of the CIP Programme Board meetings, the meeting indicates a level of assurance for each workstream based on the quality of the report presented and state of development of the scheme. These levels of assurance are, in turn, reported to the Executive Directors and to Finance Committee as part of the regular updates to both those groups.

Once schemes are fully worked up they are documented in Project Initiation Documents including Quality Impact Assessments, and are required to pass a rigorous approval process before implementation can commence (further details provided in the Quality section).

At the same time, work has been undertaken through the Healthier Fylde Coast ICP to identify efficiency opportunities from Model Hospital, RightCare, GIRFT and other benchmarking sources and to take these out to the Fylde Coast Transformation Programmes for them to work through these opportunities and develop longer term efficiency programmes based on these. This is overseen through the ICP's Efficient Use of Resources Group. Corporate Services has also taken an ICP-wide perspective in focussing on efficiency opportunities which may be available through collaborative working between the Fylde Coast NHS organisations.

The Lancashire and South Cumbria ICS ran a workshop on 5th February to commence its work to develop and prioritise ICS-wide efficiency opportunities and the Trust will participate fully with these work programmes as they progress.

Agency Rules

In 2018/19 the Trust is forecasting total agency spend of £15.9m which is £3.8m higher than the agency ceiling.

In 2019/20 the Trust has planned agency spend of £13.7m which is 4.5% of the total paybill split as follows:

	2019/20 Plan £m
Substantive	271.2
Bank	16.4
Agency	13.7
Total Pay Expenditure	301.3

In order to contain spend with the annual agency ceiling the Trust is reviewing its current agency requirements whilst maintaining the policy of utilising bank staff in preference to agency staff where possible.

Capital Planning

The Trust has a Capital Strategy Group, chaired by the Deputy Chief Executive and with representation from clinical and operational teams, which reports directly to the Finance Committee. The main objective of the group is to assess and prioritise all capital expenditure proposals and ensure that any investment is aligned with the strategic direction of the Trust. The group considers maintenance capital (routine replacement of existing equipment and reorganisation or rationalisation of existing building infrastructure) and development capital (investment into new build initiatives or equipment which will increase the underlying asset base and will therefore require separate financing. This will only be agreed through approval of a full business case).

Over the past few years, the Trust has had a significantly constrained capital programme, delaying expenditure where it has been safe to do so. The Capital Strategy Group requested the three subgroups (Strategic Development Group - Estates and Buildings; Medical Devices Steering Group; Health Informatics Committee) to assess and prioritise relevant maintenance capital investment requirements. This has indicated that the capital requirement is circa £14.4m; the circa £3m increase on the planned 2018/19 capital reflects the requirement to replace some high value medical equipment (MRI scanner and heart and lung monitoring devices).

The Trust is currently reviewing the proposals from its capital sub-groups but anticipates that the essential spend will be challenging to fund within the available funding sources. The first call on the capital resources which can be generated internally (through £10.3m depreciation) is existing loan payments. The Trust is however assuming that delivery of the planned I&E surplus, including receipt of the £17.5m non-recurrent support from commissioners and the PSF and MRET, will allow the gap to be bridged through internal cash resources.

The Trust's bid to receive close to £13m as part of a national fund to upgrade NHS Services in England to establish an Emergency Care Village on the Victoria Hospital site has also been successful. The scheme will create additional capacity in the ED department such as more cubicles to treat major illnesses and injuries and more resuscitation facilities and will also allow changes to the entire layout of the emergency front entrance of the hospital to ensure patients get speedier access to the most appropriate investigations and treatments. As part of the scheme the Trust will also be upgrading and relocating the Intensive Care Unit in a new facility on the hospital site that is closer to other high care areas. The Final Business Case for the scheme is expected to be completed in January 2020.

Lancashire Care NHS Foundation Trust have also been awarded £8m for development of a Mental Health Decision Unit on the Blackpool Victoria site. Governance structures are being developed to ensure appropriate discussion and engagement across both capital developments given the clear opportunities to maximise the potential benefits through aligning the schemes.

Link to the local sustainability and transformation plan

The Trust is a key participant in the development of the Lancashire & South Cumbria Integrated Care System (ICS), and its plans to ensure the sustainability of healthcare services across the region. The ICS is comprised of five “place-based” Integrated Care Partnerships (ICPs). The Trust’s organisational plans form part of the Fylde Coast ICP’s plans, which in turn forms part of the Lancashire and South Cumbria ICS’s plans. The vision for the Lancashire and South Cumbria ICS is to improve outcomes and experience for citizens within the context of limited resources. This is fully reflected in both the plans of the Fylde Coast ICP and the Trust’s five year strategy. The Trust is currently in the third year of its five year strategy, with the strategic ambitions reflecting the focus on clinical and financial sustainability; i.e. achieving an improvement in quality, safety and patient experience within the context of significant workforce and financial challenges.

