Dorset HealthCare
University NHS Foundation Trust

Dorset HealthCare University NHS Foundation Trust

Board Meeting

A special meeting will be held on Wednesday, 1 June 2016 at The Royal Chase Hotel, Salisbury Road, Shaftesbury, Dorset, SP7 8DB commencing at 9.30am (coffee and tea will be available from 9.00am).

If you are unable to attend please notify Keith Eales on 01202 277008.

Yours Sincerely,

Ann Abraham
Chair

		Initials	Paper	Time
1.	Welcome, apologies and introduction	AA	Verbal	9:30
2.	Exclusion of the Press and Public To resolve that the press and public be excluded from the meeting for the next item of business having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.	AA	Verbal	9:35
PART 2				
3.	Board Membership [Section 40 of the FoI Act-Personal Information] To receive a verbal report on changes to the membership of the Board. [The meeting will be in public following consideration of this item.]	AA	Verbal	9:40
PART 1				
4.	Trust Budget 2016/17 To consider a report from the Chief Executive.	RS	Report	9.45
5.	Next Meetings Board Workshop – immediately following the	AA	Verbal	10:45

special Board meeting Board Meeting - Wednesday 29 June 2016 at 1pm, Sentinel House, Poole. Board Workshop – Wednesday, 6 July at 9.30am, Sentinel House, Poole.			

Dorset HealthCare
University NHS Foundation Trust

Revision to Budget Proposals Presented to the Trust Board 25 May 2016 (agenda item 11)

Board Meeting 1 June 2016

Author	Ron Shields
Sponsoring Board Member	Ron Shields
Purpose of Report	To:- (a) Summarise the key principles, points of agreement and concerns raised at the 25 May Board meeting in respect of the Trust budget 2016/17 (b) Agree the scope of a report to the June 2016 Board meeting on IM&T priorities and expenditure (c) Agree the Trust budget for 2016/17 subject to the detailed review of IM&T priorities and expenditure
Recommendation	That the Board:- (a) Agrees the Trust budget for 2016/17, subject to (b) below (b) Requests a report to the June 2016 meeting on IM&T priorities and expenditure
Engagement and Involvement	-
Previous Board Date	Board meeting 25 May 2016

Monitoring and Assurance Summary

This report links to the Strategic Goals	▪ To provide high quality care; first time, every time; ▪ To be a valued partner and expert in partnership working with Patients, Communities and organisations; ▪ To be a learning organisation, maximising our partnership with Bournemouth University and promoting innovation, research and evidence based practice; ▪ To have a skilled, diverse and caring workforce who are proud to work for Dorset HealthCare; ▪ To be a national leader in the delivery of integrated care; ▪ To ensure that all of the Trust's resources are used in an efficient and sustainable way; ▪ To raise awareness within the Trust and externally of the impact that our work has on people and our environment, and take steps to reduce any negative effects.

I confirm that I have considered each of the implications of this report, on each of the matters below, as indicated:	**Yes**	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality	✓		✓
Board Assurance Framework	✓		✓
Risk Register	✓		✓
Legal / Regulatory	✓	✓	

People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓	✓	
Information Management &Technology	✓	✓	
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

BACKGROUND

The Board considered the proposed budget (reference agenda item 11) at its meeting on 25 May 2016. Extensive discussion took place in the public Board meeting.

Whilst there was broad agreement on most of the budget presentation, there were serious concerns expressed by some Non-Executive Directors.

Areas of Agreement

1. The strategic context in which the Trust's 2016/17 budget was being cast.

2. How the proposed 2016/17 budget would enable the transition to a balanced operating position which fully accounted for all income, expenditure, overheads and created sufficient surplus for investment.

3. The building blocks of the Financial Strategy to 2020/21 would be:

    3.1 Cost Reduction Plans (through innovation, redesign and cost reductions) at levels that would be at least 4% p.a.;
    3.2 significantly better information about costs, and effectiveness to inform decisions about future services.
    3.3 Clear prioritisation of investments to 2020/21

4. The indicative allocations to 2020/21 presented a very challenging environment for the Trust and the uncertainty about this was discussed in some detail.

    - The work that need to be done to underpin future decisions about operational services.

    - The previously articulated principles on which the Trust wishes to operate:

Principles

- Operating a sustainable balanced position including overheads and investment.

- Not unknowingly supporting loss making services.

