Blackpool Teaching Hospitals NHS Foundation Trust

Annual Plan 2011 - 2012

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1 Past year performance

1.1 Chairman and Chief Executive's summary of the year

The last year has been a difficult one for the Trust due to the challenging financial situation we have experienced, which resulted in us being declared in significant breach of our terms of authorisation by Monitor. This has had the potential to undermine the strategy of the Board, to strive to deliver 'Best in NHS Care' and mask our considerable achievements in areas such as patient safety. The importance of delivering the financial viability of the Trust cannot be underestimated however we have sought to do this, not by reducing services and impacting upon their quality but by improving the quality of the services we offer to drive out waste, save money and provide patients with a high quality service. By adopting this approach we have gained the support of the organisation and our key stakeholders in addressing our financial issues and we can now build on this success to deliver further improvements, and associated financial benefits, over the next few years.

Through the Monitor regulation process the Trust has undertaken a number of external reviews relating to Board effectiveness, governance arrangements and management of our Quality, Improvement, Productivity and Prevention (QUIPP) processes. These have highlighted a number of areas of good practice however, they have also highlighted areas where we can make improvements and become more effective. We have acted on the findings of these reviews and have already made significant changes to our systems and processes which are delivering results. Further work to implement the recommendations from these reviews will be undertaken in the coming year to support delivery of the Trusts Vision.

Despite our challenges we have continued to deliver the highest level of care to our patients and supported our staff. This is reflected in the awards that the Trust has received during the year.

- The Trust was awarded Investors in People Gold for the second year running – the highest achievement possible
- The Trust was the only Acute Trust in the country to pick up two awards in the national Patient Safety Awards 2011 - The Education and Training in Patient Safety category and Patient Safety in Maternity Care category.
- The Trust was one of the first in the country to be awarded the National Information Standard – a national accreditation to recognise the quality of its patient information leaflets.
- The Trust won the 'Best Internal Communications' category of the Association of Healthcare Communications Awards, recognising its commitment to excellent standards of communications and staff engagement
- The Trust was awarded Level 3 NHSLA Risk Management Standard – the highest level possible that can be achieved.
- The Trust was the overall winner in the Improving Maternity Services category of the Nursing Times Award 2011 and was highly commended in the Patient Safety Improvement category of the Nursing Times Awards
- The Trust was in the CHKS Top 40 Hospitals

During the year the Board approved a revision to our Vision and Values, following a full consultation with staff and key stakeholders. Our Vision now covers the following areas:

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

Safety: To reduce avoidable harms to our patients.

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

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

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

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

Executive Director 'roadshows' are taking place for all staff to explain our vision and ensure that they are aware of their role in delivering that vision. Below is an assessment of some of the progress we have made during the year in relation to each element of our Vision:

Quality

Building on the success of work undertaken in previous years work continued throughout the year on actions to reduce in hospital mortality. The Mortality Board has reviewed hospital wide mortality issues and received regular reports from Division on work they are doing to reduce mortality. This is supported by speciality based mortality reviews and audits. The success of these initiatives is reflected in the reduction in our Hospital Standardised Mortality Rate from 103 (100 being the average) in 2008/9 to 89 for the year 2009/10 and to 79 for the period April 2010 to November 2010. In the Dr Foster Good Hospital Guide published in November 2010 the Trust was highlighted as having mortality rates within the expected ranges with no specialties being an outlier.

Safety

During 2010/11 the Trust consolidated its position as one of the top performers in relation to the reduction in health care acquired infections, reporting 4 cases of MRSA bacteraemia and 101 cases of Clostridium Difficile. This represented a 100% reduction in MRSA infections and a 25% reduction in Clostridium Difficile infections compared with 2009/10. In August 2010 the Trust introduced screening for MSSA bacteraemia, the first Trust in the country to do so.

Significant progress was also made in reducing the serious harm to patients caused as a result of a fall, introducing a range of initiatives including:

- all patients receiving information on how they can work with Trust's staff to help reduce their risk of falling.
- patients being given a book mark at the time of their admission, which offers information on ways of reducing the risk of falling.
- posters placed in clinical areas to ensure there is a high visual presence of falls prevention measures.

The Trust has also introduced hourly rounds / visits to patients that are identified as being at high risk of falling. The initiatives have resulted in a 60% reduction in the number of falls within the Cardiac Centre and significant improvements in a range of other specialities.

People

The Trust has had to make significant headcount reductions in year to support returning to financial balance. However we have achieved this in line with best Human Resources practice

while supporting all staff in dealing with both the pace and scale of change. An example of work we have undertaken includes:

Managing of attendance and support for staff through the Stress management Project and the Employee Assistance Programme which allows staff, and their families, to access support via a number of different routes including telephone and internet. Whilst we have reduced sickness levels in the current year it remains a priority for the Trust as it supports good patient care, the welfare of staff and the Trusts financial position.

During the year we have further developed our coaching and mentoring programme and our leadership and management development programme. These programmes aim to ensure that we give staff the skills to manage the delivery of unprecedented change and productivity targets within the spirit of the Blackpool Way, that we have succession plans for key roles within the Trust and that we can plan effectively the future needs of our services. All the programmes are multi professional which encourages cross boundary working and networking.

In 2010/11 the Trust successfully retained IIP Gold standard, achieving a higher assessment rating than in the previous assessment. We believe that this validated our approach and demonstrated our commitment to excellence in people management. Developing a fully engaged workforce is key to our ability to successfully come through the period of severe financial challenge.

Delivery

During the year the Trust continued to deliver all national and local performance targets. These included delivery of an 18 week referral to treatment performance for 90% of admitted patients and 95% of non admitted patients.

The revision to the Operating Framework 2010/11 in June 2010 reduced the performance standard for A&E from 98% to 95% of patients being seen and treated, admitted or discharged within 4 hours of arrival. Despite Blackpool being one of the busiest A&E departments in the country, the department continued to achieve a performance well above the national target, with over 98% of patients seen, treated, admitted or discharged within 4 hours.

The Trust delivered all the Going Further on Cancer Waiting Time standards during 2010/11. Delivery of the standards, however, was a challenge and a significant amount of work was undertaken to identify and address issues within pathways and across organisations to shorten pathways for the benefit of patients.

Environment

In 2010/11 we have continued to work to improve the environment for our patients and staff. This has included the completion of phase 3 of the women's and children's development which provided ambulatory services for women attending hospital for minor procedures, a redesigned outpatient area to support 'one stop' services, a new children's outpatient area designed with help from the children themselves and a new special care baby unit. Elsewhere in the hospital we have undertaken work to improve patient privacy and dignity, such as a new patient waiting area within the x ray department. During the year we also opened a new hospital mortuary which supports the delivery of much improved services for families who have experienced bereavement.

Cost

During 2010/11, the Trust began its implementation of the clinical information system, VISION, with a successful 'go live' in the A&E department in November 2010. The decision to procure a clinical management system was taken by the Board to support:

- delivery of high quality patient care
- key strategic initiatives such as the Quality Framework
- QUIPP programmes

The implementation of VISION will allow clinical information to be recorded, collated, analysed and reported, with the focus on outcomes and the quality of the care being delivered. The system will also provide real time information to monitor and improve the effectiveness and efficiency of care, thereby improving clinical quality. This approach is designed to empower staff, specifically clinicians, to make the necessary changes in clinical practice thereby reducing the cost of delivering care.

In 2008/9 the Trust began to host medical and Dental students in their fourth year of study at The University of Liverpool. This has been a great success and in September 2010, following months of rigorous assessment the University awarded the Trust Teaching Hospitals status. In order to be successful the Trust had to demonstrate its ability to provide a high quality learning, clinical and social environment for the teaching of students. This achievement not only recognised the commitment of the Trust to supporting medical and dental education but also reinforced our commitment to delivering the highest standards of care, our desire to enhance the recruitment and retention of senior clinicians and open up other opportunities for development of research and teaching locally. Our priority in 2011/12 will be to build upon this success to more effectively bridge the gap between medical education and service delivery.

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

2010/11 was a challenging year for the Trust from a financial perspective. However we have learnt from the experience and we believe that we are better placed to meet the challenges of the next few years. In the coming year we must continue to deliver the high level of operational performance that we have demonstrated through out the year and enact our financial plans to consolidated our financial position and deliver financial surpluses to support future clinical developments. At the same time we must retain the commitment and focus of our workforce on quality and service redesign to ensure that patients receive the level of care they expect and deserve. This will allow us to continue our progress toward delivering the Trust's vision.

1.2 Summary of financial performance

1.2.1 Income and Expenditure

Detailed below is a summary of the Trust's financial performance for the year.

Before the reporting of exceptional items the Trust achieved a £1.4m surplus for the year, however, taking into account impairment of assets £18.8m and exceptional restructuring costs £6.2m the published deficit will be £23.6m for the year.

A financial risk rating of 2 has been achieved for the financial year.

The summarised, income and expenditure performance for the year is included in table 1.1 overleaf.

Table 1.1 2010/11 Statement of comprehensive income

	2009/10 £'m	2010/11 £'m
Operating income	271.2	273.4
Operating expenses	(255.6)	(258.6)
Profit (loss) from operations / EBITDA	**15.6**	**14.8**
Depreciation and amortisation	(5.5)	(6.1)
Loss on disposal of property, plant and equipment		(0.0)
Restructuring costs		(6.2)
Impairment losses (reversals) net	(8.8)	(18.8)
Operating surplus(deficit)	**1.3**	**(16.4)**
Finance costs		
Interest income	0.1	0.0
Interest expense	(1.1)	(1.9)
PDC dividend expense	(5.8)	(5.3)
Surplus(Deficit) for the financial year	**(5.4)**	**(23.6)**
Other comprehensive income		
Revaluation losses on property, plant & equipment	(15.7)	(7.9)
Revaluation gains on property, plant & equipment	0.0	6.1
Loss on disposal of property, plant and equipment	0.0	(0.0)
Net Increase in donated asset reserve	0.0	0.0
Comprehensive income and expenses	**(21.1)**	**(25.4)**
EBITDA margin	**5.8%**	**5.4%**
I&E margin	**1.2%**	**0.5%**

The following table highlights the variances in financial performance to the 2010/11 Annual Plan as submitted to Monitor.

Table 1.2 2010/11 Income & expenditure performance – variance to plan

	Plan £'m	Actual £'m	Variance £'m
Operating income			
Clinical income	226.8	249.1	22.3
Non-clinical income	22.5	24.3	1.8
Total operating income	**249.3**	**273.4**	**24.1**
Operating expenses			
Pay expenses	(158.2)	(171.0)	(12.8)
Non-pay expenses	(72.9)	(87.6)	(14.6)
Total operating expenses	**(231.1)**	**(258.6)**	**(27.4)**
Profit (loss) from operations / EBITDA	**18.2**	**14.8**	(3.4)
Depreciation and amortisation	(7.3)	(6.1)	1.2
Loss on disposal of property, plant and equipment	0.0	(0.0)	(0.0)
Restructuring costs	0.0	(6.2)	(6.2)
Impairments	0.0	(18.8)	(18.8)
Operating Surplus	**10.9**	**(16.4)**	**(27.3)**
Finance costs			
Interest income	0.0	0.0	(0.0)
Interest expense	(1.9)	(1.9)	(0.0)
PDC dividend expense	(5.8)	(5.3)	0.4
Surplus for the financial year	**3.3**	**(23.6)**	**(26.9)**
EBITDA margin	**7.3%**	**5.4%**	
I&E margin	**1.3%**	**0.5%**	

The following has driven the variances to plan:

- Clinical Income:

  o Higher than planned clinical income across all points of delivery predominantly due to the non-delivery of sustainable activity reductions as intended by the Health Economy;
  o Unplanned impact of Swine Flu during the last quarter of 2010-11, that impacted on the Cardiac capacity and increased activity in the Unscheduled Care Division.

- Non-Clinical Income:

  o Additional income relating to the Clinical Leadership Research Network;
  o Increased income from provision of non patient care services to other organisations.

- Pay and Non-pay Costs:

Higher than planned activity levels incurring additional expenditure above plan on predominantly medical / nursing staff and drugs, clinical supplies and other activity related non-pay costs also resulting in the inability to achieve the respective planned QUIPP savings.

- Impairments:

The Trust obtained a valuation of assets as at 31st March 2011, which resulted in a downward valuation of £20.6m predominantly as a result of the continued economic downturn. The financial impact resulted in an impairment charge to income and expenditure of £18.8m and a revaluation reserve reduction of £1.8m.

1.2.2 Cash and Liquidity

The Trust's financial plans for the year were developed on the basis that it would not have to utilise the working capital facility agreed with Barclays Bank. This facility lapsed at the start of December 2010 although a short term placement was in place at the end of the financial year (expires 16th July 2011). The Trust has plans in place to ensure a long term facility is in place from July 2011.

The chart below demonstrates how the cash balance has varied across the year.

Chart 1.1 2010/11 Movement in cash balance
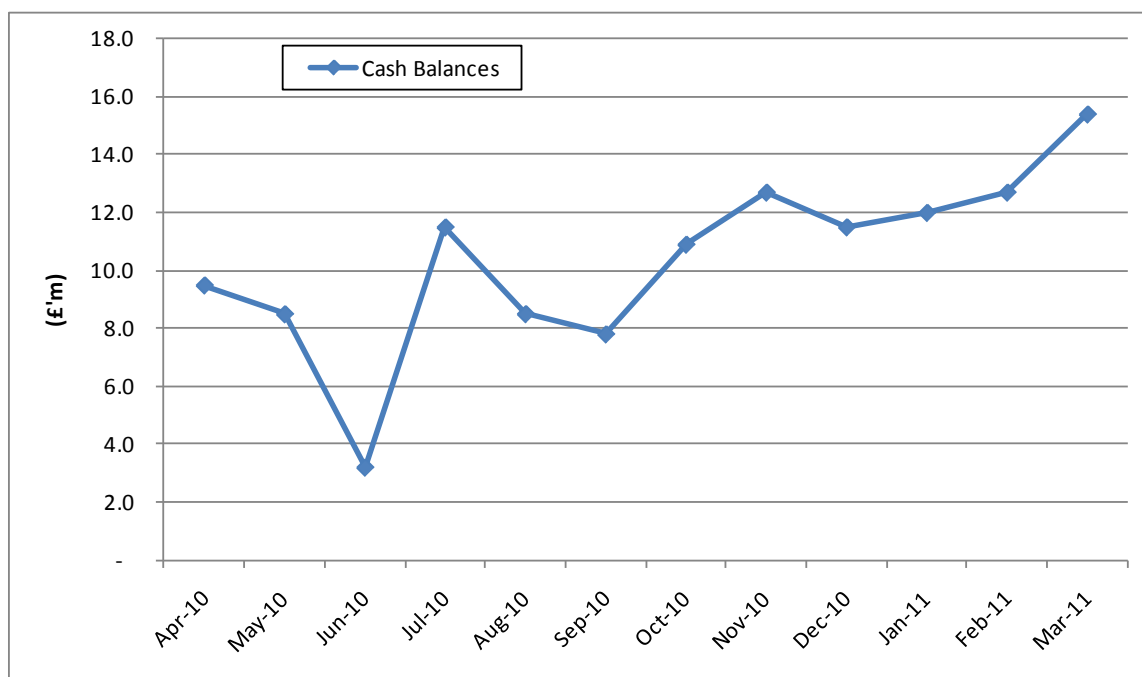
The cash balance at year end was £10.8m better than the initial plan primarily due to the better management of payments to creditors.

In line with the cash balances, the liquidity ratio has been significantly challenged in 2010/11 and reflects the Trust's significant capital plan from this year to 2012 and the weaker that planned trading position for the year.

The cash flow statement below summarises the key elements to the Trust's cash position.

Table 1.3 2010/11 Cash flow statement

	2009/10 £'m	2010/11 £'m
Profit (loss) from operations / EBITDA	15.6	14.8
Increase / (decrease) in working capital	(7.0)	20.9
Restructuring	0.0	(6.2)
Net cash inflow / (outflow) from operating activities	**8.6**	**29.5**
Interest received	0.4	0.0
Purchase of non-current assets	(29.0)	(33.6)
Investment	5.0	0.0
Net cash inflow / (outflow) before financing	**(15.0)**	**(4.0)**
Public dividend capital received	0.0	0.0
Loans received	10.0	15.0
Capital element of on-balance sheet PFI repaid	(0.1)	(0.1)
Interest paid	(1.1)	(1.9)
PDC dividends paid	(6.2)	(5.3)
Net increase / (decrease) in cash and cash equivalents	**(12.4)**	**3.7**
Opening cash and cash equivalents	24.1	11.7
Closing cash and cash equivalents	**11.7**	**15.4**

The underlying liquidity position of the Trust is weak and whilst steps have been taken to improve the cash retained by the business, it will only improve with the sustained delivery of surpluses in future years.

