Bolton NHS
NHS Foundation Trust

Operational Plan 1 April 2017 to 31 March 2019
Version 1.10
Bolton NHS Foundation Trust

Bolton in 2021

Bolton will be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots. We want our people and our place to prosper and we will make this happen by driving inclusive growth and reforming our services, in partnership, to promote well-being for all.

On the 1 April 2016, the Greater Manchester Health and Social Care Partnership took charge of the £6bn health and social care budget from central government. The shared vision across Greater Manchester is to see the **greatest and fastest improvement to the health and wellbeing of the 2.8 million people who live in Greater Manchester.** 'Taking Charge' is a 5 year strategic plan for Greater Manchester built up from individual locality plans developed by the 10 local authorities and NHS organisations across the city region.

The Borough of Bolton has a resident population of approximately 280,000. The health and social care system comprises a number of statutory organisations along with a GP Federation and vibrant community and voluntary sector:

- Bolton NHS Foundation Trust
- Bolton Council
- Bolton Clinical Commissioning Group
- Greater Manchester West Mental Health NHS Foundation Trust
- Bolton GP Federation
- Bolton CVS
- Healthwatch Bolton

These organisations and wider stakeholders have worked jointly to develop Bolton's 5 Year Plan for Reform (Locality Plan) to deliver real improvements in health and wellbeing for Bolton people and make services more sustainable for the future, in terms of money and patient care.

Bolton NHS Foundation Trust has a responsibility to ensure the delivery and safe and sustainable care in the future.

Who we are

Bolton NHS Foundation Trust is an integrated care organisation providing care and support in health centres and clinics, including the prestigious Bolton One complex in the town centre, as well as domiciliary and ill-health prevention services. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

Our Primary Objectives

"Our vision is to be an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient and safe service."

Developing the Trust Objectives for 2017/18-2018/19

It has been agreed by the Board of Directors that the NHS Improvement (NHSI) Single Oversight Framework will be used as the building blocks of our 2017/18-2018/19 Operational Plan.

- Building on the measures within NHSI's Single Oversight Framework we will focus on areas identified within the recent CQC report as 'requires improvement' as well as areas of challenging performance.
- Objectives have been included that align to our key risks within the organisation
- We have identified areas for focus that will drive certain services beyond good in line with our strategic vision.
- As a partner in the Greater Manchester Health and Social Care Partnership and the Bolton Locality we have prioritised the key actions we must take to achieve a sustainable Health and Social Care System by 2021 and beyond.

Working together to deliver a safe and sustainable Health and Social Care System for the future

If we do nothing our financial gap will be **£82.8m** by 2020/21. This financial gap is driven by the expected increase in demand for health and social care services, inflation and excess cost associated with workforce shortages. The aim of our locality plan is to fully address the financial gap and ensure that the Bolton health and social care system is fully sustainable by 2020/21.

An analysis of the admission rates of our population, by age group based on our demographics has shown that if we do nothing we would need another ward and a half by 2020 and an additional 6 wards by 2030. The cost of the in hospital care we provide accounts for a high proportion of our health and social care spend in Bolton. We need to reduce the amount of work that we do in our hospital by both preventing the need for our acute services and by doing things differently. The success of reducing activity within the hospital will be attributed to both the residents of Bolton helping themselves to stay well and the Health and Social Care services providing the right care, at the right time in the right place. The following reductions in our activity are required to achieve financial sustainability for the whole system.

	2016/17	2017/18	2018/19	2019/20	2020/21
A&E (attendances)	- 1,972	- 9,699	- 17,087	- 24,165	- 30,919
Non Electives (spells)	- 931	- 5,262	- 9,632	- 13,032	- 16,026
Electives (spells)	- 111	- 454	- 788	- 1,112	- 1,426
Day Cases (spells)	- 456	- 1,871	- 3,246	- 4,582	- 5,876
Out Patient 1st appointment (attendances)	- 1,485	- 6,522	- 11,439	- 16,242	- 20,909
Out Patient follow-up appointments (attendances)	- 2,491	- 10,940	- 19,188	- 27,245	- 35,073

Key actions for our services have been identified within the locality plan however we need to do more. Through our established Programme Management Office and Integrated Performance Management Systems we will identify for each Division the key actions we can take to reduce the demand on our acute services and deliver care where it is most accessible for the residents of Bolton.

Quality of Care

1. Our approach to Quality Improvement

The Trust has launched its second Quality Improvement (QI) Strategy 2017– 2020. The strategy puts the needs of patients, their families and carers first, and as well as supporting the Trust priorities and the requirements of national and local plans.

- The Quality Improvement Strategy outlines four key quality improvement aims:
    - Reducing Mortality
    - Preventing Harm
    - Enhancing Patient and Carer Experience
    - Creating a Continuous Learning Culture
- Each aim has measurable ambitions for the duration of the strategy and a Quality Improvement Dashboard will be built to allow the tracking of progress against these measures.
- A portfolio of quality improvement work streams will be established to focus improvement resource on key priority areas to support the delivery of the strategy and result in demonstrable improvements in outcomes, safety and patient experience (see section 2).
- Scrutiny of the achievement of the Quality Improvement Strategy goals is the responsibility of the Clinical Governance & Quality Committee, oversight rests with the Quality Assurance Committee.
- The Medical Director is the named executive lead for Quality.
- The Trust will use the “Model for Improvement” as its framework for improvement and will embed this methodology via quality improvement capability building and coaching to inspire and deliver change.
- The Trust has dedicated quality improvement resources to support delivery of this strategy.

2. Summary of the Quality Improvement Plan

Key areas of focus from our Quality Improvement Strategy include:

Reducing Mortality

- Mortality review process - to highlight areas for improvement and enable the sharing of good practice.
- Cardiac arrest root cause analysis clinics - to assess if the level of care the patient received was both appropriate and timely, whilst investigating if there are any opportunities to improve and put actions in place to do so.
- Recognising and responding to the deteriorating patient – focussing on:
    - Sepsis
    - Handover
    - Processes and systems to alert staff to deteriorating patients
- **End of life care -** educating and empowering our workforce in the principles of advance care planning, needs assessment and bereavement care.