- Funding investments from reserves and investing in services for the future.

- Strategic financial planning which the Chief Executive suggested had three essential planks:

    i. Cost Improvement/reduction whilst still ensuring improvement in the quality of service.

    ii. Costing, pricing, benchmarking and market analysis to inform judgements about individual service lines.

    iii. The generation of operational surpluses to enable investment in services.

ISSUES OF CONCERN

1) Unhappiness that it was being proposed that there needed to be a £3.3m deficit for 2016/17.

2) There was no objection to supporting a £1m loss on the prison contracts from reserves.

3) There was major concern about the £1.8m identified as IM&T which was presented as a major part of the £3.3m deficit.

   Funding had been agreed in 2015/16 for substantial investments, totalling £2.6m, in IM&T. It had not been made explicit enough that up to £1.8m was already committed to recurrent IM&T expenditure. The Chair of Audit was particularly concerned that it may be misleading if this was considered as non-recurrent investment from reserves in 2016/17. Other Non-Executive Directors shared these concerns which were such that the Trust Chair concluded, with the support of the Board, that the budget could not be given final approval at the public Board meeting.

   The issues were then discussed in a private meeting of the Non-Executive Directors and Chief Executive following the main Board meeting.

4) Several NEDs expressed concern about the deliverability of the 2016/17 CIP.

5) The remaining £0.5m identified in the deficit position and the size of the contingency sum at £1.8m.

WHAT WAS AGREED

1) The core of the budget proposals presented to the Board were accepted.

2) The contingency sum would be reduced by £0.5m to £1.3m. Release of the contingency will require Board approval.

3) A detailed paper on the IM&T budget would be presented to the next Board meeting. The paper would:

   - Confirm all existing IM&T projects and resources committed.
   - Confirm the baseline budget and expenditure position for all IM&T in 2015/16.
   - Confirm proposed expenditure for 2016/17 clearly differentiating between recurrent and non-recurrent expenditures.

   This would enable the Board to understand the potential for any change to the 2016/17 expenditure profile; to agree a 2016/17 budget for IM&T; to decide about investment priorities and to understand the impact of any recurrent IM&T issues in planning for the 2017/18 budget.

   The Chief Executive would present a full report with proposals to the Trust Board.

   It will be recommended to the Board, at the Special Meeting preceding the Board Workshop on 1 June 2016, that the Budget for 2016/17 is agreed.

RECOMMENDATIONS

That:-

1) A report be presented to the June 2016 meeting addressing IM&T priorities and expenditure as set out above

2) Subject to this, the budget for 2016/17 be agreed.

Ron Shields, Chief Executive
May 2016

Our Ref: RDY/DB

Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 May 2016

Ron Shields
Chief Executive
and
Jackie Chai
Director of Finance

Dorset Healthcare University NHS Foundation Trust

2016/17 Financial Position and Sustainability and Transformation Funding (STF) Allocations

Thank you for submitting your trust's 2016/17 operational plan on 18 April 2016. We are disappointed that you have not signed up to the financial control total that was provisionally set for your organisation in January 2016[1]. As explained in the shared planning guidance, all NHS organisations need to play their part to return the sector to financial balance in 2016/17.

We recognise that there may be a number of reasons that you decided not to agree to the financial control total that was proposed. As part of our review of your operating plan we have considered whether there are specific circumstances outside of the control of your organisation that would justify a revision to your financial control total. On the basis of this review we have decided to amend your control total.

We have also developed our approach to redistributing some of the general fund and allocating a proportion the 'targeted element' of the Sustainability and Transformation Fund (S&T Fund). In total, £100 million will be provisionally allocated to ambulance, mental health and community providers in proportion to their total operating revenue, with a minimum allocation of £0.5 million. This provisional allocation is on the basis that organisations sign up to a revised control total which is adjusted 1-for-1 to reflect this additional funding. The allocation of the remainder of the 'targeted element' of the fund will be announced in due course.

Your revised control total and allocation of the 'targeted element' of the fund is set out in the table below. We encourage you to accept this final offer. Financial control totals are likely to form a key part of NHS Improvement's provider oversight model for NHS trusts and NHS foundation trusts. Agreement to control totals will also be taken into account when evaluating access to other funding, including transformation

[1] Control totals for NHS foundation trusts were subsequently adjusted to exclude the effect of donations received for property, plant and equipment and intangible assets, and depreciation on donated assets.

funding for Vanguards, and interim revenue support from the Department of Health. In particular, we expect providers that require interim revenue support to agree to control totals and the conditions of the S&T Fund to minimise their additional cash funding requirements.