1.2.3 Balance Sheet

The Trust continued to improve its infrastructure and invested £30.3m (of which £15m was funded through the Foundation Trust Loan Facility) in fixed assets during the year.

The summary statement of position for the year is included in table 1.4.

Table 1.4 2010/11 Statement of financial position

	2009/10 £'m	2010/11 £'m
Non-current assets		
Fixed assets	188.6	192.4
Trade and other receivables	0.9	1.1
Total non-current assets	**189.5**	**193.5**
Current assets		
Cash	11.7	15.4
Other current assets	14.4	9.8
Total current assets	**26.1**	**25.2**
Current liabilities	**(24.5)**	**(39.4)**
Non-current liabilities		
Borrowing	(17.8)	(31.6)
Provisions	(1.2)	(1.1)
Other liabilities	(1.6)	(1.4)
Total non-current liabilities	**(20.6)**	**(34.1)**
Total assets employed	**170.5**	**145.2**
Taxpayers equity		
Public dividend capital	141.0	141.0
Income & expenditure reserve	(3.0)	(26.6)
Other reserves	32.5	30.8
Total taxpayers equity	**170.5**	**145.2**

The year on year changes in the balance sheet reflect the following:

- A significant investment in capital of £30.3m, partially funded by a loan drawdown from the Foundation Trust financing facility of £15m.
- An increase in trade creditors driven by increased payment terms and therefore increased cash balances
- The financial impact of the 31st March 2011 asset valuation which resulted in a downward valuation of fixed assets by £20.6m, resulted in an impairment charge to income and expenditure of £18.8m and a revaluation reserve reduction of £1.8m.

1.2.4 Private Patient Cap

In accordance with the terms of its Authorisation, the Trust must not exceed its predetermined private patient cap. The private patient cap is the proportion of income generated from treating

private patients compared to total patient related income compared with the 2002/03 baseline level.

The table below summarises 2010/11 performance.

Table 1.5 Private patient cap

	2010/11	**2002/03**
Private patient income (£'m)	1.1	3.2
Total patient related income (£'m)	249.1	151.5
Private patient proportion (%)	**0.5%**	**2.1%**

The private patient cap was not breached in 2010/11. The Trust had £4.1m headroom before the cap would have breached.

1.3 Summary of operational performance

18 weeks Referral to Treatment

The Trust has delivered the 18 week referral to treatment performance target consistently since December 2007. The revision to the Operating Framework 2010/11 in June 2010, whilst removing the 18 week standard from performance monitoring, confirmed the patients' rights to treatment within 18 weeks under the NHS Constitution. The Trust therefore continued to monitor and redesign pathways to ensure the delivery of timely and efficient patient care. During 2010/11 Trust performance remained well above the standard with 94.31% of patients for admitted care and 96.76% of patients for non admitted care, being treated within 18 weeks of referral.

Emergency Access Targets

The revision to the Operating Framework 2010/11 in June 2010 reduced the performance standard from 98% to 95% of patients being seen and treated, admitted or discharged within 4 hours of arrival. Despite Blackpool being one of the busiest A&E departments in the country, the department continued to achieve a performance well above the national target, with 98.35% of patients seen, treated, admitted or discharged within 4 hours.

Cancer Plan Access Targets

The Trust delivered all the Going Further on Cancer Waiting Time standards during 2010/11. Delivery of the standards, however, was a challenge and a significant amount of work was undertaken to identify and address issues within pathways and across organisations to shorten pathways for the benefit of patients.

Health Care Acquired Infection

During 2010/11 the Trust consolidated its position as one of the top performers in relation to the reduction in health care acquired infections, reporting 4 cases of MRSA bacteraemia and 101 cases of Clostridium Difficile. This represented a 100% reduction in MRSA infections and a 25% reduction in Clostridium Difficile infections compared with 2009/10.

These improvements have been achieved though a number of measures including ongoing implementation of the Trusts Infection Prevention strategy and:

- an increase in the level of education to all health care professionals to raise awareness of those patients who are more at risk of acquiring Clostridium Difficile, which is supported by information being available on the C the difference intranet site
- ongoing review of the antibiotic formulary with a further restriction on the use of broad spectrum antibiotics

In August 2010 the Trust introduced screening for MSSA bacteraemia, the first Trust in the country to do so. In January 2011 the Trust commenced the mandatory reporting of MSSA bacteraemia and, in all incidences where the occurrence is attributed to the Trust a full Route Cause Analysis is conducted in line with the process we have in place for MRSA Bacteraemia.

Improving Patient Care

Building on the success of work undertaken in previous years continued in the year to focus on actions to reduce in hospital mortality. The Mortality Board has reviewed hospital wide mortality issues and received regular reports from Division on work they are doing to reduce mortality. This is supported by speciality based mortality reviews and audits. The success of these initiatives is reflected in the reduction in our Hospital Standardised Mortality Rate from 103 (100 being the average) in 2008/9 to 89 for the year 2009/10 and to 79 for the period April 2010 to November 2010. In the Dr Foster Good Hospital Guide published in November 2010 the Trust was highlighted as having mortality rates within the expected ranges with no specialties being an outlier.

Falls

The Trust has made significant progress in reducing the serious harm to patients caused as a result of a fall.

There have been a number of initiatives introduced within the clinical areas which include:

- all patients receiving information on how they can work with Trust's staff to help reduce their risk of falling.
- patients being given a book mark at the time of their admission, which offers information on ways of reducing the risk of falling. This includes:
    o Ensuring there is no clutter around the bed area
    o That the patients ensure they are wearing well fitting footwear
    o That they call for help if and when this is required.
- posters placed in clinical areas to ensure there is a high visual presence of falls prevention measures.

Robust risk assessments are key to identify patients who are at high risk of falling. The Trust has made major improvements in the care planning process, following initial assessment undertaken by the Nursing staff. Care plans reflect the needs of the patients following assessment, and this ensures that the patients receive the most appropriate support to reduce their risk of falling.

The Trust has also introduced hourly rounds / visits to patients that are identified as being at high risk of falling. This has proved to be very successful and has shown a 60% reduction in the number of falls within the Cardiac Centre and significant improvements have been seen in other specialities.

Intensive support has been introduced to the areas where it has been highlighted that there have been a number of falls in the previous month. Regular feed back to staff is provided regarding the number of falls within their areas. Additionally, there are visual aids such as the safety crosses that display at a glance the numbers of falls patients have experienced within the ward area. This data is displayed within the quality boards on the wards so that this information is shared with the patients, staff and the public.

Further DVD's of patient's stories are to be developed to be included in training sessions for staff. The aim of this is to make statistics regarding patient falls more real for staff and share lessons learned.

The above initiatives have been trialled throughout the Trust and work is now ongoing to roll them out to all clinical area. This will support delivery of the target to reduce the number of falls experienced by our patients by a further 30% during 2011 / 2012.

Pressure ulcers

In March 2010 the Trust joined a Pressure Ulcer Safety Node Collaborative, along with 6 other organisations. The collaborative aim was to reduce hospital acquired pressure ulcers within pilot areas by 50% over the course of the 12 month project, the Trust however, chose to aim for a reduction of 50% in the incidence of hospital pressure ulcers Trust wide by April 2011.

To support this, the Trust has:
- Developed a more robust electronic reporting mechanism to capture all pressure ulcers across the organisation
- Involved Executive support in our root cause analysis and lessons learned, giving an overview and pattern of common problems
- Increased staff education and knowledge assessment both before and after the education session
- Increased patient involvement and education in their repositioning
- Introduced mechanisms to inform staff of the number of days their area has been without a pressure ulcer, and to celebrate this
- Revised root cause analysis document making it simpler and more meaningful
- Introduced Therapy on Line for dynamic mattress ordering.
- More appropriate use of pressure relieving equipment
- Linked with electronic incident reporting to collect and act on real time data in order to support staff and prevent further skin deterioration
- Introduced an electronic referral system for Tissue Viability Referrals.
- Held a Pressure Ulcer Awareness Conference in November 2010.

The outcome of this work has been a reduction in the number of patients suffering pressure ulcer damage from 237 patients in 2008 to 135 patients in 2010. The incidence of pressure ulcers is now monitored through the monthly Divisional Performance meetings, with action plans being developed and best practice shared though the Root Cause Analysis process.

Winter Planning

The 2010/11 winter planning and escalation process was supported by a separate plan to deal with escalation with respect to swine flu. A combination of unprecedented activity, lack of clarity with respect to swine flu escalation and operational management issues led to some issues with respect to unplanned escalation. Safety, quality and patient experience was not impacted by this.

For the financial year 2011/12, Winter Planning will be led by the Senior Clinical Leaders across Unscheduled and Scheduled care. A single escalation plan responding to peaks and troughs in capacity and demand will be produced. This will be supported by weekly operational escalation meetings through which daily capacity and demand modelling and actions will be reported. Clear triggers for agreed levels of escalation will be incorporated into the plan and Executive Directors will be engaged in the process of decision making in support of the Clinical Directors and Divisional Medical Directors

1.4 Other Major Issues

Equality and Diversity

There is growing evidence to support the core role for equality and diversity in how the NHS operates. There is evidence that taking a robust approach to the Equality and Diversity agenda delivers positive outcomes for patients, communities and staff in line with White Paper proposals and the Governments' priorities for the NHS.

Having a greater sense of corporate social responsibility the Trust is keen to promote equality and diversity. Through the revamping of the Trusts Visions and Values we continually work to put equality and diversity at the heart of everything we do.

The Trust has an Equality Diversity and Human Rights Steering Group which ensures ongoing compliance in this area. The Group discussed the setting of the Trusts own equality objectives, to comply with the specific duty set down in the Equality Act, its meeting in November and these were finalised in March 2011. This work identified a number of actions.

The Trust is looking to develop its own Equality and Diversity Charter Mark with the charter mark being awarded to the best performing division at the Annual Award Ceremony. The Charter Mark will focus on how each division has improved and developed its performance for both staff and service users around the Equality and Diversity agenda. There will be 7 goals including training and monitoring of the equality strands and will require evidence to be submitted for assessment.

Equality Diversity and Human Rights training courses are mandatory for all staff. Equality and diversity has also been included in the induction & mandatory updates to further raise awareness. The Trust now has a Staff Equality and Diversity Network who discuss issues from both a staff and service user perspective and feedback to the Equality Diversity and Human Rights Steering Group.

Following the success of the Trust's first Equality and Diversity in 2009, a second conference was held in September 2010. This was once again a huge success with very positive feedback from the delegates.

In September 2010 the Trust started a rolling programme of monthly lunchtime equality and diversity workshops. Topics covered include, Learning Disabilities, Sexual Orientation, Disability, Religion and Belief, and Access to Work from Jobcentre Plus.

In addition to the training and workshops the Trust is working towards gaining two charter marks. NAVAJO a NW project relating to sexual orientation and Louder than Words organised by the Royal National Institute for the Deaf. The NAVAJO assessment will be completed and submitted in the first quarter of 2011 followed by an assessment from an external assessor. The Equality and Diversity Lead completed the 'Train the Trainer' training for NAVAJO in December 2010 and this knowledge will now be incorporated into the training.

Transforming Community services

Transforming Community Services presents an opportunity to jointly develop a new approach based upon integrated delivery along evidence based care pathways. It is expected that the Trust will be considered as a new type of integrated organisation with the amalgamation of community and acute care. This will change how the organisation will offer its services, delivering an improved quality of care for the local populations in line with the ambition of increasing care closer to home.

This will build on the existing mature and positive relationship between the three organisations and enable achievement of the common Lancashire-wide principles underpinning transformation of community services:

- Strategic alignment to the Community Services Commissioning Strategies across the Lancashire footprint
- Transformation of service delivery
- Delivery of the QIPP agenda
- Promotion of integrated working
- Collaboration and rationalisation
- Separation of PCT provision and commissioning
- Improved patient services

2   Future business plans

The Trust's strategic direction, as set out in the Annual Plan 2010/11 and our revised Vision and Values, as approved by the Trust Board in June 2010, underpin the content of this Annual Plan. Over the last two years, we have undertaken a great deal of work to put the building blocks in place to deliver our vision and many of these initiatives, such as the Surgical Development, the Vision (electronic patient record system) and the outcome of the whole health economy consultation on the future of services on the Fylde Coast will be delivered this year. All of our future business plans are focussed on delivering improved services for patients and this is reflected in the strategic and service developments set out in this document.

As set out in section 1 of the Annual Plan this has been a difficult year for the Trust from a financial perspective. However, we have learnt from our experiences and have put in place more robust performance management mechanisms. This gives us increased confidence that our plans for the year ahead are deliverable and affordable in what is a very difficult climate for the NHS as a whole.

2.1 Strategic Overview

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

- Operating Framework 11/12
- The 2010 Spending Review settlement
- The White Paper Equity and excellence: Liberating the NHS
- Transforming Community Services
- NHS, Next Stage Review 'High Quality Care For All' and World Class Commissioning
- The local market context
- Patient choice and plurality of providers

We believe that our experiences over the last 12 months have reinforced the strategic direction of the Trust. Pursuing a strategy of delivering high quality care for patients that eliminates waste and implementing our future business plans will enable us to best meet the challenges and opportunities presented by these external factors. Our partnership approach with our commissioners, as evidenced by our joint working to date, gives us a solid platform to work together as a Health Community to meet the challenges of the next three years. How we intend to meet these challenges is described in more detail later in this section.

2.1.1 Trust Vision and Values

In June 2010, following a consultation exercise with staff, the Board of Directors approved a revision to the Trusts Vision and Values statement as detailed below:

Quality- to provide best in NHS care for our patients
Safety - to reduce avoidable harms to our patients
People - to realise the potential of our workforce and be a great place to work
Cost - to achieve best in NHS care at the lowest cost
Environment - to deliver best environment for patients, staff and the wider community
Delivery - to exceed all national and local standards of service delivery

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This change, while it did not have a significant impact on the strategic direction or key goals of the Trust, did make more explicit our commitment to delivering high quality patient centred care.

During the consultation exercise a number of events took place to engage staff and seek their views. These included:

- Consultation with 100 leaders and managers at an 'away day'
- Exec-led focus groups for 100 staff allowing Q&A with EDs
- Feedback to leaders and managers at a dedicated session
- Graffiti boards of staff comments displayed in all sites to communicate and seek feedback from staff and patients

Support for the above changes to the Vision was unanimous. However, staff consulted with felt that there should be no change to the Trusts Values statement as they are based on the principles of the Blackpool Way.

The new vision and Values has been communicated to staff via a payslip mail shot and Executive Director led presentation and Q&A sessions. To date 1,276 staff have attended a presentation and Q&A session.

2.1.2 Strategic Developments

Health Economy Vision

Between June and September 2006, the Health Community undertook a public consultation, titled 'Improving Patient Care' to ask patients about the future configuration of health services on the Fylde Coast. There was strong public support for the vision set out in the consultation document and this resulted in the following Health Community vision being agreed:

- Deliver excellence in patient and customer care
- Support the delivery of locally based community services, where appropriate
- Provide services from facilities that support the efficient delivery of patient care in the 21st century
- Support Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust in providing high quality services that patients will choose to use
- Ensure that all locations are attractive places for patients and staff working there

Discussions with health community partners in the second half of 2010 led to the conclusion that a further public consultation was necessary on the future configuration of health services, building on the vision agreed in 2006. The reasons for this decision are set out below:

- People are living longer and their health needs are changing
- Advances in technology and new ways of treating patients mean that the NHS now needs to provide more services for patients in the community and closer to their home thereby requiring fewer hospital beds
- We need to do more to promote good health and wellbeing as well as treating illness, which means increasing our work in the community around advice and education
- Many patients with long term conditions such as :diabetes, heart failure and COPD can be treated safely in the community or in their own homes, preventing unnecessary trips to hospital

- As NHS and public bodies we have to make best use of our available financial resources which means that our services must be affordable and deliver value for money

A Vision for health across the Fylde coast was developed and agreed. This is a vision in which the NHS is more flexible and responsive to the needs of patients. It places people at the centre of care and seeks to bring services and skills closer to home wherever and whenever possible.