Preventing Harm

- Infection Prevention Control - focus on key outcomes relating to healthcare associated infections , improving our understanding of infections using root cause analysis.
- Pressure Ulcers - a Health and Social Care Economy wide Collaborative enabling a whole system approach to reducing pressure ulcers within the Bolton Health and Social Care Economy. We will bring together healthcare professionals and other stakeholders across Bolton to share learning, information and good practice, in order to work towards a zero tolerance of pressure ulcers.
- Falls – focus on areas to reduce falls; including Falls harm free panels and analysis of data to see trends and address areas of concern.

Enhancing patient and carer experience

We will focus on a range of interventions to enhance patient and carer experience, these include:

- Capturing and responding to patient and carer feedback
- Launch Always Events:
- Learning from complaints and Serious Incidents

Safe Staffing and Care Hours per Patient Day (CHPPD):

The Trust is committed to the continued development and implementation of SafeCare, a software package that brings together staffing levels with the numbers and needs of our patients, making it possible to be responsive to changes in demand or staff availability, using the information to help make informed decisions on a short term basis (staff moves) and long term for establishment reviews. We will continue to ensure effective use of our E-roster system to produce safe rosters in a timely manner, this will be done through weekly roster review meetings in which we identify unbalanced staffing numbers and high annual leave levels which need amending. Areas for development will be identified through the production of the Roster Dashboards, and issues addressed by Matrons.

The Trust submits the Care Hours per Patient Day (CHPPD) information on a monthly basis as part of its unify submission. Once SafeCare is fully embedded we will be able to produce CHPPD reports on a more frequent basis.

CQUINs:

We will achieve the 2017/18 2018/19 CQUINs including the following:

- NHS Staff Health and Wellbeing
- Improving Staff Health and Wellbeing
- Supporting Proactive and Safe Discharge
- Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
- Improving services for people with mental health needs who present to A&E
- Advice and Guidance services for non-urgent GP referrals,
- E-Referrals
- Improving the assessment of wounds

National Clinical audit

National Clinical Audit, specifically Quality Accounts are “inspections” carried out nationally to investigate areas of care where there may have been problems nationally or where the patients may be particularly vulnerable. All hospitals are asked to participate so that care across England can be monitored.

For the Audit Year 2016/2017 there are 57 applicable National Quality Account audits in which we are eligible to participate in. Currently in the 3rd quarter of this period we are participating in 46 with the remaining audits to start in 2017. We are on target to participate in 100% of all eligible National Quality Account Audits.

We have a robust plan in place to ensure all the reports are discussed, shared locally and at board level. A standardised Trust Gap Analysis tool has been developed and it is expected that each national Audit Project will share their current practice against national recommendations within 3 months of publication.

Please note the majority of these audits results will not be published until late 2017/2018.

Therefore as a comparison and trajectory, the position for 2015/2016 Quality Accounts participation are as follows:

Eligible to participate in n=47 Quality Accounts	Participated in 100% of all Quality Accounts	100%
Reports published in 2015/2016 n= 25	Gap Analysis received n= 18	72%

The four priority standards for seven-day hospital services

The Trust takes part in a 6 monthly audit of time to consultant review (standard 2) and on-going review (standard 8). Access to diagnostics (standard 5) and access to consultant-directed interventions (standard 6) are assessed by an electronic survey to Consultants as to their perceived access. The Trust is working closely with the Society of Acute Medicine and partner hospitals within Greater Manchester to further improve the delivery of the 7 day services.

- **Actions from Better Births Review**

Our Maternity unit is largely compliant with the requirements of the Better Births Review and has an action plan in place to address any outstanding areas, which are:

- Implementation of multidisciplinary skills training, which includes PROMPT training (Advanced life support in obstetrics) and building capacity to deliver a new training programme in 2017.
- Implementation of the electronic patient record, which is supported by the Trust plan to be implemented in 2017/18.

Confirmation priorities are consistent with STP

Our organisation engages across the Greater Manchester Strategic Themes through clinical and managerial representation within key groups. More locally our priorities have been developed in line with our ambition to achieve improved population health outcomes for the people of Bolton.

3. Quality Impact Assessment Process

A robust quality impact assessment process (QIA) is in place to provide assurance that savings schemes have minimal impact on quality and that all are approved by the Medical Director and Director of Nursing. The QIA process also ensures that key performance indicators are measured and monitored following scheme implementation for a period of 6 months post implementation. The QIA process is coordinated and managed through the Programme Management Office (PMO) who regularly review and enhance based on learning. The process works as follows:

- The scheme Lead uses the QIA guidance checklist to make an assessment on whether the scheme has the potential to impact on safety, quality and patient and staff experience and therefore whether it requires a QIA.

- If the decision is taken that a QIA is not required (not applicable) then the reasons are recorded on the checklist. Heads of Division and Divisional Nurse Directors will review these checklists and authorise or request more information. A summary 'Not applicable' list is also reviewed by the Medical Director and Director of Nursing for challenge.

- If a QIA is required one complete it is submitted to the Heads of Division and Divisional Nurse Directors for divisional sign off in line with their agreed divisional process.

- The corporate sign off by Medical Director and Director of Nursing is the final approval that a team can proceed with their savings scheme. A scheme can be rejected and suspended at this or any point and feedback provided to the team if there is a view that risks to quality have not been mitigated.

4. Triangulation with Quality, Workforce and Finance

A key priority for the Trust is to ensure that there is an integrated approach to managing quality, performance, workforce and finance. For this reason, an integrated performance management framework is established alongside a governance structure to ensure balance in achieving key performance indicators set out in the operational plan. The primary role of the Integrated Performance Meeting (IPM) is for Executives to monitor, review and provide challenge to presentation of progress in delivering Quality, Performance, Workforce and Financial standards.

The monthly IPM provides assurance to the Executive Team that the Divisions will deliver required performance levels and monitor effective management of the assurance process and associated deliverables to support safe care, best practice in the support and management of staff and adherence to national and local performance targets.

The IPM will review actions for the delivery of quality, workforce management and performance targets in line with related Trust strategies. Variances to the plan escalated via the Divisional meetings are examined and mitigating actions are discussed for authorisation or further escalation to the Executive Team.