Revised Control Total

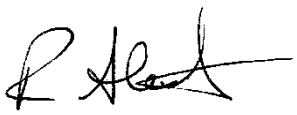
	£ m
Control Total[2]	**0.142**
Adjustment	-1.500
Targeted Fund	1.520
Revised Control Total	**0.162**

Furthermore, we note from your operational plan that your trusts expects a £1.5 million gain from disposal of an asset in 2016/17. We will now allow this gain to count towards the delivery of your control total.

It is in the shared interest of NHS trusts and NHS foundation trusts that every organisation delivers its share of the improvement needed. NHS Improvement will work with providers to support them to deliver financial balance. Our regional teams will engage with you and provide support, including with the delivery of efficiencies and controls on agency staff spending.

Please confirm your acceptance of this revised offer in writing to your regional relationship lead by close of play on Wednesday, 1 June 2016. We may require a re-submission of your operating plan to reflect these changes as appropriate.

Yours sincerely



Bob Alexander
Executive Director of Resources/Deputy Chief Executive

Copy to:
Jim Mackey, Chief Executive, NHS Improvement
Elizabeth O'Mahony, Director of Finance, NHS Improvement
Anne Eden, Interim Executive Regional Managing Director (South), NHS Improvement

[2] After adjustments for NHS foundation trusts to exclude the effect of donations received for property, plant and equipment and intangible assets, and depreciation on donated assets.

Indicative 2020/21 STP funding including transformation

Introduction

1. Place-based funding allocations for the period 2016/17 to 2020/21 were published by NHS England in January, comprising CCG allocations, primary care medical allocations and specialised services allocations.[1]
2. Separate additional funding has been identified and initially held at a national level for the Sustainability and Transformation Fund, and other elements of transformation such as primary care.[2]
3. In order to support STP footprints in developing plans for their areas in 2020/21, this note sets out, on an indicative basis, the total additional funding which could be available in 2020/21 from all sources. This includes a proportionate element of the sustainability fund, and of those transformation funds expected to be made available for local investment and services. This is intended to give an early sense of the potential additional resources which could be available.

Indicative funding and associated expectations

4. 2020/21 figures by STP footprint are provided in a separate table.
5. Please note that these are indicative, not firm, allocations. Core allocations for 2020/21 are indicative, and the additional funding will actually be distributed based on progress and the strength of STPs or using other targeted approaches.[3] Funding decisions will also consider whether providers have signed up to control totals and delivered them in 16/17, the result is therefore likely to be different from this proportionate allocation. Formal decisions on allocations will ultimately be made by the NHS England Board, working with NHS Improvement in the case of any allocations of sustainability funding.
6. It is also important to note that these indicative figures represent the full amount of funding expected to be available for local health systems from all sources in 20/21. They include an indicative fair share of the sustainability funding (which totals £1.8bn in 2016/17), primary care access and transformation funds, and other transformation funding, including technology. There are no other transformation funds to be distributed in addition.
7. As such this funding needs to enable delivery against the health, care and funding gaps, including securing financial balance and implementing expectations for service improvements and policy requirements. This includes:
    - Taking forward the programmes set out in the General Practice Forward View and delivering extended GP access;
    - Implementing the recommendations of the Mental Health Taskforce, Cancer Taskforce strategy and National Maternity Review, including increasing capacity of children and adolescent mental health services and implementing access and wait targets for eating disorders services;
    - Consistent seven day quality of urgent and emergency care in hospitals

[1] Available at https://www.england.nhs.uk/wp-content/uploads/2016/01/total-place-allocations.pdf. These comprise three year firm allocations (subject to specified conditions) and two year indicative figures.
[2] Set out in the December 2015 allocations board paper available at https://www.england.nhs.uk/wp-content/uploads/2015/12/04.PB_.17.12.15-Allocations.pdf
[3] Final plans for deployment of sustainability funding beyond 2016/17 will be developed by NHSE and NHSI later in 2016

- Investment in prevention, tackling childhood obesity, and improving diabetes diagnosis and care; and
- Delivering plans for paper-free at point of care and electronic health records.