It is a vision that will best support the health of the population and will make best use of NHS resources. It also builds on national policy to provide services at a local level. It will be developed in a way that responds to the specific demands on health services across the Fylde Coast. The principles on which our Vision is based are set out below:

- We want to help more people remain fit and well for longer
- We want to provide more services in the community by strengthening the capacity of community and primary care services
- We want to complement these services with an acute hospital that provides high quality specialist services that are amongst the best in the country
- We want services to reflect local needs, with local doctors, nurses, and other professionals playing a greater role in setting local priorities
- We want health care services which are more responsive to what patients and their families need, such as fewer and shorter admissions to hospital and faster access to the relevant healthcare services they need.

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

- Services will be designed to meet the requirements of each local area, making them more responsive to the needs of patients and local communities
- Promoting good health will help improve the quality of people's lives now and ensure healthier lives for future generations
- People with long-term conditions will have more control over their healthcare and will spend less time in hospital
- Waiting times for hospital treatment will be shorter as more beds will be available for planned treatment, reducing anxiety and improving   outcomes
- Patients with serious illnesses will receive the treatment they need in an acute hospital and will be able to receive further care closer to home
- Families and friends will have to make fewer journeys and it will be easier for them to care for relatives as they will be treated closer to home
- People's lives will be less disrupted as a result of responsive local services
- We will be able to invest more in improving health care facilities to make them better places to be treated in
- We will provide a consistently high standard of care across the Fylde Coast
- People working in health and social care will be able to develop their skills and use them in satisfying ways, improving recruitment and retention of staff

The outcome of the consultation is awaited, though it is anticipated that there will be support for the changes consulted on. This will lead to the development over the next 12 months of out of hospital services, primarily outpatient services and services for patients with long Term

conditions. In addition new ways of delivering elective services e.g. increased day case procedures and laprascopic surgery, together with strengthening of community based services to support patients in the community and reduce the need for them to come into hospital, will result in a reduction in the number of hospital beds in the health community.

Workforce Planning and Development

In line with the Trusts requirement to reduce costs and support our commissioners in implementing their commissioning intentions a significant headcount reduction is planned during 2011/12.

The Trust will reduce headcount by up to 600 wte posts by March 2012, dependent upon the full impact of commissioning intentions that are being planned by our commissioners.   These reductions will be achieved in the main by natural staff turnover although some additional measures will continue to be deployed namely a reduction in bank and agency usage, termination of fixed term contract holders and up to September 2011 enforcement of the age 65 default retirement provisions. However we anticipate that this will leave a shortfall of around 120 WTE's that will have to be achieved through redundancies.   It is likely that leavers on grounds of redundancy will have to be handled in two or more waves during the financial year in order to achieve the savings required. The majority of these will be through volunteers. A comprehensive support package for effected staff will be provided throughout the year. In order that the Trust continues to make these reductions in a planned way and in a way that is integrated to financial plans and service plans, workforce planning and close monthly monitoring of workforce numbers will continue to be essential. A workforce planning tool has been developed and is supported by the HR team. A comprehensive workforce plan has been produced showing the projected leavers for the year. All occupational groups are expected to reduce over this period with percentage reduction ranging from 8% to 27%. The Trust strategy is to give priority to clinical services therefore the impact on non-frontline staffing will be greater. To this end the actual numbers of leavers in each occupational group may vary but the requirement to reduce the overall numbers as described above remains. Alternative models of service provision including shared services and outsourcing are being considered for back office functions with a view to achieving greater reductions by March 2012.

All areas of the Trust will be involved in managing the workforce consequences of the Quipp agenda and HR staff will be deployed to support this at both division and corporate level.

Managing Attendance

The management of sickness remains a key priority for the Trust as it is a major factor in the quality of service we deliver to our patients and is pivotal to our financial performance. The proactive management of attendance will continue to be supported by training of managers and by the Health and Wellbeing service. It is intended that attendance will be more explicitly linked to both incremental progression and to selection criteria for use in redundancies. The overall sickness target has been revised to 3.2%.

Appraisal

The appraisal process will be further refined and this year will be carried out entirely electronically. This will provide for more effective identification of personal development needs and of compliance of the system and rating. This will also support the development of the Trusts talent management framework.

Seven Day Working

The Trust continues to look for opportunities to expand service provision to ensure an effective "every day" hospital, based on clinical priorities, within the resources available. Progress has been made in a number of areas however further work is required within the scope of the national terms and conditions currently in place.

Customer Care / Patient Experience

During 2011/12 the Trust aims to improve on the scores achieved in the National Patient Satisfaction Survey, in terms of patient experience and internal customer experience. This will be achieved through the roll out of the Blackpool Patient and improved customer care training. The Blackpool Patient provides a framework by which patients can express what is important to them about their care, focusing on the emotional aspects of care, as evidence suggests that this is as important as the standards of clinical care. The Blackpool Patient standard will be piloted initially in different care settings before being rolled out across the Trust. The ward manager development programme has been designed to include a patient experience session.

A revised customer care training programme has been designed and will be delivered by an in-house team.

Corporate Induction and Mandatory Training

The Corporate Induction Programme will continue to run in the new format introduced in January 2011. As well as being extended for NHS Litigation Authority requirements, the programme has been updated using best practice delivery techniques. It will provide a more rounded welcome to the Trust, introducing staff to the Vision and Values and also a more in-depth look at the Blackpool Way. This will include a self-assessment against the Blackpool Person and Blackpool Manager.

Mandatory Training will also be updated in 2011/12. We hope to increase the number of staff who are compliant with the requirements for mandatory training through increased use of the workbook and e-learning approach and less reliance on face to face delivery.

Success will be measured by compliance against NHSLA, percentage of staff who are up to date and also the uptake of the workbook and e-learning.

Leadership and Management Development

Leadership and management development programmes will continue to develop to ensure that managers and leaders at all levels have access to development as part of our commitment to the Blackpool Way and also our Talent Management process. The latter aims to ensure that we have a succession plan for key roles within the organisation and ensure we can respond positively to the future needs of the service. All programmes are multi professional, encouraging cross boundary working and networking
The Senior Clinical and Middle Manager programmes include master classes, action learning sets, coaching and mentoring and also require the completion of a change project. We will continue to evaluate these programmes and adapt and flex the content in line with feedback and the needs of the service. The Leadership and Management Style Questionnaire will also be updated to reflect revised standards to include measures around resilience and coaching. The Ward Manager development programme will continue with all Ward managers expected to have participated by the end of March 2012.

Coaching and Mentoring

The Trust will continue to develop our Coaching and Mentoring Framework. This is seen as a vital support to the organisation as we strive to deliver unprecedented productivity gains, whilst protecting the health and wellbeing of our staff and helping them to remain resilient.

We aim therefore to significantly increase the number of staff accessing coaching and mentoring training and will be offering an increased number of courses throughout the year.

Talent Management

Talent Management is being introduced across the organisation in 2011/12. This will be incorporated into the electronic appraisal process for Agenda for Change (AfC) band 7s and above. Key roles have been identified across the Trust that are difficult to recruit to and the competencies required to deliver in these roles have been identified, linked to the Trusts Vision and the Blackpool Way. We aim to develop links with other local organisations, as part of the programme, to provide opportunities for staff to work and develop their competencies in different settings.

The Blackpool Way

The Blackpool Way is the Trusts programme for delivering best in NHS care through an enlightened approach to managing and leading people and developing a fully engaged workforce. In 2010/11 the Trust successfully retained IIP Gold standard, achieving a higher assessment rating than in the previous assessment. We believe that our commitment to excellence in people management through developing a fully engaged workforce is key to our ability to successfully come through the period of severe financial challenge. The action plan from the 2010/11 assessment will be vigorously pursued – particularly the need to improve communication at middle manager level and in particular at satellite sites.

The priority for the Blackpool Way in 20011/12 is to build on previous years success and ensure that an enlightened management culture is practiced across the whole of the organisation and that continuous improvement, in the form of Lean Methodologies are spread and embedded throughout the organisation to support the QuIPP process.

Continuous Improvement/QUIPP

The Manufacturing Institute remains our strategic partner in developing a lean transformational approach to continuous service improvement. In addition, the QIPP agenda has provided us with a further opportunity to galvanise the organisation to deliver change. Programmes and projects are focussed at developing capability, securing engagement and improving performance. The use of policy deployment, effective programme management and robust Executive leadership has allowed us to engage with the organisational structure to implement solutions sustainably, particularly when engaging frontline teams supported by senior clinical and operational teams.
Over the past year, the Trust has sought to improve business management by proactive planning, effective operations management and gaining value from non-pay. Within the service improvement and QIPP agendas, it has improved operational alignment through various programmes and projects aimed at optimising core processes.

In order to ensure that change is delivered, and that the benefits associate with change are realised, the Trust has introduced a programme management office function to support the delivery of programmes

Vision System

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

- Support the provision of safe patient care and the delivery of best clinical practice in every specialty by providing a more informed clinical environment to work in, with greater access to comprehensive patient information as well as reference data such as publications and evidence based guidelines.
- Provide a more professional environment to work in by reducing the time clinicians spend on bureaucracy and paper-work, such chasing results, arranging treatments and answering bleeps. It will also provide effective productivity tools such as patient scheduling. This will enable more time to be spent with patients or in reviewing and developing clinical practice.
- Encourage team working and decision making since all clinicians involved in the care of a patient will share the same information resource and decision support tools, thus reducing the incidence of isolated working.
- Provide real-time safety checks where decisions are evaluated against consultant approved guidelines before they are acted upon. This means that to a certain extent, consultant advice and guidance will be available at all times.
- Information will be available wherever patients are cared for and wherever clinicians work. Clinicians will no longer need to attend the clinical department to access patient notes, nor to authorise changes in patient medication and / or treatment. Clinicians will know the location of their inpatients and the detailed status of every investigation ordered.
- Reduce the length of stay for individual patients by providing better access to information and investigations, enabling more rapid and informed clinical decisions.

Perhaps most importantly, the introduction of a clinical information system will improve patient safety by:

- Providing all clinicians with shared access to the patient's history, diagnosis and treatment information
- Ensuring only the most appropriate drugs are prescribed and administered
- Monitoring and alerting clinically-critical situations
- Scheduling diagnostics and treatments to best fit the patient's care and where possible offering a degree of patient choice
- Reducing waste and improving efficiency by reducing length of stay, and limiting the inappropriate use of drugs and clinical investigations

The implementation plan for the clinical information system is over 3 years, with a phased deployment across the entire Trust during this time. However, the contract with our partner, Alert Life Sciences UK Ltd, is for seven years to allow us to fully utilise the potential of the system to change our ways of working and improve on our clinical practice. The investment in this system is affordable over the lifetime of the programme based on the estimated revenue costs and resulting savings, both hard (for example, administrative staffing) and soft (for example, improvements in quality and safety).

During 2010/11, the Trust began its implementation of the clinical information system, with a successful 'go live' in the A&E department in November 2010. This now allows the A&E clinical team to undertake their activities electronically, including:

- Triaging of patients
- Requesting clinical investigations and viewing the results
- Recording clinical information about each patient such as their past medical history and current medications
- Prescribing and recording the administration of medications
- Tracking of the current status of all patients within the department such as those waiting for a consultation from a particular specialty, or waiting for an inpatient bed.

The Trust plans to rollout the clinical information system across other wards and departments in 2012 and 2013, with all departments using the relatively simple elements as set out below, followed by a layering of the more complex functionality once clinicians have gained confidence in using the system. During 2012, all departments will begin to use the system to request clinical investigations electronically, instead of completing paper request cards, and also to receive the results electronically. This will allow us to work much more efficiently. The Trust will also 'go live' completely in some inpatient wards and outpatient clinics, with clinicians undertaking the majority of their activities using the system.

The Executive Team and the Vision Programme Board will continue to monitor the project costs and benefits, as well as progress against the implementation timetable, throughout the duration of the programme.

Nurses 10 x10

Work on the Blackpool Nurses 10 x 10 continued during 2010/11. The main aim of the project when it was launched was to:

- Review all nursing establishments and agree staffing templates.
- Improve patient experience survey results.
- Reduce complaints regarding nursing staff attitude and communication.
- Improve Nursing Care Indicator scores.
- Remove dependency on the Nurse Bank.
- Reduce nursing sickness absence to less than 4.5%.
- Reduce nursing turnover to less than 10%.
- Improve staff morale, as evidenced by staff survey results.

The project was launched as there existed a significant number of nurse staffing vacancies within the Trust and this meant that there was a heavy reliance on the Nurse Bank. It was felt that this was having a direct impact on the workload and morale of staff and importantly was impacting on the quality of care delivered.

Good progress was made during 2010/11 on improving staffing levels in clinical areas. A recruitment drive, spearheaded by the new Trust brand of 'The Place to Be', was extremely successful. In addition the Trust actively recruited overseas, appointing 27 experienced registered nurses to clinical areas. In response to the improved staffing levels the nurse bank to be closed on 31 October 2010.

To support the efficient deployment of nursing staff, an e-rostering system has been successfully implemented across all nursing areas. Following implementation of the project, the Trust has seen a reduction in sickness and absence to 4.33% and improved scores in the monthly Nursing Care Indicator Audits.

In 2011/12 further work will be undertaken with ward sisters and charge nurses to develop their roles in providing empowered clinical leadership and delivery of the Trust's objectives.

Medical School Development

During 2010/11 the Trust was awarded Teaching Hospitals status by Liverpool University. The priority for medical education in 2011/12 will be to build upon this success to more effectively bridge the gap between education and service. This will include developing the learning environment within clinical settings, developing more effective partnership working and engagement with Universities, the Deanery, students, trainee Doctors and those Trust staff actively involved in education. We will develop the interface between medical education and research. The library and knowledge management service will be enhanced to ensure that the evidence base is fully incorporated into clinical practice and systems. In addition we will redesign the clinical skills service to ensure better alignment with the educational curriculum and to improve the safety of our patient services by improving the competency of Trust staff.

Contracting

In previous years the Trust has taken a health economy view throughout the contracting process and sought to support the overall objectives of the health community. This has resulted in the current year, through the contracting process, the Trust carrying a significant proportion of the health economy risk. In the current financial climate a similar approach in the 2011/12 contracting round is not tenable. To ensure that the Trust has a viable contract with NHS Blackpool, as its host commissioner, the Trust has put in place a number of measures which include:

- An Executive Director working exclusively on the contracting and Annual Planning process to support delivery of a viable contract.
- A memorandum of understanding between all parties to the contracting process that sets out the principles on which the contract will be based. This clearly sets out that the contract must secure the future financial viability of all parties to the contracting process.
- Setting out to commissioners the basis on which the Trust would be prepared to sign a contact. This approach takes account of risk sharing in terms of contract performance and delivery.
- The contracting process employed and ongoing contract developments being discussed and agreed by the Board at the monthly Finance and Business Monitoring Committee. This means the Board are fully appraised of progress in relation to contract negotiations.

- The annual planning process has been presented to the Board of Governors and their comments fed into the process.

- In between Finance and Business Monitoring Committee meetings relevant paperwork e.g. drafts of the Memorandum of Understanding, have been circulated to the Board for comment and input and weekly verbal briefings have been given to the Chairman and individual Non Executive Directors.

The above measures have provided the Trust Board with a robust governance process for the commissioning round and have ensured an active input into the contract negotiations.

At the April meetings of the Finance and Business Monitoring Committee and full Board of Directors a full appraisal of the contract offer for 2011/12 was presented and discussed. This included an assessment of risks inherent in the proposal. The decision of the Board of Directors was that the contract offer be signed by the Chief Executive.

Relationship with Commissioners and Stakeholders

The Trust continues to build on the joint working that has taken place with Health community Partners in recent years to deliver and develop high quality services for our patients. As previously stated a joint public consultation document has been prepared which seeks the publics and patients views on how health services on the Fylde Coast should be delivered over the next five years. In some cases this will mean moving services from an inpatient into an outpatient setting and outpatient services out of hospital into a community setting. This will require all agencies to work in a coordinated and seamless way to maximise the benefits for patients. It is believed that by redesigning services in this way the cost of delivering healthcare will be optimised.