The responsibility of the Division is to:

- Delivery operational performance in relation to patient safety, management of staff and meeting agreed national and local targets
- Have developed plans to address any variance to required performance
- Deliver the operational performance improvement plans with quality, safety and financial requirements of the Trust.
- Implementing agreed plans.
- Have discussed the cross divisional and cross organisational impacts of any plans and have gained support and agreement of the plans
- Have clear metrics which show delivery of the required operational performance within the agreed timeframes

The responsibility of the IPM Board is to:

- Provide support and guidance where requested by Divisions
- Advise on any risks to delivery that cannot be mitigated at Divisional level
- Resolve, where appropriate, any issues with corporate support services

Trust Wide Objective	Lead Director	Outcome Measure	Target 17/18	Target 18/19
1.1Reduce healthcare acquired infections	DON	Compliance with antibiotic prescribing standards 5 standards: • Follow trust guidelines for prescribing • On initiation and indication, document in case notes • Indication on chart • Review case notes 48 – 72 hours and action • Review documented on prescription chart	90%	95%
		C-diff hospital acquired infections	19 annually	19 annually
		MRSA Bacteraemia	0	0
		Infection control champions in all clinical areas	100%	100%
		National Early Warning Scores (NEWS) To Gold Standard.	85%	90%

Quality of care (safe, effective, caring, responsive)	1.2 Patients receive safe effective care		Compliance with preventative measures for Venous Thromboembolism	95%	95%
			Same sex accommodation breaches	5% improvement since 2016/17	TBC
			Never events	0	0
			Risk adjusted Mortality (ratio)	90	90
			Standardised Hospital Mortality (ratio)	100	95
			Transfers between 11pm and 6am excluding transfers from assessment wards	0	0
			*Maternity - Stillbirths	48	48
			*Maternity – 3rd/4th degree tears	3.0%	3.0%
			*Neonates – infections/1000 central line days	<240	<240
			*CAMHS – Service user by session experience	>16	>16
			Patients going to theatre within 36 hours of a fractured Neck of Femur	75%	85%
			All Patient Falls (Safeguard Per 1000 bed days)	4.7	4.5
			**Further work required on measures*		

	1.3 Patients experience good care		Clinical correspondence – inpatients(within 24 hours)	Q1 – 80% Q2 – 85% Q3 – 90% Q4 – 95%	95%
			Clinical correspondence – outpatients (within 5 days)	Q1 – 72.5% Q2 – 75% Q3 – 77.5% Q4 - 80%	Q1 -84% Q2 – 88% Q3 – 92% Q4 -95%
	1.4 Staff and staff levels are supported		Total Bank Shifts filled – Qualified Nurses	66%	66%
			Total agency shifts filled	70%	70%
			Staff attending Statutory training	95%	95%
			Staff attending Mandatory training	85%	85%
			Staff attend Safeguarding training	95%	95%
			Local induction	TBC	TBC

Operational Performance

Activity Planning

The Trust is currently working closely with NHS Bolton CCG and NHS England to develop realistic and aligned activity plans. A number of joint workshops have been planned to review historic activity, current levels and any trends that have been identified. These events will seek to identify and quantify the impact on activity of any changes to national guidance and local requirements in order to ensure these are taken into account as activity plans are agreed for 2017/18.

Together the Trust and the CCG will be continuing with the aligned incentives contract for 2017/19 which will mitigate the financial risk for both parties. The contract has four key components: activity reduction, cost reduction, risk share and fixed income.

Currently the Trust uses its own model for Capacity and Demand Planning. The models are divisional and then specialty based, with some complex specialties drilled down to individual pathways. Capacity data is supplied by the services and the demand data is extracted by the Business Intelligence team from the Trust PAS system. Both referral demand and outturn demand are measured against the capacity available for both new and follow up outpatient activity, highlighting areas of shortfalls or excess capacity. Additionally, inpatient waiting list data is used in conjunction with theatre data to model through the capacity and demand for surgical specialties.

The Trust has based its activity plans on forecast outturn based on the first six months of 2016/17 adjusted for trends from previous years and any known changes. These should be sufficient to deliver, or achieve recovery milestones for, all key operational standards, and in particular Accident and Emergency (A&E), Referral to Treatment (RTT) Incomplete, Cancer and Diagnostics waiting times.

The Trust currently operates an A&E deflection scheme and implemented its Ambulatory Care Centre from 4th January 2016. Discussions are ongoing with the CCG in terms of how this will be managed going forward. In addition it is an area that Greater Manchester are looking to standardise as part of their work plan for 2017/18 but it is not clear yet when this will become operational nor the full impact it will have.

The Trust launched a new urgent care plan in June which aims to

- Focus and align the Trust to delivering initiatives which will directly impact on improving quality and patient experience in the emergency care flow by minimising waits and delays across the urgent care pathway
- Ensure that performance and critical quality markers for clinical outcomes are managed and sustainable performance of 95% 4 hour standard is delivered
- Ensure that capacity meets demand throughout the year in terms of workforce and bed capacity

By delivering the following interventions

1. **Immediate recovery action (short term) and corporate**

- System resilience and effective escalation
- Immediate staffing solutions
- Co-ordination of interventions to recover minors and paediatric performance

2. **Prevention and return to independence (demand)**

- Admission avoidance
- Care homes
- Integrated Neighbourhood Teams

3. **Emergency Care**

- Emergency Department (ED) workforce
- ED increase in estates
- A&E Streaming
- 7 day Ambulatory Care

4. **Proactive management of urgent care flow and discharge**

- Integrated discharge team development
- SAFER patient flow bundle
- Focus on reducing Delayed Transfers of Care (DTOC)

National CQUINs have been mandated and delivery will be planned through a joint CCG/FT clinically led workshop.

	Trust Wide Objective	Lead Director	Outcome Measure	Target 17/18	Target 18/19
Operational performance – Valued provider	2.1 To deliver the NHS constitution, achieve NHSI and contractual targets * NHS Planning Guidance	Chief Operating officer (COO)	RTT Incomplete pathways within 18 weeks	92%	93%
			Reduction of first time to appointment from 14 days to 11 days for Cancer 2 week wait referrals	93%	93%
			Cancer 62 day (standard)	85%	88%
			Cancer 62 day (screening)	90%	92%
			Cancer 31 days to first treatment	96%	97%
			Cancer 31 days to subsequent treatment (surgery)	94%	95%
			Cancer 31 days to subsequent treatment (anti-cancer drugs)	98%	98%
			Cancer 2 weeks (all cancers)	93%	94%
			Cancer 2 weeks (breast symptomatic)	93%	94%
			A+E 4 hour	As per trajectory	95%
			Discharges by Midday	30%	30%
			Discharges by 4pm	70%	70%
			Re-admission within 30 days of Discharge	13.5%	13%
			Day case rates	80%	85%