The ICS priority areas link to those identified in the Fylde Coast ICP plan and in the Trust’s operational plan, and will be reviewed during 2019/20 in response to the publication of the NHS Long Term Plan, and the subsequent development of the five year ICS strategic plan.

Out of Hospital Care

The Trust is a key partner in the Fylde Coast “Integrated Primary and Community Care” transformation workstream which is aligned to the ICS priority area of “Out of Hospital Care”. Locally-based Neighbourhood care teams have been established within each of our 11 Fylde Coast neighbourhoods. Working collaboratively with the newly forming Primary care networks, the teams include a range of professionals such as nurses, therapists, wellbeing workers, mental health workers and social workers. They provide support to people deemed to need some extra help to stay well. This could be because they have a long-term condition which isn’t effectively controlled or it could be due to other factors in their life such as social or family network, a carer who need support, or if they struggle with alcohol or substance misuse issues. Working together in this integrated way, the teams are able to make a complete assessment of a person’s health, wellbeing and social needs and liaise with their colleagues to make sure they receive the right support. For patients, this reduces the number of appointments with different services, improves their experience and ultimately helps them to stay well. No specific acute deflections have been included within the draft submission in relation to these services on the basis that the out of hospital models of care are well established already, and are reflected in the relatively low levels of non-elective and A&E activity growth (limited to 0.43% demographic growth) included within the draft plan

Acute and Specialised Services

The Trust is a key partner in the Fylde Coast “Planned Care” transformation workstream which is aligned to the ICS priority area of “Acute and Specialised Services”. The Fylde Coast has considered its priority areas of focus, taking Rightcare and Model Hospital into account. Plans to improve the productivity of the Trust’s outpatient clinics and theatres are included within the Trust’s 2019-20 CIP programme. These plans include: redesign of referral and treatment pathways (including Shared Decision Making); development of non-face to face models of care including further roll-out of “Consultant Connect”. The Trust is also working with the wider Lancashire and South Cumbria Acute and Specialised Services Workstream and is fully committed to collaborative working that will enable the provision of safe and effective services across the region. Key areas of focus for this workstream include: stroke (including collaboration on the provision of hyper-acute stroke services); the Cancer Alliance (including consideration of demand & capacity across the region) and Maternity. The Trust recently held some Planning Development Days during which our clinicians outlined their visions for the future in the context of the challenges faces by services and the Trust. Within this, there was significant commitment to identify further opportunities to collaborate with other providers across the ICS footprint to improve the effectiveness and efficiency of services. Whilst no changes in activity levels have been included within the plan submission for these areas, it is anticipated that these plans will develop through 2019/20 for inclusion in future years’ plans.

Urgent and Emergency Care

The Trust is a key partner in the Fylde Coast “Urgent & Emergency Care” transformation workstream which is aligned to the ICS priority area of the same name. Following an STP capital prioritisation process, and submission of a wave 4 bid to transform emergency care and our critical care services, the trust has been allocated £12.9m STP capital funds. It is expected that that the Full Business Case for this will be presented to Trust Board for approval in January 2020 prior to going to NHS Improvement for review. The transformation of emergency care which is fundamental to this business case offers significant opportunities including: improved mental health pathways (aligned to the Lancashire Care Foundation Trust STP bid to develop a Mental Health Decision Unit on the Blackpool Victoria site); increased ambulatory care, and reduced length of stay for patients who do require to be admitted. Development of the frailty service (work which is being supported by AQUA), across acute and community care is a key priority for 2019-20.

Mental Health

Blackpool Teaching Hospitals is working in partnership with other providers of CAMHS across the L&SC ICS footprint (Cumbria Partnership Foundation Trust, East Lancashire Hospitals Trust, Lancashire Care Foundation Trust and 13 NHS Funded Third Sector Providers) to develop a Single Service Model for Children’s Mental Health and Emotional Wellbeing provision in Lancashire And South Cumbria. The New Model responds to a mandate to reduce variation and

inequalities in access to care across the ICS Footprint and will be developed in line with the THRIVE conceptual model in Co-Production with Children, Young People, Families and Carers. The model will be completed in July 2019 and the Trust and partner organisations are building Transition and Implementation Plans to support the timely implementation of new services alongside the delivery of the Clinical Model.

Corporate Services

The Trust is working as one of the main partners, along with East Lancashire NHS Hospitals Trust and Lancashire Teaching Hospitals NHS Foundation Trust, within the Lancashire Procurement Collaborative (LPC). The LPC continues to review and implement good practice identified in the national procurement strategy and Lord Carter's review. Delivery of procurement savings resulting from this workstream is a key part of the Trust's 2019-20 Cost Improvement Programme (CIP). The Trust is also continuing to work with the Lancashire and South Cumbria ICS to identify further corporate services areas where there are opportunities to collaborate. These are currently at an early stage and so haven't been included within the Trust's 2019-20 operational plan submission. The Trust is also continuing to build on its existing shared services provision, which encompass services shared with Blackpool Council and provided by the Trust to both CCGs. As well as contributing to the Trusts' CIP delivery this will also support the wider Fylde Coast ICP and the requirement of CCGs to deliver a reduction in running costs of 20% by 2020/21.