Developing our Marketing and Competitive Capability

The Trust has in place a Marketing Sub Committee of the Board, Chaired by a Non Executive Director with representation from the Council of Governors. In October 2010 the Marketing Sub Committee presented to the Board an update of the Trusts marketing strategy. This was prepared in response to the changed environment in which the Trust, and the wider NHS, are now operating and was approved by the Board. The revised strategy identified two key areas of work for the Marketing Sub Committee, these focused on strategic marketing and marketing communications, with specific reference to the following areas:

Strategic marketing:

- Provide a basis of understanding of market trends and issues that will influence Trust strategy and decision making
- Scope the local market to identify competition for services provided by the Trust in the form of, 'any willing provider'
- Support divisional business planning with demographic information and competitor activity and trends
- Support development of individual divisional service offerings
- Support appropriate market segmentation for divisions and directorates
- Support development of individual divisional marketing plans

Marketing communications:

- Increase awareness among the target audience of the Trust's services, achievements and performance
- Inform patients, families and general public about specific service offerings and our competitive advantage
- Decrease or remove potential obstacles and resistance to using our services
- Increase perception and support of partners and commissioners that the foundation trust delivers excellent quality and value to the population it serves
- Provide a communications channel for staff that supports engagement and information sharing

Additionally, it will;
- Reference the changing operating environment of the NHS
- Reflect the importance of the organisation focussing time and attention on understanding what customers want and responding to their demands.
- Illustrate our developing ability to promote services and Trust achievements and engage the public, partners and staff about options for the future provision of services.
- Inform the Trust regarding understanding and expertise of the market and public opinion

Marketing Priorities and next actions

There have been a number of marketing developments in the last twelve months, including:

- A strategy review based on a segmented strategic market analysis at specialty level in the Medical Division
- Improved patient communication with the introduction of a standardised format for patient information leaflets
- Provision of new patient bed side folders
- An On line Consultant Medical staff directory which provides a profile of each Consultant
- Introduction of Hospital News Network (HNN), a regular news programme which is published on You Tube, the Trust Website and Intranet
- Changing Lives
- Better Care Better Value Newsletter
- Improved GP communications through the introduction of electronic discharge letters
- Development of the Employer Brand – "Place to Be"

To support the implementation of the revised marketing strategy the following activities were identified as high priority in the next 12 months.

- Ensuring additional services through Transforming Community Services are actively promoted including webpage updates
- Undertake a refresh of Market analysis (CHKS) against position 3 years ago
- Develop a live Database to reflect the individual contacts & communications made between directorates with GP's. This will record the issues GP practices have identified for shared use across divisions and provide up to date information, with the aim of reducing repetitive visits to GPs on the same matters and provide more intelligence on issues affecting GP's to assist in improving communications
- Provide Customer Service Training for staff and consider whether this should be mandatory for new starters

- Develop relationships with Practice Managers and host events specified for their needs
- Identify PCT's current communication strategies with GP's
- identify what sources of information may be available within Primary Care that may assist our own understanding of the specific challenges faced within each GP practice
- Development of the Trust Brand to complement the move to Teaching Hospital status and the new services to be brought into the organisation as part of the Transforming Community Services Agenda
- Continuing to ensure 'buy in' from staff on the Vision and Values through the road shows that all staff must attend.

Further actions will be developed by the Marketing Sub Committee to support the delivery of the marketing strategy and these will operate in support of, and alongside, Trust and divisional business plans.

Corporate Citizenship

The Trust Board takes its responsibility to corporate citizenship very seriously and is committed to supporting social ownership. In July 2010 the Trust Board gave approval for the nurse led unit at Bispham to develop as a social enterprise, owned and run by the staff. The social enterprise unit, in the name of Spiral Community Interest Company, was registered with Companies House on the 30th September 2010 and a Shadow Board was constituted. The company began running in shadow form in November 2010 and in December 2010 was recognized by the Prime Minister's Office as 2nd wave pathfinder.

The move to a social enterprise was a clinically led decision by staff, fully endorsed by the RCN and Unison trade unions. The anticipated benefits of the change being greater opportunities to:

- deliver efficient and effective seamless intermediate care rehabilitation services to primary and secondary care, social services and the independent sector at a competitive price.
- expand services through competing for new work not previously available to the NHS.
- Reduce operational costs while increasing patient satisfaction.
- Generate an operating surplus to reinvest in developing and improving services.

2.2 Service Development Plans 2011/12

Operational Performance

The Operating Framework sets out the national priorities for 2011/12, with the core purpose remaining the delivery of improved quality for patients through improvements in safety, effectiveness and patient experience.

The focus for the Trust during 2011/12 will be on improving outcomes in line with the vision outlined in Liberating the NHS (July 2010) and delivery of the integrated performance measures set out in the Operating Framework.

In addition, the opportunity provided by the Transforming Community Services with the merger locally of three provider services into one, has been seized to continue the development of integrated care pathways as an approach to transforming the way services are delivered to patients across the whole health economy. This will support the provision of safe, effective care for the benefit of our patients improving their experience and the outcome of their healthcare.

Patients' rights to access services within maximum waiting times under the NHS Constitution will continue. The Trust will be expected to offer maximum waiting times to patients and compliance with this will be monitored along with the 95th percentile of waiting time and the median wait. The Trust has monitored and met the 95th percentile and median wait since August 2010 and divisions will continue to review capacity on a regular basis to ensure that performance does not deteriorate and that where possible it improves during 2011/12.

The Operating framework 2011/12 detailed a set of indicators developed to look at the performance of A&E departments in the round. The Trust has developed the datasets to support the collection and analysis of information to enable monitoring against the revised indicators. The department is developing plans to ensure compliance with the requirement to improve performance against the indicators during 2011/12.

The revised Improving Outcomes strategy for Cancer published in January 2011, confirmed that the existing cancer waiting times standards, that have been proved to support better clinical outcomes, will continue to apply. In addition the Trust will be expected to provide the data needed to assess whether progress is being made on improving survival rates through earlier diagnosis and intervention, e.g. cancer staging data. During 2011/12 Clinicians and Managers will continue to work together to identify improvements to patient pathways to ensure compliance with the cancer waiting time standards and plans are in place to increase the availability and reporting of staging information.

In line with the extension of the range of choices available to patients, services on Choose & Book will be listed in such a way as to enable patients to book appointments with named consultant-led team from April 2011, provided the referral is clinically appropriate.

Patient Experience

Eliminating Mixed Sex Accommodation

The Trust has remains compliant with single sex accommodation guidelines. Following a revision to the guidelines in November 2010 the Trust has been working with commissioners to ensure ongoing compliance. Commissioners have undertaken monthly spot check audits to monitor compliance with the regulations, and we continue to work with our commissioners and patients groups to ensure we continue to enhance the dignity and privacy that patients receive whilst in our care.

Healthcare for people with learning disability

The Trust continues to work with community service providers to ensure that access to services for people with learning disabilities is equitable and improved and also to ensure that pathways of care are reasonably adjusted to meet the health needs of these patients. We are also working on developing comprehensive information for patients with learning disabilities to ensure they have an understanding of the care they will receive. This will also support staff in understanding how individual patients needs can be met. A network of learning disability link staff is being developed that will include training on providing healthcare to patients with learning disabilities.

Listening to patients

The Trust participates in all national patient surveys and in 2010/11 has had results from the national maternity survey, the national cancer survey and the national in patient survey. These

results heavily influence the services we provide and support us in areas for development. The Trust will continue to participate in these surveys in the year ahead. In order to get more timely feedback on our services the Trust has a monthly patient experience survey, with the results fed back directly to Divisions and ward areas, we plan to move even further in capturing real time experiences, looking at using technology in order to capture our patients experiences in real time.

Developing our staff to enhance the patient experience

The Trust has worked with patients to identify their emotional needs and report their experiences of the NHS and acute hospital care. This looks at describing care by a set of emotional needs rather than physical care needs. The Trust is developing these as an extension of the Blackpool Way to embed cultural and behavioural change. The aim is to use these to assist the Trust with recruitment, induction, training and appraisal. The Trust will undertake an exercise to ask patients to rate their care against this standard and to seek to raise our aspirations in terms of what patients should expect in relation to the personalisation of their care and their hospitality. Ward Managers will be engaging with this exercise, through their development programme, as this group of clinical managers will lead this change in terms of challenging the beliefs, attitudes and behaviours identified with patients.

Quality Framework

In response to Lord Darzi's Next Stage Review, 'High Quality Care For All' a consultation took place with staff and the result was a quality framework approved by the Board of Directors in November 2008. The Quality Framework sets ambitious targets for the next three years in relation to direct patient care, as set out below:

- Improve our hospital standardised mortality rate from 103 (100 being the average) to 73 by 2011/12
- Conform to best practice by fully implementing Advancing Quality, 100,000 Lives and Saving Lives interventions.
- Reduce avoidable harms by 50% by year 2011/12.
- Improve the patient experience, evidenced by improving our rating in the national patient satisfaction survey by 5 points per year, over the next 3 years.

Programmes of work have been underway since 2009 to deliver these goals and substantial progress has been made, with some goals being delivered in advance of the target date. Work will continue in 2011/12 to deliver fully on all targets. The content of the Quality Framework forms the basis of our Quality Accounts, which are a statement to our patients and public of the progress we have made on improving the quality of patient care. Quality Accounts are published as part of our annual report.

Patient Safety

Following the launch of the Quality Framework in 2008, the Trust Board has continued to keep patient safety high on the agenda and monitors progress against the four areas of the Framework to ensure that patients receive care that is safe, of an excellent standard, gives the best possible clinical outcome and a positive experience. The Trust has a stated vision of delivering 'Best in NHS Care' and the cultural shift within the organisation has been evident and recognised nationally through the Trust's success in patient safety awards.

During 2010/11 the Trust became part of a number of national and regional patient safety programmes. These include:

- Participation in the NHS Institute's Leading Improved Patient Safety (LIPS)TV11 programme, the Trust participated in the LIPS 111 programme in 2009 and this delivered a substantial reduction in the rate of patient harm within the Trust.

- The Trust became part of the North West Safety Hub in collaboration with Morecambe Bay Hospitals NHS Foundation Trust and NHS North Lancashire, working together to improve patient outcomes in relation to Hospital Acquired Venous Thromboembolism. This collaborative, working with other trusts in the North West, has made considerable progress in reducing the rate of Venous Thromboembilism.

Over the last two years significant work has been undertaken to reduce harms to patients as a result of slips, trips and falls. Many initiatives have been introduced, such as movement sensors which can be placed on the bed or chair of patients identified as being as high risk of falling. Robust falls risk assessment of all patients admitted to the Trust are carried out which forms the basis of an appropriate management plan. The improvements in the risk assessments and management plans have in conjunction with the newly introduced hourly visits to patients identified as being at high risk of falls, have led to a reduction in the numbers of falls, and in particular falls resulting in serious harm. The hourly visits are now being rolled out across the Trust. There have been specific DVD's recorded in relation to the Patient Story following a fall which are powerful tools used within training sessions of the Trust's staff. The Trust's work in reducing falls has been recognised nationally and has been shortlisted in the National patient Safety Awards.

Over the last 12 months the Trust has introduced Structured Executive Director Patient Safety Walkabouts. These are in addition to the weekly ad hoc visits to clinical areas by Executive. The clinical areas are given at least 6 weeks notice of the visit which can take up to 2 hours depending on the discussions generated by the staff. Information regarding numbers of incidents, complaints or PALS contacts are sent to the area before the Structured Walkabout so that these can be discussed. Additionally, the Ward Manager is asked to provide specific issues or questions prior to the visit so that these can be addressed prior to the meeting if appropriate. Two structured Patient Safety Walkabouts are undertaken each month, in addition to up to 16 ad hoc visits. Summaries from these visits, plus any issues raised are summarised and maintained on a data base on the Trust's intranet. These are available for all staff to review and share good practice and lessons learned.

The focus for the coming year is to continue the drive to improve patient safety, building on our successes and identifying new areas for action through both national and local programmes.

Infection Prevention

The Trust Board receives monthly information in relation to infection prevention and a quarterly report from the Director of Infection Prevention. Considerable progress has been made in reducing infection rates within the Trust, as set out in section 1 of this document. In June 2010 the Board agreed and implemented a further set of measures to reduce the incidence of Clostridium Difficile in the Trust. These included:

- revisions to the Trusts prescribing policy with an antibiotic review taking place at 48 hours and 5 days
- an audit of antibiotic prescribing practices by Consultant Team with areas for improvement being fed back to individual consultants

- all cases of CDI instigating a root cause analysis, performed by the Infection Prevention Team
- monthly communications being sent to all Consultants illustrating CDI cases and location
- Consultant Microbiologists will give direct input to wards round in terms of microbiology and antibiotic advice.
- Further review of the formulary to assess the possibility of further restricting the use of broad spectrum agents

To support the strategy an additional Microbiologist has been appointed, commencing in January 2011. The impact of these actions will be closely monitored during 2011/12 and their impact assessed. At the same time the Infection Prevention Team will continue to seek out best practice and implement further improvements.

Phase VI – Surgical Development

Following consideration of a business case in June 2008 the Board of Directors approved the development of a new surgical block, Phase VI. It is important that this development is not seen as merely a new building but as an opportunity to develop clinical practice and meet patient expectations. Therefore a clear set of objective have been set including:

- supporting the adoption of best practice surgical techniques
- optimising bed and theatre utilisation
- bringing together fragmented surgical services, to simplify the patent journey
- providing a high quality environment that promotes and protects patients privacy and dignity
- enhancing the Trust's infection prevention policy and procedures
- delivering services in a facility that meets patients expectations
- promoting the Trust as the provider of choice in the local health economy
- enhancing the Trust's ability to attract and retain high caliber staff from all disciplines
- facilitating flexible training and workforce models

Completion, and opening, of the new development is planned for the summer of 2011. Many services have already been redesigned to reflect the new service model that will be operated in Phase VI. Further work will be undertaken between now and the new building becoming operational to ensure we offer the highest standard of service to our patients, at the most economic cost.

Women's and Children's Development

In November 2008, work began on a 4 phased development to create an integrated Women's and Children's Unit. The objective of the scheme being to provide the following quality improvements to the services we offer:

- Introduction of ambulatory gynaecology – this will see treatments offered in an ambulatory setting, creating opportunities to both grow market share and improve efficiency by reducing demand for expensive theatre capacity.
- Paediatric staffing – the bringing together of children's wards into one area will give efficiencies through economies of scale.
- Reduced length of stay for Women's and Children's services – this will mean a requirement for fewer inpatient beds.

- Provision of a dedicated Foetal Assessment and Triage Unit – this will be managed by midwives and will reduce the need for overnight stays.
- Compliance with NSF standards - the new facility provides the opportunity to move the majority of non-medical children's services into accommodation designed to meet the needs of children.
- Improved Postnatal Support through the development of a transitional care unit – this will allow mothers and babies to remain together whilst the baby undergoes treatments such as IV antibiotics or phototherapy.
- Provide an infrastructure to deliver one-stop services – this will cover assessment and treatments for Post Menopausal Bleeding, Foetal Assessment and Early Pregnancy Assessment.

In 2010 work completed on phase 3 of the scheme and the Trust Board were required to make a decision on funding the final phase, phase 4, which support paediatric inpatient facilities being relocated to the new unit. At the Trust Board meeting in December 2010 the funding of the capital programme was discussed, in light of the Trusts overall financial position, and the outcome of the discussion was a decision to defer phase 4 of the scheme.

Urgent Care Centre

The Urgent Care Centre opened in June 2010 and brought together the existing Accident and Emergency Department (A&E), the GP Out of Hours services, Mental Health services and Primary Care services to one service location, operating 24 hours a day 365 days per year. Through triage at a single point of access for patients, the service will channel patients to the right place and service, to meet their needs first time either by providing immediate treatment or arranging future appointments with the appropriate service. Whilst the service has delivered major quality improvements for patients it has yet to deliver the scale of reductions in A&E attendances and emergency hospital admissions planned for. Further work will be undertaken in 2011/12 to enhance the service to deliver these benefits.

Out of Hospital Care

The proposal to move services from hospital into the community was tested during our public consultation, 'Improving Patient Care'. The outcome of the consultation was that patients and the public told us that they wanted to see services delivered in the community closer to their homes. The consultation put forward proposals to develop Primary Care Centres on the Fylde Coast to facilitate this change. Two of these centers are now open and a wide range of services are now being provided, including a range of diagnostic services. A further two Primary Care Centres are to open in 2011 and discussions are ongoing with commissioners regarding space available in the centre to provide out of hospital service. These developments and the Trusts response, give the opportunity to develop pathways across primary and secondary care and consolidate our position as the first choice provider of healthcare on the Fylde Coast.