			Total Theatre productivity	85%	85%
			Delayed Transfer of Care (DTOC) (% occupied bed days delayed)	Q1 – 7.2% Q2 – 5.9% Q3 – 4.6% Q4 - 3.3%	3.3%
			Elective Length of Stay	2.0	1.8
			Non-Elective Length of Stay	3.7	3.5
			Gynaecology – Returns to theatre <30days	24	24
			Sexual Health – Patients offered appointment within 48 hours (%)	100%	100%
			Sexual Health – Patients attended appointment within 48 hours (%)	90%	90%
	2.2 Diagnostics and continued care of the services at BFT		Ambulance handovers within 15 minutes (No of patients waiting >30 mins <59 mins)	0	0
			Ambulance handovers within 15 minutes (No of patients waiting >60 mins)	0	0
			Diagnostic waits > 6 weeks %	<1%	<1%
	2.3 To have clear plans in place to ensure our IT systems are fit for the future.		Electronic Patient Record	Signed off Full Business Case, implementation	Complete
			Shared Data across GM (BFT/SRFT/WWL)	Ongoing	Ongoing

			Completion of Community Integration Shared Services/Unified Communications	December 2017 Ongoing	Complete Ongoing

Due to the challenges of achieving the A+E performance the following trajectory has been agreed for 2017/18

Trajectory lines	Expected Sign		01PLANM01	01PLANM02	01PLANM03	01PLANM04	01PLANM05	01PLANM06	01PLANM07	01PLANM08	01PLANM09	01PLANM10	01PLANM11	01PLANM12	Maincode
			Y1 M01 Plan 30/04/2017 Month 1	Y1 M02 Plan 31/05/2017 Month 2	Y1 M03 Plan 30/06/2017 Month 3	Y1 M04 Plan 31/07/2017 Month 4	Y1 M05 Plan 31/08/2017 Month 5	Y1 M06 Plan 30/09/2017 Month 6	Y1 M07 Plan 31/10/2017 Month 7	Y1 M08 Plan 30/11/2017 Month 8	Y1 M09 Plan 31/12/2017 Month 9	Y1 M10 Plan 31/01/2018 Month 10	Y1 M11 Plan 28/02/2018 Month 11	Y1 M12 Plan 31/03/2018 Month 12	
Accident and Emergency - >4 hour wait	+		714	573	436	404	403	449	598	600	536	944	776	703	TRAJAE4
Accident and Emergency - Total Patients	+		8,921	9,719	9,077	9,623	8,959	8,990	9,198	9,235	9,411	9,443	8,620	9,378	TRAJAETOT
Accident and Emergency - Performance %	+		**92.0%**	**94.1%**	**95.2%**	**95.8%**	**95.5%**	**95.0%**	**93.5%**	**93.5%**	**94.3%**	**90.0%**	**91.0%**	**92.5%**	TRAJAEPERF

Leadership and Improvement

Workforce Planning

The decisions we make today about skill mix, training places and operational models will impact on whether the workforce of the future is able to manage the key challenges of providing high quality compassionate care to our patients.

The Trust invests time and resources developing robust workforce plans to anticipate our future skill mix needs to meet the anticipated future clinical demands.

Wherever possible this is done in conjunction with divisional teams and service line demand planning because these are the drivers for the workforce requirements.

We continue to:

- Secure senior leadership commitment to workforce planning, linking our service planning to delivery of planned changes as our services evolve locally and we deliver services across the Bolton locality and within the North West Sector.
- Use tools such as the Workforce Repository and Planning Tool (WRaPT) to support workforce transformation within and across organisations.
- Support service line and management training to ensure leaders have a greater understanding of workforce planning and the tools and techniques that will assist.

Workforce planning methodology

The workforce planning context we operate in has national, regional, local, Trust wide, Divisional and Service Speciality implications. We know we have significant shortages across certain staff groups, particularly nursing and medical staff, and that this is driven by the level of demand, leads to increased temporary staffing usage and is impacted by resource availability and financial constraints.

Despite recruitment campaigns, including the use of social media and open days, the Trust still had a significant number of vacant Nursing posts. Using data from our electronic systems (ESR and e-Roster) we undertook some workforce modelling which looked at known patterns of nursing intakes (based on previous successful recruitment campaigns) against our expected turnover, types of absence, and service developments. This modelling demonstrated that there was a requirement to recruit 75 WTE Registered (and experienced) Nurses. We used this information to create a formal business case for international recruitment. A recruitment campaign was undertaken in the Philippines in late September 2016 and we made 128 offers of employment – we made that number of offers to compensate for expected candidate drop-out due to complexity of pre-employment tests international recruits have to

undertake (our research into the market demonstrated an expected 40% candidate drop-out rate). We expect a small number of the international candidates to arrive in the UK before March 2017, with the majority arriving between Summer and Autumn of 2017.

Locally we plan our workforce by identifying our vacancy gaps and establishing a plan – which takes into account recruitment, retention and new ways of delivering a particular skill set. On the latter point we continue to review the opportunities to develop new roles, including that of the Advanced Practitioner, Nurse Associate, Physician's Assistant and Assistant Practitioner to deliver necessary skills in a different way.

External drivers

Efficiency drivers such as the Lord Carter review, our Sustainability and Transformation Plan (STP) footprint and Local Delivery Systems are very likely to mean that we are unable to continue to deliver services in the future the way we do currently. Significant national investment into these initiatives is taking place and the future model is looking increasingly towards shared services and outsourcing where quality can be maintained and costs reduced.

To this end the Trust is exploring shared service opportunities with Wigan Wrightington and Leigh (WWL) NHSFT and has set up a wholly owned subsidiary company to manage its Estates, Facilities & Procurement services as part of an integrated facilities managed service.

Workforce Strategy

Robust, service focussed workforce planning is a key component of the Trust's People Strategy. Our key drivers are to develop sustainable skills within the workforce, identify and create new roles and ways of working where beneficial, including maximising opportunities around the Apprentice Levy, and developing divisional people plans led by clinical management teams working closely with Workforce, Finance and PMO colleagues to map future clinical service requirements with skill resource requirements.

Our People Strategy has been refreshed in December 2016 and will clarify these objectives along with the measures of performance monitoring and governance to ensure we make the progress we need to.