Pathology Collaboration

The Trust is working collaboratively with the three other acute trusts in Lancashire and South Cumbria to improve pathology services across the region, by providing a streamlined, sustainable service which is clinically and cost effective. This is part of a national strategy led by NHS Improvement, and will see centralisation of some services whilst retaining some pathology services in every hospital (deemed as "Essential Services") The timetable for change sees full implementation by 2022 subject to approval of the relevant business cases of the Trust Boards of the organisations involved. The Strategic Outline Case has now been approved by the Trust Boards of all four Trusts involved in the collaboration, and was formally submitted to NHS Improvement for approval on the 13th December 2018.

Workforce

The Trust is working with the ICS to tackle the workforce challenges that face the region, including: significant workforce shortages across health and social care; attractiveness of the sector in recruiting and retaining staff; an ageing workforce; and high levels of sickness and absence. The initiatives to tackle these challenges include:

- Establishing a Centre of Excellence for Global Health Exchange in Lancashire and South Cumbria, understanding the required recruitment trajectory, and recruiting once for the whole region.
- Utilising flexibility in the Apprenticeship Levy by transporting levy from health organisations to social care;
- Working with education providers locally through a Local Workforce Action Board (LWAB) to ensure that the supply of training meets the needs of the local health and care sector;
- Development of a consistent careers and engagement offer across Lancashire and South Cumbria, improving access to careers (e.g, to school leavers) and making the NHS an attractive place to work.

Digital

The Trust is participating in the ICS digital work programme via the implementation of the "Our Digital Future" strategy, which is organised around five key themes: Empowering the person; Supporting the frontline; Integrating Services; Managing the System more effectively and Creating the future. As part of this workstream the Trust has been leading on the development of tools using the Nexus platform to develop solutions which support Population Health Management and is exploring the opportunity to deploy integrated patient flow tools.

The CIO from the Trust has also led on the development of a Strategic Outline Case (SOC) for more effective collaboration and potential consolidation of Health Informatics services within the ICS including IT, Information Management, Medical Records, Information Governance, project support and Clinical Coding. Once complete this work will enable senior leaders across the ICS to consider a series of options to provide more effective and efficient health informatics services with a view to using savings to fund gaps in digital maturity across the health system and support the previously mentioned "Our Digital Future" strategy.

Estates

The Trust, as part of the Fylde Coast ICP has contributed to the development of the ICS Estates Strategy, including the development of priority areas, and a prioritisation of the potential capital bids across the region. As part of this the Trust was successful in being allocated £12.9m funding to redesign the Emergency Department and Critical Care services. The Trust has recently disposed of Fleetwood Hospital, in line with the ICS aim to realise funds through capital disposals. The Trust is also participating in a "Local Asset Review" across the Fylde Coast ICP, which is a place-based review of public sector assets and how we use these effectively and efficiently to improve the health and wellbeing of our populations. It is a Healthier Lancashire and South Cumbria sponsored programme covering all five ICPs in the ICS. It is focused on what infrastructure is required in communities to deliver public services and to keep people well and will embrace the principles of 'one public estate' and of NHS England's Healthy New Towns. The Trust has a Wholly Owned Subsidiary, BFW Management Limited (trading as 'Atlas') for the delivery of estates services to the Trust and is engaged with ongoing discussions with ICS partners about potential development opportunities across the system.

Membership and elections

The Trust has undertaken one by-election in 2018/19 for a public Governor post in the Wyre Constituency. There will be elections for ten Governor posts in 2019/20.

The Trust and Council of Governors have arranged for all the Governors to undertake mandatory training on the core skills, accountability and effective questioning. The first session was delivered on Wednesday 23rd January 2019 and the second will be undertaken on Monday 11th February 2019. After which the intention is, should the Council of Governors agree, would be to undertake this training after each set of elections. In addition, specific training will be designed in 2019/20 for Governors on finances, quality, membership, appointments and workforce.

There have been five membership events including, membership seminars, member engagement/recruitment events and Governors attending community meetings, where Governors have engaged with public and staff and members of the public. The Annual Members and Public Meeting was held jointly with the two local CCGs' Annual General Meetings coinciding with the NHS 70th celebrations and was held on Thursday 5th July 2018 providing an opportunity for the Governors to engage with the CCGs, public and staff members and member of the public. Finally, the Trust Chair has met with the new Governors who accepted his invitation to meet him as part of their induction programme.

In 2019/20, the Membership Strategy will be reviewed and approved by the Council of Governors based on the outcomes of the training sessions and a review by the Membership Committee.