Medicines Reconciliation

The Trust continued to make progress on implementing a system of medicines reconciliation over the last twelve months. This has seen the role out of the process across divisions and the introduction of an electronic discharge letter which incorporates a section aimed at informing GPs of medicines stopped and reasons why. The recent introduction of the 'green bag scheme' aimed at encouraging patients to bring their medicines into hospital will also contributed significantly to the medicines reconciliation process.

The following strategies will continue during 2011 /2012:

- Monthly audit of pharmacist led medicines reconciliation on admission, aiming for a target of 90% of medical patients to have their medicines reconciled by a pharmacist within 24 hours. The Trust is presently achieving a target of 75 % of all patients having their medicines reconciled by a pharmacist within 24 hours).
- Induction training for all new medical staff on medicines reconciliation.
- Promotion of the admission medicines reconciliation protocol.

The challenges for 2011/12 are:
- Ensuring a formalised 'medicines list' is included in all patients notes.
- Further work to encourage Trust wide medicines reconciliation at discharge.
- Implementation of the discharge medicines reconciliation protocol.
- Continued promotion of the 'green bag' scheme across the wider health economy.

Falls Service

The significant progress in reducing the serious harm to patients caused as a result of a fall was set out in section 1 of this Annual Plan and in the section on patient safety. The Trust has set itself a target to reduce the number of falls experienced by our patients by a further 30% during 2011 / 2012. The range of initiatives set out earlier in this document will be rolled out across the Trust during the year to support delivery of this improved performance. At the same time the Trust will continue to source best practice and develop further strategies to ensure that patient falls continue to reduce.

End of Life Care

The Trust continues to recognise the importance of providing high quality care to all patients at the end of their lives. We have been working hard to improve the care we provide during this often very difficult period for patients and their carers, families and friends. Key to improving quality in end of life is our strong working relationship with our local Primary Care Trusts and Trinity Palliative Care Services to ensure continuity and coordination of care for patients and their families.

Further quality improvements include:

- Development of a Rapid Discharge Pathway at end of life. Many patients spend the last days of their life in hospital even when hospital based care is no longer appropriate nor wished for by the patient and their family. Over the past year 23 patients who were felt to be within their last few days of life were safely discharged home at their request within 4 hours to the care of the community teams. A further 68 patients were discharged either home or to a nursing home, depending on their preference, within 24 hours.

- The Liverpool Care Pathway for the Dying Patient continues to be used across our hospitals. It is nationally recognised as the most appropriate pathway available to support clinical staff when caring for patients who have reached the final stage of their lives, to follow evidence based good practice in the care of patients and to ensure the same high quality care is provided to all. With ongoing training and support provided by our Trust End of Life Care facilitator and Trinity palliative care specialist nurses we have seen the proportion of pathways used increase from 12% to 30% over the last 18 months. The Bereavement and

Carer group within the Trust have designed a questionnaire to be given to all bereaved families after death so that we can obtain feedback about the quality of our services and areas for further improvement.

- Training is crucial to ensure ongoing improvement and increase staff confidence and competence in End of Life Care. In September 2010 a 6 month training pilot started on 2 medical wards within the trust and includes the following 4 key areas to support End of Life Care:

  - o symptom control
  - o communication skills
  - o advanced care planning
  - o holistic assessment

Although the pilot is still in progress, feedback from ward staff is extremely positive and it is hoped that this model will be extended to other areas within the Trust.

- In partnership with Trinity Palliative Care services, 48 undergraduates from the University of Liverpool Medical School underwent a 4 week training module in palliative care. Other groups trained include pharmacists, occupational therapists, junior doctors, nurses and general practice trainees.

- The Trust's Bereavement and Carers group continues to monitor and develop bereavement care. As part of this group the Bereavement Care Development Officer has been working on four main work-streams:

  - o The development of a 'care after death pathway' to document all care of the deceased person
  - o The dignified introduction of body bags with training for staff in their use
  - o The introduction of the new bereavement care questionnaire given to the bereaved via general office. This questionnaire is starting to give valuable and up to date information on the experiences of the bereaved.
  - o The development of bereavement standards for wards to commit to, ensuring effective and dignified care for the deceased and families and next of kin.

Additionally the Trust continues to provide memorial services for the bereaved and has also built modern viewing facilities in the new mortuary.

- The Trust End of Life Care Board continues to monitor the progress of End of Life Care within the Trust and across our healthcare economy. End of Life Care has been identified as one of the high priorities for the Fylde Coast and it has been agreed that there is a need to merge all the various End of Life groups that exist within our partner organisations into one End of Life Board.

We see improvements in End of Life Care as an essential and ongoing programme of work. Over the next year we plan to focus on Advance Care planning, continuing to work closely with our colleagues in primary care, Trinity Palliative Care Services and with patients and carers to develop care pathways that ensure seamless patient centred care at end of life.

CQUIN

CQUIN is designed to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis. For 2011/12, the Trust has agreed 13 CQUIN schemes worth a total of 1.5% of the contract value. A lead will be identified for each scheme to ensure that targets are met and overall performance delivered.

Mandatory Services

There are no proposed changes to the Trust's mandatory services as set out in appendix 1.

3 Operating resources required to deliver service development

3.1 Income and Expenditure

3.1.1 Overview

Following a challenging year financially in 2010/11 the Trust has undertaken a robust review of its budgeting and planning processes, including those to agree contracts with commissioners. As a result in the first year of this plan the Trust plans to breakeven and continue to strengthen its cash position. Beyond 2011/12 the Trust plans to return to more historic levels of surplus that will support the continued development and improvement of its infrastructure and services.

In the first year the Trust plans to deliver a financial risk rating of 2.

The financial values in the plan are inclusive of the Trust's investment plans and supporting borrowing. Further detail on the financial risks facing the Trust is outlined in section 4.

3.1.2 Clinical income

The basis for setting the clinical income plan is the activity projections agreed with PCTs as part of the contracting round for 2011/12.

The main assumptions underpinning forecast levels of activity include:

- 2010/2011 forecast outturn used as the basis to calculate the baseline activity commissioned;

- Reduction in non-elective activity and income to address the Operating Framework Guidance on readmission;

- Removal of any caps and thresholds that impacted on the 2010/11 contractual clinical income;

- Full year effect reductions in A&E activity from the Urgent Care Centre development in July 2010;

- Consolidation of developments in Cardiology and Haematology services to meet clinical quality; and

The Trust is working closely with the stakeholders to develop and implement Health Economy plans to deliver the financial plans, and to deliver sustained reductions in activity that does not add clinical benefit to the patients.

The impact of the above assumptions are included in table 3.1 which summarises the Trust's clinical activity forecasts for 2011/12 to 2013/14 as agreed with the Trust's Commissioners.

Table 3.1 Clinical activity forecasts

	Plan 2010/11 000's	Actual 2010/11 000's	Current Plan 2011/12 000's	2012/13 000's	2013/14 000's
Elective spells	50.2	52.5	53.1	53.1	53.1
Non-elective spells	40.7	42.8	41.0	41.0	41.0
Outpatients attends	249.2	273.8	283.9	283.9	283.9
A&E attends	74.2	83.2	79.6	79.6	79.6

The NHS Operating Framework, published in December 2010, sets out the framework within which the income from the above activity levels will be priced. Income projections have therefore been revised to take these into account.

The Operating Framework has introduced Tariffs priced using the 2011/12 National Tariff activity classification system and the Trust has worked closely with its commissioners to ensure that this is successfully introduced. In particular the following significant changes have been agreed:

- The non-payment of all emergency admissions within 30 days of a daycase or elective procedure excluding certain exceptions as per the PbR Guidance for 2011/12;

- A 25% reduction in emergency admissions within 30 days of an initial emergency admission excluding certain exceptions as per the PbR Guidance for 2011/12.

Beyond 2011/12, the Trust has modelled deflationary pressures on clinical income of 1.5% annually in the planning period, with the exception of PbR excluded drugs. All inflationary pressures therefore, are expected to be met internally in the future.

Non-PbR services have been priced using locally agreed prices including the appropriate inflationary uplift as above.

Table 3.2 Clinical income projections

	Plan 2010/11 £'m	Actual 2010/11 £'m	Current Plan 2011/12 £'m	2012/13 £'m	2013/14 £'m
Elective	57.2	59.2	59.9	59.0	58.2
Non-elective	71.0	72.4	73.3	72.2	71.1
Outpatients	28.4	31.9	32.0	31.5	31.0
A&E	6.4	7.1	7.1	7.0	6.9
Other	58.9	72.6	62.6	62.3	62.0
NHS clinical income	222.0	243.3	234.9	232.0	229.2
Non-NHS clinical income	4.7	5.8	6.0	5.9	5.8
Total clinical income	226.8	249.1	240.9	237.9	235.0

The above values are incorporated into the contract agreed with Blackpool PCT (who acts as the Trust's host PCT).

The private patient proportion remains constant and will continue not to breach the 2.0% cap.

3.1.3 Non-clinical income

The basis for setting the non-clinical income plan is the 2010/11 recurrent income outturn maintained into the future but adjusted for planned levels of non-recurrent income.

All non-clinical income has been uplifted by the appropriate inflation rate as outlined above.

Table 3.3 Non-clinical income forecast

	Plan 2010/11 £'m	Actual 2010/11 £'m	Current Plan 2011/12 £'m	2012/13 £'m	2013/14 £'m
Education	10.9	10.6	10.3	10.2	10.0
Research & Development	0.6	1.1	1.6	1.6	1.6
Other	11	12.6	11.9	11.7	11.5
Total	22.5	24.3	23.8	23.5	23.1

3.1.4 Pay

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

- 2011/12 pay impact of the changes to the income plan, both activity and non-activity related as described in the income assumptions above;
- 2011/12 pay inflation (based on an uplift of £250 for those staff earning annual salaries of £21,000 or less) of £0.6m;
- 2011/12 Agenda for Change (AfC) increments of £1.5m;
- 2011/12 additional costs for Consultant Contract pay progression of £0.2m;
- 2011/12 additional costs for Clinical Excellence Awards (CEAs) of £0.2m;
- 2011/12 National Insurance changes net impact of £0.0m (i.e. net neutral) due to the 1.0% increase in the employers contribution rate cost of £1.0m being offset by the increase in the employers contributions threshold saving £1.0m;
- The pay impact of the Vision Development.

Where possible the assumed impact of these increases has been applied directly to budgets for the start of the financial year. If this is not possible specific reserves have been developed.

3.1.5 Non-pay

The Trust has built upon its already well established non-pay review process. Resources have been identified to support forecast additional costs including the impact of inflation and VAT and changes to the CNST premium.

Other non-pay cost increases have also been provided for. These include providing for the costs associated with the continued investment in the Trust's IM&T infrastructure, in particular the implementation of the Vision Development.

Table 3.4 summarises the Trust's operational expenditure forecast for the period of this Annual Plan.

Table 3.4 Operating expenditure forecast

	Plan 2010/11 £'m	Actual 2010/11 £'m	2011/12 £'m	Current Plan 2012/13 £'m	2013/14 £'m
Pay costs	(158.2)	(171.0)	(164.6)	(158.6)	(154.6)
Drug costs	(15.7)	(18.3)	(18.0)	(17.9)	(17.8)
Other operating costs	(57.2)	(69.3)	(67.8)	(68.2)	(68.4)
Total	(231.1)	(258.6)	(250.4)	(244.7)	(240.8)

3.1.6 Other

In addition to the pay and non-pay reviews non-operational costs have been reviewed. Interest payable will continue to be incurred in 2010/11, and relates to the drawdown of the £25m of approved borrowing to finance major capital investment. The interest receivable forecast reflects current market conditions.

3.1.7 Efficiency and QuIPP plans

The NHS Operating Framework, Financial Planning Guidance and National Tariff for 2011/12 incorporate a net price reduction of 1.5% in the national tariff and a national efficiency requirement of 4.0% offsetting the inflationary impacts of pay and prices. In order to ensure that the Trust can continue to invest in its infrastructure and services the Trust is planning to deliver a 5.7% QuIPP contribution in 2011/12 and further year on year additional QuIPP contributions of 4.7% and 4.7%% respectively for the following two years.

The Trust has strengthened its processes to ensure the delivery of efficiency savings with the establishment of a programme management office and increased scrutiny by Executive Directors and the Board. During the last three years the Trust has delivered savings of £6.6m in 2008/09, £6.7m in 2009/10 and £17.6m in 2010/11.

Significant progress has already been made in the identification and delivery of efficiencies for 2011/12 with the full £15.1m identified. Proposed efficiencies have been identified by Divisions as per the following table.

Table 3.5 Efficiency / QuIPP forecast

	Plan 2010/11 £'m	Actual 2010/11 £'m	2011/12 £'m	Current Plan 2012/13 £'m	2013/14 £'m
Scheduled care	10.2	9.0	5.3	4.2	4.2
Unscheduled care	5.8	4.8	2.1	1.7	1.7
Clinical Support Services & Facilities management	2.6	2.8	3.3	2.6	2.6
Corporate	0.9	1.0	4.5	3.5	3.5
Total	19.6	17.6	15.1	12.0	12.0
% of operating costs	**7.8%**	**6.4%**	**5.7%**	**4.7%**	**4.7%**

The Trust will continue to develop the schemes above to ensure that it is able to mitigate financial risks that may develop in year and ultimately support the return of the Trust to surplus.

3.2 Investment and disposal strategy

The Trust will continue to invest in its infrastructure through the delivery of a robust capital programme that will support its business requirements.

For each of these schemes business cases have been developed and the financial implications considered both individually and together in order to determine the level of borrowing required.

Detailed descriptions of these schemes are included in section 2 of the Annual Plan, with the financial consequences outlined below:

- **Phase VI – Surgical Centre**

The Surgical Centre scheme total cost is £39.8m (including equipment costs) the investment commenced in 2008/09 with scheduled completion in 2011/12. The current proposals will have a £1.5m impact upon the Trust's Income & Expenditure position, although the full impact of this will only be incurred in 2011/12. The Division has developed proposals to ensure that these increased costs are recovered.

- **Women & Children**

The Women & Children's business case pulls together a number of schemes that will result in the investment of £10.0m across 2008/09 to 2013/14. Through forecast additional income and operational efficiencies the proposal will deliver a small surplus by 2013/14.

- **Vision Clinical Information System**

The implementation of the Interim Clinical Information System commenced in 2009/10 following a comprehensive procurement and competitive tendering process and approval by the Board of Directors in November 2008.

The solution is planned to be fully operational in 2012/13, the capital plan reflects the investment in the solution.

The following table summarises the Trust's capital investment plans for the next three years.

Table 3.6 Capital investment

	Plan 2010/11 £'m	Actual 2010/11 £'m	2011/12 £'m	Current Plan 2012/13 £'m	2013/14 £'m
Investment in new infrastructure					
Surgical Centre	18.4	18.2	6.0		
Urgent Care Centre	1.4	1.2			
Women & Children	2.4	3.1	0.4		
Mortuary Upgrade	2.3	2.9	0.4		
Interim EPR	4.6	3.5	2.1		
Investment to improve existing infrastructure	4.4	1.4	0.8	5.6	5.6
Total	33.5	30.3	9.7	5.6	5.6

It has been assumed that no Public Dividend Capital will be available and that any additional resource required, above internally generated resources, will be met from external borrowing.

The Trust has two loans with the Foundation Trust Financing Facility. The first for £25m was fully drawn in 2010/11 with a further £5.6m available in 2011/12.

3.3 Financing and working capital strategy

The Trust plans to consolidate the cash retained by the business in 2011/12 with a cash balance at 31st March 2012 of £8.2m. In addition the Trust has a committed working capital facility of £19m in place with Barclays until 16th July 2011.   The Trust does not plan to utilise this borrowing facility but has plans in plans in place to ensure that a new year long is facility is in place from July.

A summary of cash balances and available liquidity headroom for 2011/12 is shown in the chart below.