Particular attention will focus on translating the excellent grip we have locally on current service needs and skills and those likely for the future, into a coherent strategic plan which will inform our Trust and Locality level plans. We know that despite budgetary challenges, due to increasing demand we cannot meet the health and care challenge in 5 years by simply reducing workforce numbers. We must remodel and refocus our workforce according to the direction set at Locality and Greater Manchester level, creating different roles to ensure skills are used at the most appropriate level and changing behaviours to focus on early identification of support in the community to help people stay healthy rather than treating ill health, with one of the key aims to reduce non-elective admissions.

Enablers to this approach have already been agreed including the implementation of a new contract between the CCG and Bolton FT and joint commissioning planning for the key work programmes. Bolton has now agreed the strategic direction for the design and delivery of a Local Care Organisation.

The development of the workforce needs to become a true enabler by developing new ways of working, across organisational boundaries, and greater geographical footprints, developing new roles and competences and the flexibility needed for true service and workforce transformation.

The aim in Bolton is to provide a 'ladder of opportunity', offering roles for local people with basic skills and offering them a career path and training that supports them to develop into higher skilled and better paid roles. This will benefit services by ensuring we have the right skills available and will benefit Bolton through increased employment, skills enhancement and the health and wellbeing benefits that are associated.

	Trust Wide Objective	Lead Director	Outcome Measure	Target 17/18	Target 18/19
Leadership and improvement capability (well-led)	3.1 Effective Boards and Governance	Trust Secretary	To address all actions identified from the Well-Led Review	All actions completed	Undertake self-assessment against the new CQC well led framework
		DSOD	Our staff tell us they would recommend the Trust as a place to work	68%	70%
			Our staff tell us they would recommend the trust for treatment	80%	80%
			Inpatient Friends and Family completion rates	30%	40%
			Maternity Friends and Family completion rates	15%	20%
		DON	NHS Improvement Patients Safety Alerts (CAS) Compliance	100%	100%
	3.2 Continuous Improvement Capability	DON	BOSCA Rollout for all hospital and community settings	70% by Q1 80% by Q2 90% by Q3 100% by Q4	100%
			Bolton System of Care Improved Accreditation (BOSCA/KPI) Audits	>70%	>80%
			Formal Complaints acknowledged within 3 working days	100%	100%

			Complaints responded to within the time period	95%	95%
			All Serious Incidents investigated and sign off within 90 days	100%	100%
			Total incidents resulting in moderate, severe harm	Less than 1.2%	Less than 1%
	3.3 Leaders are visible, communicate and deal with issues effectively	DSOD	‘I know who the senior managers are.’	32.7%	35%
			‘Communication between managers and staff is effective.’	32.7%	35%
			‘Senior managers here try to involve staff in important decisions.’	32.7%	35%
			‘Senior managers act on staff feedback.’	32.7%	35%
			Increased Staff with appraisals	85%	85%
			Staff reporting a quality appraisal in the last year	45%	45%

Finance and Use of Resources

Control Totals and Sustainability and Transformation Fund (S&T Fund)

The Trust control total for 2016/17 was £2.7m with a maximum of £9.2m available from the S&T Fund giving a total surplus of £11.9m. NHSI have made adjustments to the Trust's control total to reflect the impact of HRG4+ on prices and an element of the impact of increases in the Trust's CNST bill. The size of the available S&T Fund has reduced to £7.9m and there is a change to the phasing of this, weighting more to the year end. There is no change to the agency ceiling.

Bolton NHS FT - Control Totals

	2016/17	2017/18	2018/19
I&E Plan	**£,000**	**£,000**	**£,000**
Control Total	2,700	2,239	2,706
S&T Fund	9,200	7,889	7,889
Surplus	**11,900**	**10,128**	**10,595**
Phasing of S&T	**£,000**	**£,000**	**£,000**
Q1	2,300	1,183	1,183
Q2	2,300	1,578	1,578
Q3	2,300	2,367	2,367
Q4	2,300	2,761	2,761
Total	**9,200**	**7,889**	**7,889**
S&T Culmulative	**£,000**	**£,000**	**£,000**
Q1	2,300	1,183	1,183
Q2	4,600	2,761	2,761
Q3	6,900	5,128	5,128
Q4	9,200	7,889	7,889
Agency ceiling	**6,196**	**6,196**	**6,196**

Income and Expenditure Plan

The start point for the income and expenditure plan was the 2016/17 mid-case outturn position as set out in the fundamental review of the 2016/17 financial position as presented to the committee at its December meeting i.e. a deficit of £5.4m. Having accounted for the likely contracting position, known cost pressures, planned income and cost improvements (ICIPs) the following income and expenditure plan will meet the control totals set out by NHSI.

Income and Expenditure Plan

	17/18	18/19
Income	**£,000**	**£,000**
Bolton CCG Aligned Incentive	194,222	196,003
Other contracts	91,559	92,273
Education and Training Income	9,720	9,729
Other income	11,479	11,490
Total Income	**306,979**	**309,496**
STF Funding	7,889	7,889
Total Income	**314,868**	**317,385**
Expenditure	**£,000**	**£,000**
Direct - Pay	-213,819	-211,926
Direct - Non Pay	-81,182	-82,125
Depreciation	-6,358	-8,358
PDC	-2,473	-3,223
Interest	-937	-1,187
Interest receivable	29	29
Total Expenditure	**-304,740**	**-306,790**
Surplus / (Deficit)	**10,128**	**10,595**
Control total excluding STF	**2,239**	**2,706**

The bridge from the 2016/17 underlying deficit to 2017/18 and 2018/19 control target is as follows:

Income and Expenditure Plan Bridge		
	£,000	**£,000**
2016/17 Recurrent deficit excluding S&T Fund		**-5,404.0**
Generic cost pressures @ 2.1%		**-6,418.0**
Other national cost pressures		
Apprentice levy	*-700.0*	
Salary sacrifice regulations	*-300.0*	
Control total increase	*-835.0*	**-1,835.0**
Local cost pressures		
Vascular FYE Income loss	*-495.0*	
Cap charges - revaluation	*-500.0*	
£30m investment - Cap charges	*-2,034.0*	
IT / EPR Revenue consequences	*-965.0*	
International recruitment premium	*-1,400.0*	
Urgent care developments	*-1,250.0*	
Other	*-460.3*	**-7,104.3**
CNST cost increase		**-3,082.5**
Additional income		
Urgent care (GM Transformation)	*1,250.0*	
Contracting - Increase in control total	*835.0*	
CCG cost pressure funding	*305.0*	
CCG Contribution to CNST	*1,782.5*	**4,172.5**
Income and cost improvements		**20,610.3**
NHSI adjustment to control re CNST		**1,300.0**
2017/18 Control Target		**2,239.0**
Generic cost pressures @ 2.1%		**-6,418.0**
CNST cost pressure		**-1,783.0**
Revenue consequences capital spending		**-3,500.0**
CCG Additional funding		
CNST cost pressure funding	*1,783.3*	
CCG cost pressure funding	*305.0*	
Re control total increase	*427.0*	**2,515.3**
Income and cost improvements		**9,652.7**
2018/19 Control Target		**2,706.0**

The proposed income and expenditure plan phasing for 2017/18 is as follows (no phasing for 2018/19 is required in the draft plan).