8. Further work is required to finalise the split between recurrent and non-recurrent funding in the figures presented here, and recurrent allocations for 2021/22 onwards will be developed in due course. However we expect the bulk of the additional funding shown here to be available on a recurrent basis from 2021/22.
9. These indicative allocations cover revenue funding. STP footprints should develop plans on the basis that the availability of additional capital funding is constrained over this period.

Next steps

10. STP footprints should now include this funding in their plans for 2020/21.
11. STPs will be the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. Phasing of funding by area in the years 2017/18 to 2019/20 will be subject to consideration of STP plans submitted and subsequent decisions on how to target and deploy funding.

Indicative allocations tables

12. Table 1 shows the total amount of sustainability and transformation funds being indicatively allocated, which total £3.8bn.
13. Table 2 shows the allocation by STP area. The columns show:

2016/17 STP place-based allocation

14. Total place-based allocation for the STP area in 2016/17 as per published allocations.

2020/21 STP place-based allocation

15. Total place-based allocation for the STP area in 2020/21 as per published indicative allocations.

2020/21 indicative STP allocation including S&T funds

16. Total place-based allocation for the STP area as per published indicative allocations, plus share of available sustainability and transformation funds.
17. Share of available S&T funds has been calculated using the STP area's proportion of the total place-based target allocation.
18. Note that the calculation for Greater Manchester is different from that for other areas, reflecting the agreed profile of the GM Transformation Fund and associated expectations.

Table 1: Total indicative sustainability and transformation funding

	2020/21
	£m
2020/21 STP place-based allocation	**103,909**
S&T funds for indicative allocation	**3,800**
2020/21 indicative STP allocation including S&T funds	**107,709**

Table 2: STP 2016/17 and indicative 2020/21 allocations

		2016/17 STP place-based allocation	2020/21 STP place-based allocation	2020/21 indicative STP allocation including S&T funds
		£m	£m	£m
STP1	Northumberland, Tyne and Wear	2,705	2,965	3,073
STP2	West, North and East Cumbria	599	663	688
STP3	Durham, Darlington and Tees, Hambleton, Richmondshire and Whitby	2,450	2,717	2,817
STP4	Lancashire and South Cumbria	2,974	3,310	3,433
STP5	West Yorkshire	4,218	4,703	4,875
STP6	Coast, Humber and Vale	2,241	2,497	2,589
STP7	Greater Manchester	5,153	5,791	5,961
STP8	Cheshire and Merseyside	4,628	5,136	5,326
STP9	South Yorkshire and Bassetlaw	2,661	2,940	3,045
STP10	Staffordshire	1,816	2,029	2,105
STP11	Shropshire and Telford and Wrekin	765	851	884
STP12	Derbyshire	1,675	1,857	1,926
STP13	Lincolnshire	1,242	1,392	1,444
STP14	Nottinghamshire	1,665	1,865	1,935
STP15	Leicester, Leicestershire and Rutland	1,567	1,753	1,819
STP16	Black Country and West Birmingham	2,360	2,642	2,741
STP17	Birmingham and Solihull	2,073	2,336	2,423
STP18	Coventry and Warwickshire	1,480	1,671	1,734
STP19	Herefordshire and Worcestershire	1,177	1,311	1,361
STP20	Northamptonshire	1,103	1,259	1,307
STP21	Cambridgeshire and Peterborough	1,291	1,469	1,524
STP22	Norfolk and Waveney	1,649	1,847	1,917
STP23	Suffolk and North East Essex	1,542	1,748	1,814
STP24	Milton Keynes, Bedfordshire and Luton	1,432	1,673	1,735
STP25	Hertfordshire and West Essex	2,310	2,666	2,766
STP26	Mid and South Essex	1,826	2,068	2,146
STP27	North West London	3,643	4,093	4,241
STP28	North Central London	2,568	2,935	3,040
STP29	North East London	3,282	3,801	3,937
STP30	South East London	3,197	3,658	3,792
STP31	South West London	2,418	2,760	2,861
STP32	Kent & Medway	2,897	3,287	3,409
STP33	Sussex and East Surrey	3,093	3,486	3,616
STP34	Frimley Health	1,122	1,273	1,320
STP35	Surrey Heartlands	1,322	1,497	1,553
STP36	Cornwall and the Isles of Scilly	946	1,054	1,093
STP37	Devon	1,974	2,196	2,277
STP38	Somerset	896	999	1,036
STP39	Bristol, North Somerset, South Gloucestershire	1,491	1,681	1,742
STP40	Bath, Swindon and Wiltshire	1,356	1,532	1,590
STP41	Dorset	1,291	1,440	1,493
STP42	Hampshire and the Isle of Wight	2,828	3,161	3,280
STP43	Gloucestershire	951	1,062	1,102
STP44	Berkshire, Oxfordshire and Buckinghamshire	2,518	2,831	2,937
	Total	**92,393**	**103,909**	**107,709**