Chart 3.2 Liquidity forecast 2011/12
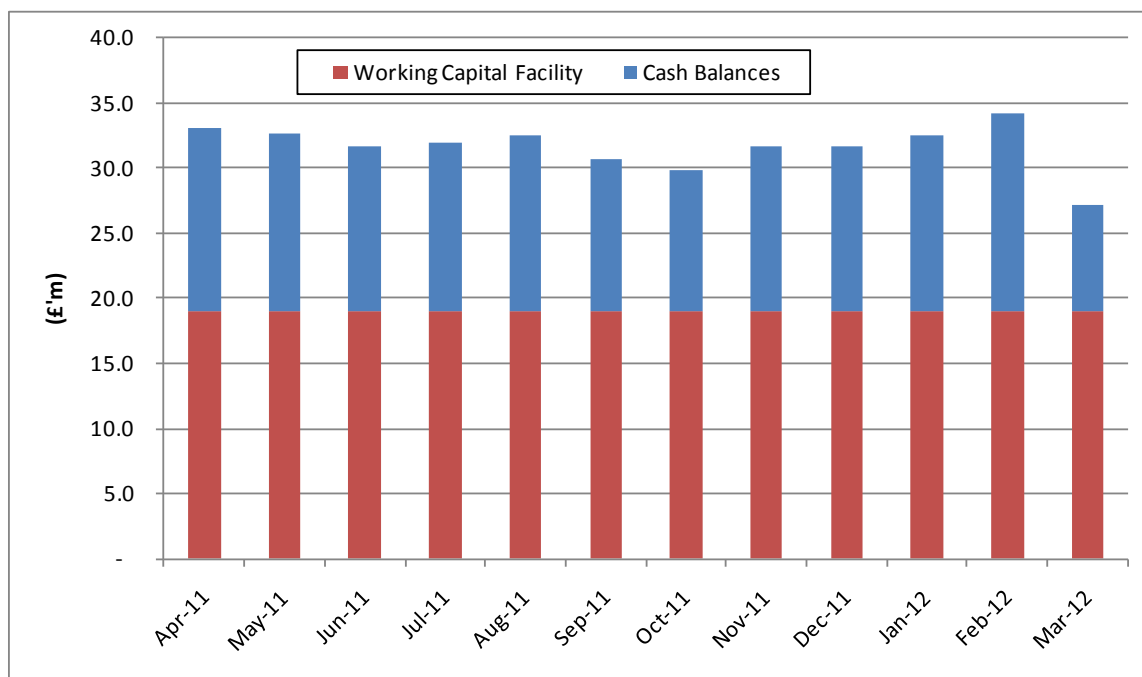
The Trust has significantly improved its capacity to manage its cash and working capital. In the final quarter of 2010/11 a cash committee, with representatives across the Trust, was introduced and performance on a rolling 13 week cash forecast (updated every two weeks) is reviewed on a weekly basis.

The next chart demonstrates the cash balance across the three years of the Annual Plan.

Chart 3.3 Liquidity forecast 2011/12 to 2013/14
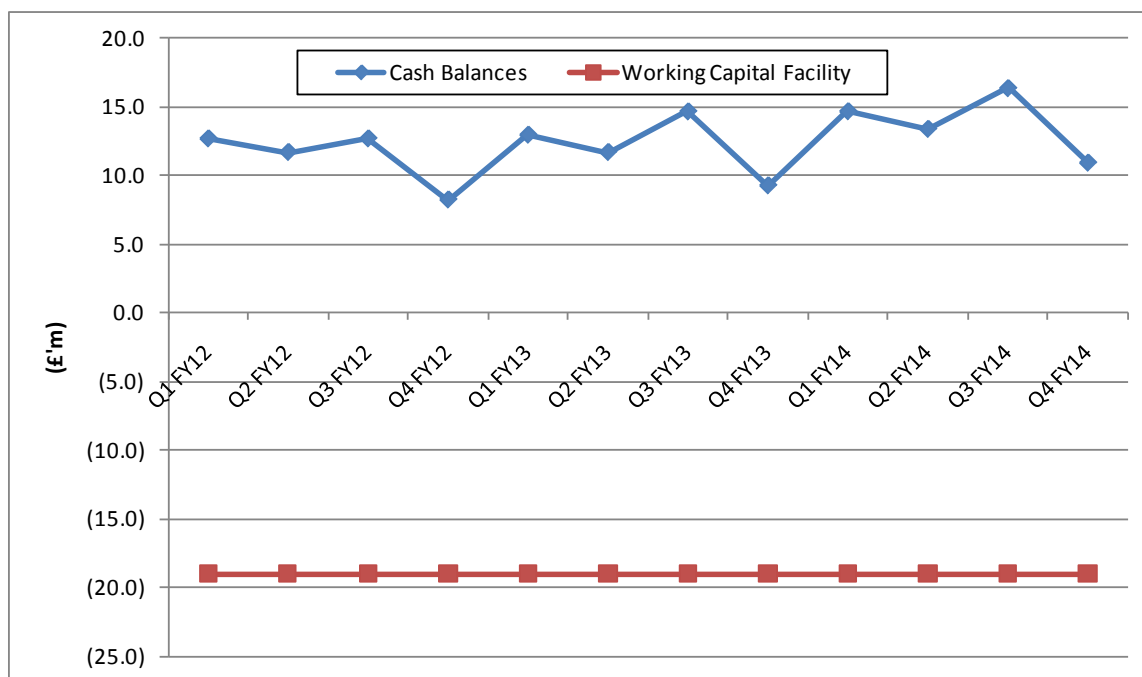
The increase in liquidity forecast from FY13 reflects the fact that the Trust has not committed additional investment proposals above those already identified earlier in this plan. Any proposals developed will be reviewed robustly through the Trust's established governance processes before any commitments are made.

3.4 Summary of key assumptions

A summary of the key financial metrics is provided in the table below.

Table 3.7 Summary key financial plans

| | | Current plan | |
	2011/12 £'m	2012/13 £'m	2013/14 £'m
Income	264.7	261.4	258.1
Operating costs	(250.4)	(244.7)	(240.8)
EBITDA	14.3	16.6	17.3
Depreciation	(6.9)	(7.1)	(6.6)
Net interest	(2.0)	(2.0)	(2.0)
Other	(5.4)	(5.8)	(5.7)
Net surplus	0.0	1.7	3.1
EBITDA margin %	5.4%	6.4%	6.7%
Change in working capital	(5.9)	(0.1)	(0.3)
Cash flow from operations	8.5	16.5	17.1
Capital expenditure	(10.3)	(5.6)	(5.6)
Year end cash balance	8.2	9.2	10.9
Efficiency / QuIPP plans	15.1	12.0	12.0

Full income statement, statement of position and cash flow statements are presented in the attached appendices.

3.5 Financial risk rating

The Trust's forecast performance is measured against Monitor's Compliance Framework. In terms of financial risk performance is assessed against four major criteria and associated metrics and assesses the likelihood of a breach in authorisation. The rating system is scored 1 to 5 with one being the lowest rating (most risk) and five being the best or least risk rating.

The following table summarises the Trust's forecast performance against the metrics.

Table 3.8 Financial risk rating

Criteria	Metric	Target	2011/12	2012/13	2013/14
Achievement of plan	EBITDA % Achieved	>70%	100%	100%	100%
Underlying performance	EBITDA Margin	>5%	5.4%	6.4%	6.7%
Financial efficiency	Rate of Return on Assets	>3%	4.1%	5.3%	6.0%
	I&E Surplus Margin	>1%	(0.2%)	0.7%	1.2%
Liquidity	Liquidity Ratio	>15 days	1.3	2.8	5.7
	Risk Rating Forecast		2	2	2

3.6 Prudential Borrowing Code

Monitor has developed the Prudential Borrowing Code (PBC) to determine the extent of borrowing that can be made by a Foundation Trust. This is known as the Prudential Borrowing Limit (PBL).

The PBC was updated, as at 1 April 2009, to take into account the adoption of IFRS by Foundation Trusts as this potentially adds to the balance sheet additional long-term borrowing such as finance leases and PFI financing.

There will now be two tiers to the long-term borrowing limit, a tier 1 limit set by Monitor based on our Annual Plan and as per the ratios in the table below and a tier 2 limit for affordable major investments. To access a Tier 2 limit a Foundation Trust must formally apply to Monitor and comply with the conditions set out in the PBC.

Based on the table below the Trust is within the tolerances for a Tier 1 Borrowing Limit.

Table 3.9 Prudential borrowing code ratios forecast performance.

Table 3.9 Prudential borrowing code ratios

	Threshold	2011/12	2012/13	2013/14
Minimum Dividend Cover	>1x	2.1x	2.5x	2.7x
Minimum Interest Cover	>3x	6.9x	8x	8.4x
Minimum Debt Service	>2x	3.8x	4.4x	4.6x
Maximum Debt Service to Revenue	<2.5%	1.4%	1.4%	1.4%

As shown in table 3.9 the Trust meets all the PBC ratios after the impact of the proposed borrowing.

4. Risk Analysis

4.1 Governance Risk

Consideration has been given to the potential areas of risk which face the organisation over the next three years under three main headings:

- Governance risk
- Mandatory services risk
- Financial risk

Discussion has taken place with the Board of Directors to assess the key strategic risks and identify the measures that are being taken to mitigate these risks. These risks are reviewed by the Board of Directors on a quarterly basis by way of the Board Assurance Framework.

4.1.1 Governance commentary

In October 2010 the Trust was declared by Monitor to be in significant breach of two terms of its Authorisation, namely:

(a) Condition 2: the general duty to exercise its functions effectively, efficiently and economically; and

(b) Condition 5: its governance duty.

This led to both internal and external audits of the Trusts Governance processes and these identified a number of areas for action. A programme of work is currently in place to deliver these actions which will strengthen Governance within the Trust. At a Board Seminar in February 2011, the Board undertook a review of the key risks for the organisation. The three highest risk areas are detailed below:

The highest risk for the organisation is financial. The Trust being in significant breach of Monitor's Terms of Authorisation requires radical change within the finance performance and monitoring systems. Liquidity poses distinct organisational risks, specific controls are necessary and existing controls need to be reviewed and strengthened to effectively reduce the level of financial harm to the Trust.

The second high level strategic risk is 'The Work Force of Tomorrow'. Having set a target for reduction in staff of over 600 WTE's over the next 18 months, the Board needs to ensure that the remaining workforce will meet the professional, safety and legal requirements of a "Top Achieving" health care provider. The Human Resources Department lead on the assessment and management of this workforce risk. It is currently measured as being a moderate risk, however the expectation is that this risk will be included and monitored on the Board Assurance Framework in April 2011.

The Clinical Governance Department lead on the Safety and Quality of patient care. They are responsible for the monitoring and the reporting of compliance against the Performance Standards outlined by both the Care Quality Commission and the Health Service Litigation Authority. Compliance has been risk assessed and is currently measured as being a medium level risk however as safety and quality performance reflect the corporate objectives the expectation is that these risks will be included and monitored on the Board Assurance Framework in April 2011.

The Board Assurance Framework reflects the Corporate Objectives and high level strategic risks. The monitoring process ensures a review of the potential organisational harm and the level of risk and provides an update on the progress in implementing defined drivers for change.

The Board has affirmed that Environment, Delivery, Cost, Quality, Safety and People are core components of the Corporate Objectives for 2011/2012. These key areas of high level risks are to be formally monitored by way of Governance Groups across the organisation from Ward to Board.

In relation to the seven elements of compliance in respect of governance the position is as follows:

Legality of constitution

The legality of the Constitution remains, however, there have been a number of changes/ amendments to the Constitution as follows:

Trust Title

The Trust title has been amended to Blackpool Teaching Hospitals NHS Foundation Trust (following the Trust gaining teaching hospitals status).

Composition of the Council of Governors

The composition of the Council of Governors has been changed as follows:-

- The removal of the Patients Forum.
- The addition of the University of Liverpool.

In addition, ReBlackpool has been renamed Blackpool, Fylde and Wyre Economic Development Company (due to a change of company name).

Council of Governors - Tenure

There have been no specific changes to the rules but the document has been reworded to make it easier to understand, following advice from Cobbett's Solicitors. All other changes relate to the format, spellings, grammar, etc.

Growing representative membership

The Trust has continued to evaluate the membership in terms of size and constituency since gaining authorisation on 1st December 2007. The Trust has an effective membership strategy, as set out in section 6, which includes plans to maintain and increase the membership of the Trust for 2011/12. The original target which was set prior to the Trust being authorised as a Foundation Trust was to have a public membership of 8,000 in the first three years. This has proved to be challenging and a commentary is provided in section 6 of this document.

The Council of Governors continue to work enthusiastically and cohesively. It has been proactive in developing membership and reflecting on ways to enhance its operation and effectiveness.

Board roles and structures

During the year the Trust Chairman instigated a Board Effectiveness Review with the purpose of reviewed its working and governance arrangements to ensure the Board is appropriate and effective in undertaking its role. Revised risk management procedures by way of an updated risk management strategy and associated documents have been developed which define and clarify the Board of Directors direct role in ensuring compliance. How does this fit with the outcome of the KPMG and Deloitte reports

The membership of the Board of Directors changed during 2010/11 with the appointment of Corrine Siddall as Acting Director of Operations (Unscheduled Care) and in January 2011 the Trust appointed an Interim Director of Community Services. The Director of Operations (Scheduled Care) is leaving the Trust in May 2011 and the post has been advertised with a view to moving to one Director of Operations in the future.

In July 2010 Tony Shaw was appointed as a Non-Executive Director to the Trust, following the resignation of Peter Hosker. Two of the current Non Executives have advised that they will not be seeking to renew their terms of office when they expire on 31 March 2011. Recruitment to these posts, in line with the recommendations of the Board Effectiveness Review, is currently underway with new appointments being anticipated in May 2011.

Service performance against targets and essential quality and risk standards

The Board is confident that its systems for managing performance against targets and the new Care Quality Commission essential quality and risk standards are robust and will promptly identify potential problems and appropriate action to respond. A plan is in place to ensure that the Trust will remain compliant with the new essential quality and risk standards within the Care Quality Commission Framework and performance management arrangements are in place to deliver all national targets.

The Board receives a monthly Business Monitoring Report, covering all aspects of quality, patient safety and operational performance, and a quarterly Care Quality Commission assurance report as part of the Performance Management Framework. The Board receives patient stories via a DVD where patients are encouraged to share their experiences in order to inform Board discussion and drive improvements in the quality of care. The Divisions also deliver presentations to the Board on a regular basis regarding a number of clinical redesign projects that they have embarked on to improve the effectiveness of patient care. The Board also participate in weekly patient safety walkabouts which are a critical factor in developing a safer culture and improving patient safety.

Clinical quality

The Trust has strengthened its performance management structure in relation to Care Quality Commission standards and has maintained progress towards deliver of top 10% performance for clinical quality. Over the next 12 months the Trust will continue to focus on the quality of services we are offering to our patients and implementation of our quality framework. The Quality Framework sets out the approach this will take and the measures the Board of Directors have identified as being key to delivering quality care and how success in these areas will be measured.

The Trust registered with the Care Quality Commission on 6th February 2009, making a statement about our current and future compliance with the new healthcare associated infection (HCAI) regulations and arrangements for meeting the compliance criteria of the hygiene code. The CQC Registration Panel granted our application for registration unconditionally on 1st April 2009.

The Trust has continued to implement the MRSA Screening Operational Assurance Framework since 31st March 2009. Measures to improve performance are continually being sought.

Effective risk and performance management

The Trust was successful in achieving Clinical Negligence Scheme for Trusts (CNST) Maternity Level 1 under the revised standards on the 26 October 2010. The Trust has developed an action plan to maintain Level 1 and achieve Level 2 in February 2012. Progress towards compliance with the clinical CNST standards will be monitored on a quarterly basis by the Healthcare Governance Committee and the Board of Directors.

The Trust achieved NHSLA Level 3 in February 2010. An action plan has been developed to continue to maintain Level 3 in 2011/12.

Attaining Level 3 status provides a reduction in NHSLA contributions of 30%. In accordance with the 2010/2011 figures the savings equate to £626,952 an additional saving from our current contributions of £209,155.

Effective risk assessment arrangements are in place. Divisional, Directorate and Departmental Risk Registers have been developed and are reflected within the Corporate Risk Register. Risks are regularly reviewed and quantified by the Divisional Boards and the Healthcare Governance Committee on a quarterly basis. The Corporate Risk Register and the Board Assurance Framework are considered and presented to the Audit Committee and Board of Directors on a quarterly basis. Key strategic risks, controls assurance and gaps in assurance are identified.