17/18 I&E Phasing

	Control Total	S&T Fund	Surplus / (Deficit)
Month	**£,000**	**£,000**	**£,000**
Apr	-673	394	-279
May	-673	394	-279
Jun	-673	394	-279
Jul	-404	526	122
Aug	-404	526	122
Sep	-404	526	122
Oct	64	789	853
Nov	64	789	853
Dec	64	789	853
Jan	1,282	920	2,202
Feb	1,282	920	2,202
Mar	2,715	920	3,635
Total	**2,239**	**7,889**	**10,128**
Quarter	**£,000**	**£,000**	**£,000**
Q1	-2,020	1,183	-837
Q2	-1,213	1,578	365
Q3	193	2,367	2,560
Q4	5,278	2,761	8,039

The phasing of the plan is largely driven by the phasing of the planned income and cost improvements.

Income and Cost Improvements (ICIP)

ICIPs are required to deliver the control targets are 6.8% in 17/18 and 3.2% in 18/19, the construction of the ICIP is as follows:

Income and Cost Improvement Plans

2017/18 Income and Cost Improvement Plan	**£,000**	**%**
FYE 16/17 ICIP	4,141	1.4%
Less FYE where budget balanced in 16/17	-1,116	-0.4%
FYE Vascular	370	0.1%
Apprentice levy mitigations	100	0.0%
Cap charges - Westminster council approach	982	0.3%
Cap charges - Avoid revaluation	500	0.2%
IFM Bolton - estate valuation	1,013	0.3%
IFM Bolton - technical phase 1	800	0.3%
IFM Bolton - technical phase 2	550	0.2%
IFM Bolton - Estates - Energy scheme PYE	400	0.1%
IFM Bolton - Estates - new schemes balance to 3%	341	0.1%
International recruitment accounting treatment	933	0.3%
Adult Acute - new schemes at 3%	2,106	0.7%
Elective - new schemes at 3%	2,826	0.9%
Families - new schemes at 3%	1,686	0.6%
ICS - new schemes at 3%	606	0.2%
Corporate - new schemes at 3%	501	0.2%
Unidentifed	3,871	1.3%
Identified	**20,610**	**6.8%**

2018/19 Income and Cost Improvement Plan	**£,000**	**%**
2% CIP efficiency assumption	-6,152	-2.0%
Revenue consequences capital spending	-3,500	-1.2%
Total	**-9,652**	**-3.2%**

ICIP delivery risk is considered under the risk section of the plan. 2018/19 numbers assume full delivery of the 2017/18 plan. The 2018/19 revenue consequences of capital spending element is indicative at this stage.

Contracting

NHSI guidance requires all contracts to be agreed by the 23rd December or an automatic mediation / arbitration process will be triggered.

The Trust has agreed its contract with Bolton CCG on an aligned incentives basis. Discussions with the associates to this contract are at and advanced stage with a number of CCGs already having agreed. There remains contracting risk with specialised commissioning and some of the associates to the aligned incentives contract.

The build up of the agreement with Bolton CCG is as follows:

Bolton CCG Contract	
	£,000
16/17 Recurrent base	**190,877**
2% Efficiency	-3,818
2.1% Cost pressures	4,008
CNST Funding	1,297
Control total increase	607
Other increases	528
17/18 Contract Value	**193,500**
2% Efficiency	-3,870
2.1% Cost pressures	4,064
CNST Funding	1,297
Control total increase	290
18/19 Contract value	**195,281**

The above values exclude funding from the Greater Manchester Transformation Fund associated with the implementation of the Bolton Locality Plan as the Bolton submission has not yet been through the process at GM level so the absolute level of funding is uncertain. Any additional funding will be added as a contract variation in year.

In addition to the above Bolton CCG is reviewing its planned financial position in order to be able provide a risk reserve to support the implementation of the Trust's financial plan. The CCG has committed to a risk reserve of £2m with an intention to increase this to £5m if possible in year.

There a number of contracting risks with other CCGs (Salford, Wigan) and specialised commissioning. This risk is in the region of £1.7m. Discussions are at an advanced stage, the plan assumes that this risk is resolved in full.

Income and Expenditure Risk

The tables below set out the anticipated delivery risk. Generic income and cost pressure risks have been identified based on the levels the Trust has experienced in the recent past. The contracting risk is based on specific contract offers the Trust has received. ICIP deliver risk is based on historic risk levels experienced, it is too early in the development of 2017/18 ICIP plans to effectively use the standard risk rating methodology. It is assumed that if it is not required, the indicative risk reserve of £2m to £5m will be used to fund non recurrent transformation spending. With regard to the S&T Fund, the best case scenarios assume full achievement, the mid case assumes achievement of two quarters with a deduction for A&E performance failure, the worst case assumes no achievement.

The overall conclusion of the risk analysis is that the only on the best case scenario can the control total be achieved in both years.