NB: In the small number of cases where a CCG is part of more than one STP area these numbers may be subject to further refinement

STP June 30th submission

18 May 2016

Following the initial STP submissions on April 15th, Simon Stevens, Jim Mackey, Duncan Selbie, Ian Cumming, Mark Lloyd and Regional Directors met with over half of the footprint areas to discuss their emerging priorities and proposals. It was clear from our conversations that although a great deal has been achieved in a short period of time, every footprint is at a different starting point in terms of their collective understanding of their current position and their proposals for the future. For those areas where work was already in train across a geographical area, the STP process offers an opportunity to create momentum, pace and reach clear decisions; in areas with less history of partnership working at a strategic level, leaders welcomed the opportunity to seek system-based solutions to deep seated problems. The calibre and collaborative nature of partnerships with Local Authorities in many areas was impressive, offering a positive force for change that we need to harness.

The next checkpoint will be on June 30th, when each footprint will submit their plans. These will form the basis of a conversation with each of the 44 footprints. To support this, we will need you to build on April submissions by:

- Ensuring you have shared understanding of where you are now in relation to the three gaps (health, quality, finance) and where you need to be by 2020/21, taking into account indicative allocations the Sustainability and Transformation Fund in 2020/21 and the requirement to achieve financial balance
- Presenting an overall coherent strategy for your footprint that reflects the 5YFV ambition to keep people well, with strong primary care, community based services and support at home, considering your current starting point and the optimal use of the acute sector across your system
- Identifying the 3-5 critical decisions required to realise your vision and really shift the dial in your patch to close the three gaps
- Setting out the anticipated benefits in terms of health, quality and financial impact, making clear the timescale for anticipated benefits working back from 2020/21 to 2016/17
- Where possible, set out how this will enable you to deliver the ten key priorities set out in the March guidance – please note that we expect this only to be included for those footprints with pre-existing system plans, not those just starting their journey – see below
- Identifying which actions lie within individual organisations and which require system wide change/action across your footprint and/or are dependent upon the actions of other partners/neighbouring footprints
- Assessing the degree of consensus/support for any proposed changes, and your plans for meaningful engagement with workforce, the public and key partners

We appreciate that each footprint will be starting from a different point on this journey, so the level of detail expected in June submissions will differ accordingly. For footprints that already have mature plans, we will expect fuller, more comprehensive submissions which reflect progress made to date. In either case, we expect submissions to be concise – no more than thirty pages/slides please – so we can have a genuine conversation about the choices to be made, rather than an extensive analysis of the problems.

Given the different starting points of footprints, there will not be a standard submission template - excluding finance, details of which are set out below. However there are some elements we expect the June submission to cover. The annex includes a description of these elements, which can be used (optionally) as a table of contents for those who would welcome a set structure.

Financial, activity and workforce template

Each footprint will be asked to show it could close its financial gap for NHS services and achieve sustainable financial balance in aggregate by 2020/21. To enable national consistency and assurance, there will be a shared financial template to be used by all STPs. This provides a standard way of capturing financial, activity and workforce plans at a reasonably high level.

It should summarise the 2016/17 start point, the 2020/21 funding envelope, and the solutions which footprints have identified across the system to promote health & wellbeing, reduce unwarranted variation and improve quality, consistent with this envelope.