The Trust's risk management framework is set out below:

| Ward/Departmental Risk Register | A collection of risk assessments which are managed by the Ward or Departmental manager utilising the Corporate Risk Register |

Risks that cannot be reduced or score too highly 8 or above

| Divisional/Directorate Risk Register | Records Divisional/Directorate wide risks or high scoring risks reported by the Ward or Departments utilising the Corporate format. The Divisions manage these risks. These risks must be reviewed on a quarterly basis |

Risks can move up and down between risk registers, as control measures are implemented and the risk level reduces

Risks that cannot be reduced or score to highly 12 or above

Corporate Risk Register (Each Risk is assigned to an Executive Director)

Records organisation wide risks and higher value risks referred by the Divisions utilising the Corporate format. The Healthcare Governance Committee (Risk Management) monitors these risks. Every risk on the Corporate Risk Register will be assigned to an Executive Director who will be responsible for reporting on progress to the healthcare Governance Committee (Risk Management)

Board Assurance Framework (BAF)

Records organisation wide risks, including Care Quality Commission Outcomes, Business objectives, Corporate objectives and significant risks scoring 12 or above. The BAF enables the Board to demonstrate how it has identified and met its assurance needs.

Reports to the Board via the Healthcare Governance Committee and Audit Committee on a quarterly basis

Co-operation with NHS bodies and local authorities

The Trust will continue to work closely with key commissioners, stakeholders and Local Authorities. Alliances have been made with Blackpool and Lancashire Local Involvement Networks (LINks). Regular meetings are held with our main commissioners of NHS Blackpool and NHS North Lancashire in relation to the monitoring of in year performance.

Information Governance and Identifying and Managing Risks

The Information Governance Committee (IGC) reports to Healthcare Governance Committee. The IGC is responsible for all aspects of Information Management, Information Governance, Information Communications Technology and Knowledge Management throughout the Trust known collectively as Information Management, this includes the identification and management of information risks. The IGC is chaired by the Deputy Chief Executive, who is also the nominated Board Lead for Information Governance and the Senior Information Risk Owner for the Trust.

During the financial year 2010/11 the Trust had 47 information security related incidents reported all of which were severity rated from level 0 - 2. All were thoroughly investigated and reported upon. Note: Information Security incidents are rated on a severity scale from 0 - 5, incidents classified as a severity rating of 3-5 are reported as a serious untoward incidents and reported to Monitor and the Information Commissioner. Table 1 provides a summary which relates to these incidents.

The Trust achieved Information Governance Toolkit (IGT) assessment compliance score of *81%*. A review of the IGT assessment reporting carried out by Audit North West during 2010/11 reported a significant level of assurance.

4.2 Mandatory Services Risk

There are no foreseeable service changes that threaten the delivery of mandatory services provided by the Trust, nor are there any issues of accreditation that threaten the viability of a service in 2011/12.

The Trust has developed a robust set of business continuity and contingency plans to ensure that services can continue to be provided in the event that a catastrophic event takes place which impacts upon patient services. These plans have been cascaded throughout the organisation and where appropriate have been fully tested. There is also a major incident plan, and Pandemic Flu Plan in place, which dovetail with regional major incident plans. These plans have been thoroughly tested, through a regional live exercises and communication callout exercises which are routinely conducted twice a year.

4.3 Financial Risk

The Trust, as part of the wider NHS and Public Sector, will be entering a period of potentially considerable financial volatility across the next three years and beyond.

There are a number of risks to the financial stability and in particular the liquidity position of the Trust and, whilst this is not an exhaustive listing, options modelled include:

- Non-delivery of QuIPP targets.
- Contractual risks/non achievement of income target.
- Increased non-pay inflation above budget.
- Increased pay costs.

The impact of these sensitivities on the cash forecast is demonstrated in the following chart. It is only under the combined downside scenario (and without any mitigating actions) that the Trust would be required to utilise its working capital facility and then only from March 2012.

Chart 4.1 Stress test of cash forecast
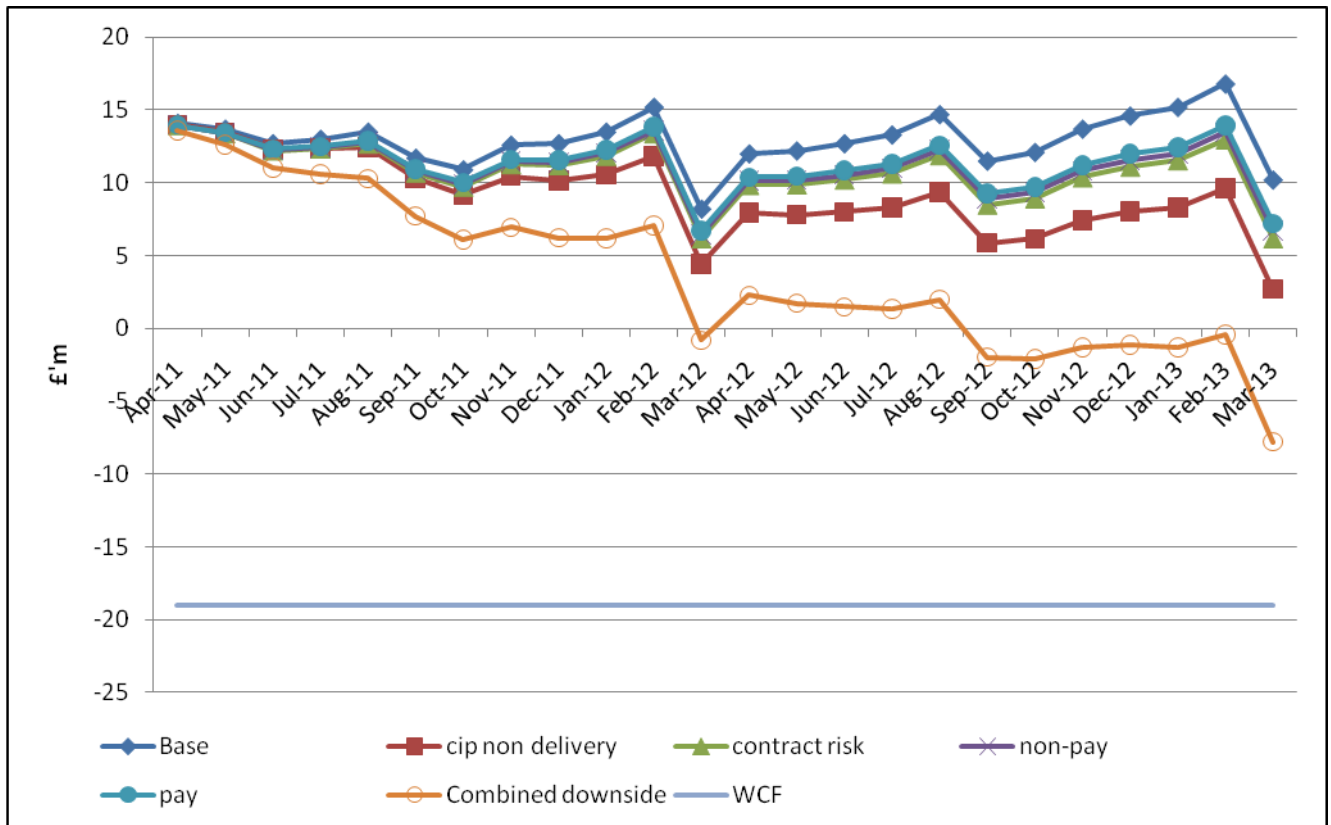
4.3.1 Managing Financial Risk

The Trust has a robust approach to risk management, and the Board Assurance Framework ensures that the Board is clear on the principle risks facing the organisation and how these are being managed. The Board Assurance Framework incorporates financial risks, key controls and further progress will be updated on an ongoing basis to reflect the risks to the financial stability of the Trust, the key controls and the further progress actions.

The performance management regime has also been enhanced to provide the Board with improved assurance that organisational and divisional financial plans are being delivered and where appropriate control action is being taken and is delivering the required level of performance.

4.4 Risk of other non-compliance with Terms of Authorisation

Monitor's Board declared the Trust to be in significant breach of two terms of its Authorisation in October 2010. These were:

(a) Condition 2: the general duty to exercise its functions effectively, efficiently and economically; and
(b) Condition 5: its governance duty.

Since October 2010 the Board of Directors have worked closely with Monitor to identify areas of the Trusts Governance and financial processes that need to be strengthened. A wide range of actions have been identified and implemented and these give the Board assurance that the Trust will soon be operating within its Terms of Authorisation and that there will be no further breaches of its Terms of Authorisation.

4.5 Risk Register

The Trust has a robust approach to risk management, and the Board Assurance Framework ensures that the Board is clear on the principle risks facing the organisation and how these are being managed.

The Risk Management Strategy applies to all employees and requires an active lead from managers at all levels to ensure risk management is a fundamental part of the total approach to quality, safety, corporate and clinical governance, performance management and assurance. Employees, contractors and agency staff are required to report all adverse incidents and concerns. The NHS Foundation Trust supports a learning culture, ensuring that an objective investigation or review is carried out to continually learn from incidents, only assigning 'blame' to individuals where it is clear that policies and procedures have not been appropriately followed.

The Risk Management Strategy is validated by the Healthcare Governance Committee and approved by the Board of Directors and covers all risks and is subject to an annual review to ensure it remains appropriate and current. Staff are both accountable and responsible for risk management to ensure it is clearly identified as well as implementing the system for identifying, managing, evaluating and controlling individual risk. Risks are identified from risk assessments and from the analysis of untoward incidents.

The key organisational risks for the year were identified from the corporate strategic objectives for 2010/11, forming part of the Board Assurance Framework. The Board Assurance Framework is fully embedded, this assurance framework:

- Covers all of the Trust's main activities.
- Identifies the Trust's corporate objectives and the targets the Trust is striving to achieve.
- Identifies the risks to the achievement of the objectives and targets.
- Identifies the system of internal control in place to manage the risks.
- Identifies and examines the review and assurance mechanisms, which relate to the effectiveness of the system of internal control.
- Records the actions taken by the Board of Directors and Officers of the Trust to address control and assurance gaps; and
- Covers the Core Standards on which the Trust has declared compliance during 2009/10.

The Healthcare Governance Committee considers high/significant risks and if appropriate, commends their inclusion on the Corporate Risk Register and/or Board Assurance Framework. This is presented to the Board of Directors for formal ratification. Risk prioritisation and action planning is informed by the Trust's corporate objectives which have been derived from internal and external sources of risk identified from national requirements and guidance, complaints, claims, incident reports and Internal Audit findings. This also includes any other sources of risk

derived from Ward, Departmental, Directorate and Divisional risk assessments, which feed up to Divisional and Corporate level management. Action plans are developed for unresolved risks. The rating of risks is adapted from the Australian Risk Management Process, which defines as the chance of something happening that may have an impact on the achievement of objectives. Risk is measured in terms of consequences and likelihood combined to arrive at a risk rating from Low to Very High. Lead Executive Directors and Lead Managers are identified to address the gaps in control and assurance and are responsible for developing action plans to address the gaps. The Board Assurance Framework serves to assure the Board of Directors that the organisation is addressing its risks systematically. The action plan arising from each risk also serves as a work plan for the NHS Foundation Trust through the Lead Managers to ensure mitigation against risks and closure of any gaps in control or assurance. The 'elements' of the Board Assurance Framework are monitored and reviewed on a quarterly basis by the Healthcare Governance Committee and the Audit Committee and then by the Board of Directors. This demonstrates that the document is live and continuous and provides evidence to support the Statement on Internal Control. The Deputy Chief Executive (who is also the Finance Director) and the Associate Director of Corporate Affairs are also members of the Healthcare Governance Committee and provide Governance and Risk Management assurance to the Audit Committee at each of its meetings, thus ensuring an integrated risk management approach. The Trust intends to manage gaps in assurance by way of the Audit Committee who will review these gaps and assess the required assurances to review systems and processes.

5. Declarations and self-certification

5.1 Board Statements

In the event that an NHS Foundation Trust is unable to fully self certify, it should not tick the relevant tickbox. It must provide a commentary (using the section provided at the end of this declaration) explaining the reasons for the absence of full self certification and the action it proposes to take to address it. Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

Clinical quality

The board of directors is required to confirm the following:

☑   The board is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission information and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients; and

☑   The board will self-certify annually that, to the best of its knowledge and using its own processes, it is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

☑   The board will self-certify that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

Mandatory services

☑   The board is satisfied that it expects its NHS foundation trust to be able to continue to provide the mandatory services specified in Schedule 2 and Schedule 3 of its Authorisation.

Service performance

The board of directors is required to confirm the following:

☑   The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and a commitment to comply with all known targets going forwards.

Other risk management processes

The board of directors is required to confirm the following:

√   Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner;

√   All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned;

√   The necessary planning, performance management and risk management processes are in place to deliver the annual plan;

√   A Statement of Internal Control[1] ("SIC") is in place, and the NHS foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk); and

√   The Trust has achieved a minimum of Level 2 performance against the requirements of their Information Governance Statement of Compliance (IGSoC) in the Department of Health's Information Governance Toolkit; and

√   All key risks to compliance with its Authorisation have been identified and addressed.

Compliance with the Authorisation

The board of directors is required to confirm the following:

√   The board will ensure that the NHS foundation trust remains at all times compliant with their Authorisation and relevant legislation[2];

√   The board will ensure that the NHS foundation trust will, at all times have regard to the NHS Constitution;

√   For an NHS foundation trust engaging in a major joint venture, or any Academic Health Science Centre, the board is satisfied that the NHS foundation trust has fulfilled, or continues to fulfil, the criteria in Appendix D4 of the Compliance Framework;

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[1] The Trust has chosen to adopt the Annual Governance Statement
[2] The Trust is working to regain compliance with Monitor's Terms of Authorisation

√ The board has considered all likely future risks to compliance with their Authorisation, the level of severity and likelihood of a breach occurring: and

√ The board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with their Authorisation.

Board roles, structure and capacity

The board of directors is required to confirm the following:

√ The board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the board;

√ The board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;

√ The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;

√ The management team has the capability and experience necessary to deliver the annual plan; and

√ The management structure in place is adequate to deliver the annual plan objectives for the next three years.

Signature

A. Kelvie

In capacity as Chief Executive and Accounting Officer

Signature

Senerey Lesens

In capacity as Chairman

Signed on behalf of the Board of Directors, and having regard to the views of the Governors.

6. Membership

6.1 Membership Report

This report looks at the work done between 1st April 2010 and 31st March 2011 to build and retain the membership of the Trust.

6.1.1 Analysis of Current Membership

Table 6.1 Analysis of current membership

Public constituency	Last year (2010/2011)	Eligible	Index
As at start (April 1)	5,615		
New Members	673		
Members leaving	367		
At year end (March 31)	5,921	1564186	
Staff constituency	**Last year (2010/2011)**		
As at start (April 1)	4,867		
New Members	43		
Members leaving	396		
At year end (March 31)	4,514		
Patient constituency	**Last year (2010/2011)**		
As at start (April 1)	0		
New Members	0		
Members leaving	0		
At year end (March 31)	0		
Public constituency	**Number of members**	**Eligible**	**Index**
Age(years):			
0 - 16	10	20533	12
17 - 21	251	94801	69
22+	4,760	1448852	86
Ethnicity:			
White	4,661	1470029	83
Mixed	16	10105	41
Asian	64	75476	22
Black	13	3314	103
Other	13	5463	62
Socio-economic groupings:			
ABC1	4,713	590242	210
C2	739	195873	99
D	109	231146	12
E	309	194508	41
Gender analysis:			
Male	3,112	759850	108
Female	2,776	804133	91
Patient constituency	**Number of members**		
Age(years):			
0 - 16	0		
17 - 21	0		
22+	0		

6.2 Membership Commentary

Over the past year, the Trust has seen its membership continue to grow steadily. However, in our Membership Strategy, set by the Trust's Council of Governors, it was agreed that we would have recruited 8,000 public members in total within the first three years of becoming a Foundation Trust.

Throughout the past three years, the Trust has continued to actively recruit members, achieving an actual overall public membership of 6,779. However, although public member numbers have steadily increased month on month, year on year, achieving the target of 8,000 members has been very challenging due to both the high elderly and transient population of Blackpool. This is reflected in the current public membership figure of 5,921.

As a Trust we want to have a meaningful and robust membership, therefore we have conscientiously kept our database up to date with regular cleansing, which has resulted in a loss of members after every cleanse.

We understand that an increasing membership does impact on the Membership Budget, therefore, this in turn means we maximise the budget and save money as we are not sending out information to members who are deceased, have opted out or moved away from the area.

Public Members

All members of the public who are 16-years-old or over and who live within the boundaries of Blackpool, Fylde and Wyre Borough Councils, or the wider catchment area of Lancashire and South Cumbria, for which we provide tertiary cardiac and haematology services, are eligible to become members. Other members of the public who do not fall into these categories, either due to age or place of residence, are eligible to become affiliate members of the Trust.