17/18 Income and Expenditure Risk

Risk issue	Worst £,000	Mid £,000	Best £,000
1) Planned surplus before STF	2,239	2,239	2,239
2) Generic income risk @ 0.5%	-1,500	-750	0
3) Generic cost pressure risk @ 1.5%	-4,500	-2,250	0
4) Contracting risk	-1,250	-625	0
5) ICIP Delivery risk	-8,870	-6,370	0
6) Aligned Incentive Risk Reserve	2,000	3,500	5,000
7) Non recurrent transformation spend	0	0	-5,000
Surplus/ (Deficit)	**-11,881**	**-4,256**	**2,239**
8) STF Finance Delivery	0	1,933	5,522
9) STF Performance Delivery	0	483	2,367
Total STF	**0**	**2,416**	**7,889**
Total Surplus / (Deficit)	**-11,881**	**-1,840**	**10,128**

18/19 Income and Expenditure Risk

Risk issue	Worst £,000	Mid £,000	Best £,000
1) Opening position	-11,881	-4,256	2,239
2) Generic income risk @ 0.5%	-1,500	-750	0
3) Generic cost pressure risk @ 1.5%	-4,500	-2,250	0
4) Contracting risk	-2,500	-1,250	0
5) ICIP Delivery risk	-5,000	-2,500	467
6) Aligned Incentive Risk Reserve	0	0	5,000
7) Non recurrent transformation spend	0	0	-5,000
Surplus/ (Deficit)	**-25,381**	**-11,006**	**2,706**
8) STF Finance Delivery	0	0	5,522
9) STF Performance Delivery	0	0	2,367
Total STF	**0**	**0**	**7,889**
Total Surplus / (Deficit)	**-25,381**	**-11,006**	**10,595**

Capital Expenditure

The capital spend that it is proposed to include in the plan is set out below. This supports the ongoing replacement programme, conclusion of the £30m Estates and IT investments secured following the Trust coming out of breach of license, and delivering the EPR. It is assumed that the EPR will be funded by loan finance. The proposed spend of over £33m is unprecedented in the recent history of the Trust. This level of spending on capital is only affordable if the income and expenditure plans outlined are achieved. The Trust will need to reduce its capital spending in year if it income expenditure delivery is below plan.

Summary Capital Plan

	17/18	18/19
Summary - expenditure	**£,000**	**£,000**
IT Strategy	2,125	0
Estates strategy	12,825	3,138
EPR	8,496	3,067
Various IT expenditure	1,235	240
Unified communications	3,143	75
Equipment	2,030	300
Building maintenance	3,794	2,640
MFS Assets	45	532
To be allocated	0	5,178
Total	**33,693**	**15,170**
Summary - funding		
Depreciation	6,358	8,358
Cash	3,844	75
Loan - estates	12,825	3,138
PDC - IT strategy	2,125	0
Loan - new re EPR	8,496	3,067
MFS Assets	45	532
Total	**33,693**	**15,170**

Cash plan

The cash plan assumes full delivery of the 16/17 cash plan meaning the Trust starts the 17/18 year with a £3.8m cash balance.

Based on the mid case income and expenditure scenario the Trust would not be able to operate for the next two years without financial support from the Department of Health` as follows.

On the worst case scenario the Trust would require significant cash support from the Department of Health in the second year of the plan.

Integrated Facilities Management Bolton (IFMB)

The Trust has set up a wholly owned subsidiary company – Integrated Facilities Management Bolton (IFMB). IFMB will operate the Trust's estate and facility management services, including a full procurement and material management function from the 1st of April.

The plan is therefore a consolidated group plan.

Risk rating

The plan enables the following ratings for the finance elements of the single oversight framework: (1 being the best, 4 being worst requiring intervention by NHSI).

Financial Risk Rating

	Worst Case	Mid Case	Best Case
2017/18	4	3	1
2018/19	4	3	1

	Trust Wide Objective	Lead Director	Outcome Measure	Target 17/18	Target 18/19
Finance and use of resources	4.1 Use of Resource (UOR)	DOF	Deliver control surplus of £2.239m for 2017/18 and control surplus of £2.706m for 2018/19 Achieve a Use of Resource rating of one Implement Lord Carter report recommendations	£2.239m – trajectory One - trajectory Report KPIs - trajectory	£2.706m - trajectory One- trajectory
	4.2 Financial Governance Improvements	DOF	Maintain an ALE score of Good No increase in BGAF red flags Basic process assurance remains on green	ALE KPIs - monthly BGAF KPIs - monthly Basic Process KPIs -monthly	ALE KPIs - monthly BGAF KPIs - monthly Basic Process KPIs -monthly
	4.3 Finance Skills Development	DOF	Implement next phase of Finance Directorate Development Plan Provide training to the Divisions to enable the development of effective joint savings plans with Bolton CCG	KPIs – trajectory By Q1	KPI's

	4.4 NHSI agency rules		Annual ceiling for nursing staff agency spend Frameworks for all nurse agency staff Compliance with hourly caps for all agency	Compliant Compliant Compliant	Compliant Compliant Compliant
	4.5 Teams are appropriately staffed and flexible	DSOD	95% of recruitments completed to unconditional offer within 8 weeks Average time to recruit Sickness absence levels are appropriately manage	<8 weeks <15 weeks 4.2%	<8 weeks <15 weeks 4.2%

Fit for the Future

There are two key high level outcomes for the Bolton Locality Plan to be delivered by 2021

- increase in healthy life expectancy and reduction of the internal life expectancy gap across Bolton
- achievement of financial and clinical sustainability across Bolton

Delivery of national quality and performance standards and statutory responsibilities including the A&E 4 hour measure, CQC assessment and social care duties are also significant elements of the Plan that all partners across Bolton have a shared responsibility to deliver. The following system reform programmes are all designed to deliver short and longer term improvements in quality and performance required to assure the Health and Wellbeing Board.

Early Intervention and Targeted Prevention *(GM Theme 1: Population Health)*

- Early Years Model (this is a GM wide programme)
- Building a system-wide, strategic partnership to lead the population level prevention and health improvement, with a focus on emotional and physical wellbeing and reducing falls and social isolation

System Reform
(GM Theme 2: Transforming Community Based Care and GM Theme 3: Standardising Acute Specialist Care)

- Primary Care
- Urgent Care
- Acute Reconfiguration and shift of activity into community
- Mental Health
- Care Homes
- Technology Enabled Care

System Enablers
(GM Theme 5: Enabling Workstreams)

- Estates Reconfiguration/Rationalisation

- Workforce Redesign
- IT
- Engagement and Communication
- Development of the new Model of Care and Integrated Commissioning

We have already successfully delivered system enablers which are the “building blocks” to transformation: namely a new aligned incentivised contract between Bolton CCG and Bolton FT, commencement of joint commissioning planning for the key work programmes, well developed Workforce, Estates and IT strategies (which require non recurrent investment to implement), a fully aligned financial position and agreement to the stepped approach to the Local Care Model.

Bolton NHS Foundation Trust is commited through working closely with our partner organsations to the following aims.