From your submission and underpinning analysis, there should emerge a clear story of how local areas will address their finances. This is likely to include solutions that:

- can be implemented by delivering on provider and commissioner efficiency schemes that reduce costs and generate real productivity gains, i.e. providing the same services against lower costs
- are transformative system solutions, i.e. providing care in a different way by keeping people well, optimise acute care use and enable care closer to home. STP should focus on the few big ticket items and reflect the critical decisions needed to make it happen
- other schemes which have been identified locally to close the gap

The finance template and a supporting user guide will be sent to the footprints in the following days. As an appendix to the supporting user guide, we are publishing commissioner and provider growth, inflation and savings assumptions based on the Spending Review model. The Indicative Hospital Activity Model (IHAM) has been updated to the forecast out-turn position at M10 2015/16 and is now available by system as well as CCG. It shows five year activity trends which can be used to support

identifying the ‘do nothing’ scenario. Regional finance teams can be contacted with questions on the guidance.

The template includes the requirement to make an initial assessment of the workforce consequences of service proposals from 2016/17 to 2020. There is a clear recognition that the detailed workforce requirements can only emerge as consensus on future service models is finalised. This is an initial assessment that forms the basis for further conversations with your new Local Workforce Action Boards (LWAB).

Sustainability & Transformation Funding: Indicative allocations

To support you in your planning, we are making indicative allocations of the Sustainability & Transformation fund available on the 19th of May on the STP pages of the NHS England website. As the title suggests, these figures are indicative: final allocations will depend on legal allocations by the NHS England decisions in due course. Overall the money available for the provision of healthcare will be greater in 2020/21 than it is today, although the levels of future growth may be less than we are used to historically.

We need to be clear that this is about identifying the best possible use of growing resources, so that we can meet projected increases in demand, and wherever possible, reduce or moderate that demand by improving population health. The point of making these indicative figures available now is to provide a basis for local conversation about the best way to drive the necessary transformation, allowing you to reverse engineer back from 2020/21 to the 2016/17 position.

Status of plans by June

The plans that you submit on June 30th will form the basis for a face to face personal conversation with the national leadership in the NHS throughout July, and will be a key part of a subsequent managerial process to inform decisions about the geographical targeting of growth in the intervening years to 2020. Your submissions will therefore be work in progress, and as such we do not anticipate the requirement for formal approval from your boards and/or consultation at this early stage. We will, however, wish to be assured that your plans reflect a shared view from your leadership team where possible, based upon the needs of patients and taxpayers, and a robust plan to engage more formally with boards and partners following the July conversations.

Submission

Plans need to be submitted by Thursday 30th June 5pm to england.fiveyearview@nhs.net, copying in your Regional Directors.

ANNEX – Topics to cover in June

The list of topics below can optionally be used as a table of contents for those footprints who wish to work with a set structure.

Please clearly set out on the front page of your submission the name of your footprint, number of your footprint (1 - 44) and your region.

1. Executive summary / plan on a page
2. Starting point [as set out in April submission]
    - Underlying position on health, quality and finance now and 2020/21
    - Key factors driving the pressures to be accommodated/moderated
3. Priorities and transformation schemes
    - Critical decisions: the few big decisions that will need to be made if we are to shift the dial, including strategic commissioning decisions that are needed to support incentivising the right behaviours and supporting new models of care
    - How your priorities address the '10 big questions' [as set out in April submission]
    - Underpinning story (narrative, data) per priority/solution, describing what will be different for patients.
4. Solutions that taken together close the gaps, and its impact quantified - health and care being described as concretely as possible in terms of expected effect on metrics.
    - for 2020/21 (financial envelope), for 2016/17 and years in between (bridge), including forecasted impact of solutions [partially set out in April submission]
    - Phasing of the impact and link to operational plans
    - Financial impact on the system as a whole and consequential impact on
        i. providers
        ii. commissioners
        iii. local authorities
5. How to deliver your plan
    - Long term (3-5 year) and short term (this year) milestones for further development/delivery of the plan
    - Risks and actions to take in the short term, including what you can do yourself and how you'll need help from national bodies

Annex

A) Governance arrangements [as partially set out in the April guidance]
    - Structure, effective decision making, system leadership
    - Work streams and delivery vehicle (evidence how to deliver change on the ground)

B) Engagement process [as partially set out in the April guidance]

- Plan to engage more formally with boards and partners after the July conversations
- How footprints have engaged organisations and other key stakeholders so far, and who is still to be engaged with
- Evidence or plan to involve staff, clinicians, patients, HWBs, etc.

C) Enablers (only required for more mature footprints), e.g.

- Local digital roadmap, summary of how the digital will support integrating health care to drive quality, productivity and patient experience.
- Estates strategy
- Workforce strategy