- ✓ We want to help people to live healthy lives and empower communities to support themselves,
- ✓ We need to get in early, offering screening and support to prevent illness
- ✓ We will focus extra help and support to stay healthy and independent for those who have the greatest need
- ✓ We will provide joined up care for those most at risk of hospital or care home admission, with more complex needs supported in the home or community setting
- ✓ For those people who need hospital care, our aim is to ensure the right people, and right capacity are in place to ensure high quality acute care.

To change things, we need to work differently. This means making services work in a more joined up way in Bolton to develop a broad and effective approach to population health. It means training staff to work in new ways. It means supporting behavioural change to ensure people become more independent and in control of their own health and wellbeing. The financial challenge facing us means we will have to look carefully at what the ‘Bolton pound’ can and should pay for.

Our 2017-19 Fit for the Future objectives are fully aligned with those of the Bolton Locality Milestone Plan which will be monitored by the System Resilience Board reporting the Health and Well-being Board.

	Trust Wide Objective	Lead Director	Outcome Measure	Target 17/18	Target 18/19
Strategic change - Fit for the Future	5.1 Planning and support of staffing levels	DSOD	Stability Index is within reasonable levels Vacancy Level Turnover Turnover at Band 5 and up	75% - 85% <6% 8% – 10% TBC	75% - 85% <6% 8% - 10% TBC
	5.2 Transfer of High Risk Colorectal Surgery to Salford Royal Hospital	COO	Appointment of a clinical lead for the single service Establishment of Sector Multidisciplinary Team Meetings Establishment of a shared out of hours on-call arrangements Approved business case for recurrent investment and required capital funds sourced	Sector Clinical Lead in Post Pilot Sector MDTs established Shared on-call arrangements agreed and commenced Business case approved and capital identified	Not Applicable Full speciality shared MDT approach established Shared on-call arrangements embedded Timeline for transfer of patients agreed
	5.3 To implement a model of care for paediatric services that delivers to the related standards and is financially viable	DSOD/COO	Complete case for change for paediatric services and public consultation Complete Business Case	Recommendation for service made Business Case Approved	Commence Implementation of approved solution

	5.4 Achieving sustainable services though collaboration within the North West Sector of Manchester	COO/DSOD MD COO/DSOD	Implement a sector model of the provision for urology services that fully aligns to the GM requirements Sector model for the provision of orthopaedic services Sector Model for the provision of breast services	Agree and approve a sector model Agree a case for change for a collaborative approach to delivery with approved recommendations Through collaborative arrangements with WWL support the delivery of breast services local to the residents of Salford	Implementation as per agreed timescales Implementation of approved changes as per agreed timescales Approval and implementation of a sector solution for breast services
	5.5 Supporting the urgent care system	COO/DON	Co-location of GP OOH into ED Integrated Neighbourhood Teams to support Tier 4 (Acorn Group 1) of the most at risk population Admission Avoidance Team – reducing unnecessary admissions	Implementation Await confirmation of Better Care Indicators	Evaluation Await confirmation of Better Care Indicators
	5.6 Shift of Activity into the Community	COO	In collaboration with Bolton Council develop and commence delivery of an education package for care home staff	Developed and Agreed	Delivery in progress

			Reduced Non-Elective Admissions from Nursing and Care Homes Reduced attendances to A+E from Nursing and Care Homes Provisions of virtual and rapid access clinics to support patients with long term respiratory conditions Implementation of a Community Heart failure team and rehabilitation service	5% reduction on 2016/17 8% reduction on 2016/17 Business Case or Transformational Funds Approved Business Case or Transformational Funds Approved	10% reduction on 2016/17 15% reduction on 2016/17 Implementation Full Implementation Full Implementation
	5.7 Development of a Local Care Organisation	DSOD DSOD COO	Governance in place to enable greater single management and formal risk share between health and social care providers Development of wider roles to support practice neighbourhoods Implementation of redesigned urgent care	Governance arrangement agreed and implemented Wider roles understood and method of employment agreed Urgent Care redesign complete	Governance arrangements embedded and expanded Recruitment to wider roles completed

	5.8 Estates	COO	Community Estates Rationalisation	Lever Chambers Project Complete	
			Completion of the Hospital Site Energy Scheme	Electricity Generated	Full system operational
			Endoscopy unit expansion complete	Catering Facilities provisioned	Endoscopy build work commenced

Membership and Election

We recognise that as a Foundation Trust an active and engaged membership is vital to produce an effective and dynamic Council of Governors who are capable of playing their part in holding the Non-Executive Directors to account for the performance of the Trust.

In accordance with our constitution, in 2016 we ran elections for Governors in 13 areas of our public constituency and two areas of our staff constituency; elections were contested in five of these areas but three areas remain vacant. Turnout was an average of 18.8%.

As planned, during 2016 we reviewed our constitution and in consultation with our Governors we revised our public constituency areas with the aim of attracting an increased number of candidates in future years. Our areas of the public constituency are now aligned with national election boundaries rather than local wards with six governors to represent each of the three public areas (previously 20 separate areas). We believe this will make it easier to recruit new members, provide better support for governors and improve member engagement.

Again, in line with our plan we reviewed our election rules and in 2017 plan to hold our first election using online and text voting, we hope that this will improve turnout and increase engagement with our younger members. 2017 will be a significant year in terms of elections as those governors who have been with us since our authorisation as an FT will come to the end of their maximum nine year term, we are confident that the changes we have made to our constitution will help secure new governors, we are also looking at ways to continue engaging with former governors who are keen to continue their engagement with the Trust.

We remain committed to building a membership that is representative of and reflects the local communities we serve in terms of disability, age, gender, socio-economics, sexuality, ethnic background and faith.

Our latest membership strategy which was approved by the Governors in 2015 recognises the importance of a rolling recruitment programme but focuses on the engagement of the existing membership through a programme of events and opportunities for members of the Trust and the wider public to engage with the Governors and with the wider Trust.

In 2016/17 we continued with our Medicine for Member events, Governor coffee mornings and engagement at events within the local community. We plan to continue these events in 2017 and will continue to focus on engaging with younger members of the community. We recently launched a new volunteer strategy and have successfully recruited several new volunteers in this younger demographic who are keen to work with us and encourage others to engage with the Trust.

Since the inception of our Council of Governors we have provided an on-going programme for training and development and this will continue in 2017/18. The programme includes induction sessions for new Governors - also popular as a refresher course for experienced Governors, a rolling series of training sessions to focus on key skills including interview techniques, holding to account and understanding finances. We also work closely with other Trusts in the North West to share Governor training and development through a programme of regional Governor events.