Staff Members

Staff who work for the Trust automatically become members unless they choose to opt out. These include:

● Staff who are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months, and

● Staff who have been continuously employed by the Trust under a contract of employment

Trust volunteers are eligible to become members under the public constituency.

Growth of Public Members

The number of public members has grown steadily over the last 12 months, with 673 being recruited in total, although we have lost 367 members who have either died or been made inactive members. The Trust's public membership currently stands at 5,921.

Recruitment of Members

The following initiatives have taken place throughout the year to encourage new public members. These include:

- Membership information displayed at entrances to hospitals and in outpatients departments, this has proved to be a good way of advertising the membership.

- Recruitment stands at events for the public and community meetings – this type of recruitment varied in success depending on the number of public attending.

- Radio and newspaper advertising campaigns.

- Further development of the online membership section of the website - the amount of members joining via the website is steadily increasing.

- Distribution of recruitment posters and leaflets to GP surgeries throughout the Fylde Coast.

- A re-design of recruitment materials to make them more attractive and user friendly to encourage people to return them – due to budget restrains this has not taken place.

- Presentations at meetings of community groups about the benefits of membership.

- Membership officer going into outpatients and onto the wards recruiting members on a one-to-one basis, this has proven to be a good way of recruiting members.

- Targeting of under-represented areas such as younger members and ethnic minority groups.

- The Trust has commenced work on a Facebook social network site to attract new members, in particular to target young members.

Over the next 12 months we will continue to look at new ways of promoting the benefits of membership in order to achieve our target of 8,000 public members. These include:

- Arranging talks with health and care students at Blackpool and the Fylde college and the Blackpool Sixth Form college.

- Working with the colleges' focus groups and student council to develop information designed for young people and to promote the ways in which young people can actively contribute to the Trust.

- To liaise with public health organisers from Primary Care in order to attend health road shows held within local companies.

- Attend meetings in the community to discuss membership, focussing on ethnic minority groups, mother and toddlers groups and health clubs.

- Extending the use and access to the social networking site on Facebook to attract new
- members, in particular young members.

- Attending careers events for Year 9 students to inform them of the benefits of membership to them and how they can become involved with the Trust.

- Encouraging members of the public to see the benefit of being part of the Trust, through bigger and more varied recruitment events.

Retention of Members

The importance and value of a representative membership is recognised and the Trust has continued to focus on and progress opportunities for the engagement and retention of existing members.

It is particularly important to the Trust to not only build its membership, but to ensure that the membership is being fully utilised.

Numerous initiatives have taken place throughout the last year to retain our existing members. We have continued to produce and expand the newsletter 'Your Hospitals', which keeps members informed on current developments within the Trust, gives information on the Council of Governors and asks members their opinions on a wide range of topics. The newsletter also gives details of a wide variety of local services and businesses that provide discounts for members, on production of their membership card.   Copies of 'Your Hospitals' are also available on the Trust's website from Issue 1 to Issue 11.

Membership seminars have been held every month which have been popular and have included a range of topics from organ donation, diabetes, cancer prevention, cataract/cornea problems and modern breast imaging.

A section of the newsletter has been named 'Consultation Corner' and this gains valuable opinions from members on a wide variety of topics. The information is collated and used to influence decisions that are made about the Trust services. Consultations have been held on 'the Trust website', 'Improving the Patient Experience' and 'the Nurse Led Therapy unit'.

The Membership Committee, which consists of a group of Governors from staff, public and appointed constituencies, has been discussing and putting into action ideas to involve our current membership and make members feel an influential part of the Trust.

A dedicated membership hotline is in place which allows the Membership Office to interact with members directly and answer enquiries and ideas.

All members were invited to the Annual Members' and Public Meeting which was a formal meeting to discuss the Trust, its developments, future services and membership. This was attended by around 300 staff and public members.

The Governors have also held several "Meet Your Governors" meetings which have been attended by public members.

Members have been kept informed of events held at the hospital such as the seminars, open days and official openings of new facilities by email, which has proven to be quite successful and a welcomed means of engaging with members.

The Trust also recognises the need to understand the level of involvement members wish to have and link this to member activities. This ensures that we fully harness the experience, knowledge and skills of our members, recognising and using them to add value to the decision making process and supporting effective governance and delivery of the Trusts objectives. We wish to encourage a partnership approach between the Trust, its membership and other like-minded organisations, working together for the benefit of our organisations, our members and the community served.

Membership Representation

One of the key elements that we want to bring to our membership is that it is representative of the community that we serve. We have in particular been looking at ways of growing our young membership, as this is under-represented. A series of presentations have been held in colleges and schools across the Fylde Coast. We have also signed up several young people as a result of the health and social care taster sessions held at our hospitals. Under age members can now become affiliate members, which will turn to full membership on their sixteenth birthday. We shall also be concentrating on recruiting from ethnic minority groups which are also under-represented by attending community groups.

6.3 Council of Governors

The Council of Governors was formed on 1st December 2007 in accordance with the National Health Service Act 2006 and the Trust's Constitution. The Council of Governors is responsible for representing the interests of NHS Foundation Trust members and partner organisations in the local health economy.

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

- To appoint or remove the Chairman and the other Non-Executive Directors.

- To approve the appointment (by the Non-Executive Directors) of the Chief Executive.

- To decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.

- To appoint or remove the Foundation Trust's Auditor.

- To appoint or remove any other External Auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs.

- To be presented with the Annual Accounts, any report of the Auditor on the Annual Accounts and the Annual Report.

- To provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning.

- To respond as appropriate when consulted by the Board of Directors in accordance with the Constitution.

- To undertake such functions as the Board of Directors shall from time to time request.

- To prepare and, from time to time, review the Foundation Trust's membership strategy and its policy for the composition of the Council of Governors and of the Non-Executive Directors and when appropriate to make recommendations for the revision of the Constitution.

The Council of Governors and the Board of Directors continue to work together to develop an effective working relationship.

The Council of Governors comprises a total of 33 Governors, including 17 Public Governors (elected from the constituencies of Blackpool, Fylde, Wyre, Lancashire and South Cumbria and North Lancashire), 6 Staff Governors (elected from the Trust) and 10 Appointed Governors (from a range of key stakeholder organisations).

The initial Elected Governors were appointed for either two years or three years (in December 2007). All Elected Governors are eligible for re-election at the end of their initial term of office for a further three years. However, Elected Governors are not eligible for subsequent re-election, ie in excess of six years.

The Appointed Governors are appointed for three years and are eligible for re-appointment at the end of their three year term. However, Appointed Governors are not eligible for further re-appointment, i.e. in excess of six years.

The Trust's Constitution sets out the composition for the Council of Governors as follows:

APPOINTED GOVERNORS	ROLE
Principal Commissioning Primary Care Trusts – 2:- NHS Blackpool (1) NHS North Lancashire (1)	To represent main Trust commissioners and key NHS economy partners.
Principal Local Councils – 2: Blackpool Council (1) Lancashire County Council (1)	To represent key local non-NHS Local Health Economy partners.
Principal University - 1 University of Central Lancashire	To ensure strong teaching and research partnership and to represent other University interests.
Voluntary Sector – 1 Council for Voluntary Services	To engage and assist the Trust in identifying needs of local community.
Lancashire Care Foundation Trust - 1	To engage and assist the Trust in identifying needs of local community.
Lancashire Business Link – 1	To engage and assist the Trust in dialogue with local developments and businesses.
Blackpool, Fylde and Wyre Economic Development Company - 1	To engage and assist the Trust in dialogue with local developments and businesses.
University of Liverpool – 1 *	To ensure strong teaching and research partnership and to represent other University interests.
Total Appointed Governors – 10	

STAFF ELECTED GOVERNORS	ROLE
Class 1 – Medical Practitioners – 1	To assist the Trust in developing its services and ensure active representation from those who deliver the services.
Class 2 - Nursing and Midwifery – 2	As above.
Class 3 - Clinical Support Staff – 1	As above.
Class 4 - Non-Clinical Staff – 1	As above.
Class 5 – North Lancashire – 1 **	As above.
Total Elected Staff Governors – 6	

PUBLIC ELECTED GOVERNORS To represent:-	ROLE
Area 1 – Blackpool – 8	To represent patients who are resident in Blackpool.
Area 2 – Wyre – 4	To represent patients who are resident in Wyre.
Area 3 – Fylde – 3	To represent patients who are resident in Fylde.
Area 4 Lancashire & South Cumbria – 1	To represent patients who are resident in the wider environs of Cumbria and Lancashire.
Area 5 North Lancashire – 1 **	To represent patients who are resident in the wider environs of Cumbria and Lancashire.
Total Public and Patient Elected Governors – 17	

TOTAL MEMBERSHIP OF COUNCIL OF GOVERNORS
Appointed Governors – 10
Staff Governors (elected) – 6
Public and Patient Governors (elected) - 17 (currently two vacancies)
Total – 33

* The University of Liverpool awarded the Trust Teaching Hospital Status in September 2010 and subsequently nominated Dr Tom Kennedy as an Appointed Governor in January 2011.

** As part of the Transforming Community Services transaction, a North Lancashire constituency has been established and a Public Governor (Christopher Lamb) and a Staff Governor (Claire Lewis) have been elected to represent this area.

There have been a number of changes to the Council of Governors during 2010/11 as follows:

- Eric Allcock, Hannah Harte and Chris Thornton were re-elected to the Blackpool Constituency in December 2010.

- Mark Chapman and Paul Airlie were elected to the Blackpool Constituency in December 2010. Paul Airlie subsequently resigned on 6th February 2011.

- Janice Dickson and John Longstaff were elected to the Fylde Constituency in December 2010.

- Ramesh Gandhi was re-elected to the Wyre Constituency in December 2010

- John Bamford was elected to the Wyre Constituency in December 2010.

- Mike Wistow replaced Denise Wilson as the Appointed Governor for Lancashire Care NHS Foundation Trust on 23rd June 2010.

- Andrew Goacher was re-elected to the Nursing & Midwifey Staff Constituency in February 2011

- Richard Day resigned as a Staff Governor (Clinical Support) in July 2010 and was replaced by Cherith Haythornthwaite in March 2011.

The term of office for Jean Marsh and Carol Gradwell expired in September 2010 and they were not re-elected.

All elections to the Council are conducted by the Electoral Reform Services Limited on behalf of the Trust and in accordance with the Model Election Rules.

Membership of the Trust's Council of Governors is set out below:

Name	Constituency/ Organisation	Term of Office
Public Governors		
John Butler	Blackpool	3 years
Clifford Chivers	Blackpool	3 years
Hannah Harte (from December 2010) *	Blackpool	3 years
Chris Thornton (from December 2010) *	Blackpool	3 years
Eric Allcock (from December 2010) *	Blackpool	3 years
Arthur Roe	Blackpool	3 years
Mark Chapman (from December 2010) **	Blackpool	3 years
Vacant Position	Blackpool	3 years
Anne Smith	Fylde	3 years
Janice Dickson (from December 2010) **	Fylde	3 years
John Longstaff (from December 2010) **	Fylde	3 years
Peter Askew	Wyre	3 years
Austin McNally	Wyre	3 years
Ramesh Gandhi (from December 2010) *	Wyre	3 years
John Bamford (from December 2010) **	Wyre	3 years
Vacant Position	Lancashire and South Cumbria	3 years
Staff Governors		
Dr Tom Kane	Medical and Dental	3 years
Sam Woodhouse	Nursing and Midwifery	3 years
Andrew Goacher	Nursing and Midwifery	3 years
Tina Daniels	Non-Clinical Support	3 years
Cherith Haythornthwaite	Clinical Support	3 years
Appointed Governors		
Richard Emmess	NHS Blackpool (PCT)	3 years
Brian Rowe	NHS North Lancashire (PCT)	3 years
Councillor Roy Haskett	Blackpool Council	3 years
County Councillor Paul Rigby	Lancashire County Council	3 years
Doug Garrett	Blackpool, Fylde and Wyre Economic Development Company	3 years
Vacant Post	Council for Voluntary Service	3 years
Mike Wistow (from June 2010)	Lancashire Care Trust	3 years
David Slater	Business Link North West	3 years
Jean Taylor	University of Central Lancashire	3 years
Dr Tom Kennedy (January 2011)	University of Liverpool	3 years

* Re-elected Governors

** Newly elected Governors

Meetings of the Council of Governors took place on the following dates in 2010/11:-
19th May 2010
20th August 2010
15th November 2010
14th February 2011

Attendance at Council of Governors Meetings:

Governor Attendance

Number of Meetings	4
John Butler	4
Clifford Chivers	2
Hannah Harte	4
Chris Thornton	3
Eric Allcock	4
Arthur Roe	3
Mark Chapman *	1
Paul Airlie *	N/A
Anne Smith	4
Carol Gradwell *	2
Janice Dickson *	1
John Longstaff *	1
Peter Askew	2
Ramesh Gandhi	4
Jean Marsh *	3
Austin McNally	3
Bill Holmes *	2
Dr Tom Kane	3
Sam Woodhouse	4
Andrew Goacher *	1
Tina Daniels	3
Richard Day *	2
Richard Emmess	4
Brian Rowe	1
Councillor Roy Haskett	3
County Councillor Paul Rigby	2
Doug Garrett	3
David Slater	2
Chris Lamb	2
Chris Sconce	3
Mike Wistow *	3
Dr Tom Kennedy *	0

* Resigned or elected/appointed during 2010/11.

The Chief Executive, Deputy Chief Executive and Director of Operations routinely attend meetings of the Council of Governors. The Non-Executive Directors attend the Council of Governors Meetings on a rotational basis.

During 2010/11, the Council received regular updates from the Chief Executive plus regular performance, finance and membership reports. Presentations were also given to the Council about the External Auditor's Audit Approach, Nurse Recruitment, Infection Prevention, Annual Plan, Capital Developments, Community Acquired Infection and Pain Management.

Other items discussed at Council of Governors meetings included the Chairman's/Non-Executive Directors' Appraisals and Remuneration, Re-Appointment of the External Auditors, Corporate Objectives, Governors Objectives, Annual Report and Accounts, Quality Accounts, Complaints, Serious Untoward Incidents, Trust Constitution, Patient Safety, Transforming Community Services, Board Assurance Framework, Corporate Risk Register, Foundation Trust Governing Council Effectiveness Tool, Blue Skies Hospital Fund and Vision Programme.

In addition Governors have provided feedback from the following events:-

- Experienced Governor Event – 8th March 2010
- Trust Practice Governors' Event – 27th April 2010
- Governors Development Programme – 14th May 2010
- Experience Governors Network – 17th August 2010
- Equality and Diversity Conference – 27th September 2010
- North West Governors Forum – 24th February 2011
- Experienced Governors Network – 8th March 2011
- FTGA Development Day – 7th April 2011

A Governors Workshop took place on 7th January 2011.

In addition, other meetings have taken place as follows:

- Governors from each of the constituencies have met with the Chairman and Chief Executive to discuss issues facing the Trust and suggestions for improvements.
- Staff Governors have met with the Deputy Chief Executive to discuss the Trust's financial plans for the downturn and the financial aspect of the car parking scheme.

- Governor sub-groups have been established for the preparation of the Governors Declaration in relation to the Quality Accounts, for discussion about the Annual Plan 2010/11 and for consideration of the composition of the Council of Governors.

Governors have also been involved in formal patient safety walkabouts.

Following discussion with the Council of Governors in August 2010, the Trust has continued its membership with the Foundation Trust Governors' Association (FTGA). The FTGA is a national body that brings together all Governors so that they can understand their role, learn from one another and become more effective. It offers Governors the opportunity to feel more confident in their position by bringing insight and informed points of view in a varied, fast moving and challenging environment.

There are currently two Governor Sub-Committees, namely the Nominations Committee and the Membership Committee, comprising 3 and 9 Governors respectively.

Governor Attendance at Nominations Committee Meetings:

Number of Meetings	17/05.2010 (1)
Beverly Lester (Chairman)	1
Peter Askew	1
Bill Holmes *	0
Doug Garrett	1

* Subsequently replaced by Mr Eric Allcock.

Governor Attendance at Membership Committee Meetings:

Number of Meetings	10/05.2010; 09.08.2010; 08.11.2010; 28.01.2011 (4)
Anne Smith (Chairman)	4
John Butler	4
Hannah Harte	3
Jean Marsh *	3
Austin McNally	3
Bill Holmes *	3
Roy Haskett	1
Richard Day *	2
Arthur Roe	3
Brian Rowe	0
Sam Woodhouse	1
John Longstaff *	1

* Resigned or elected/appointed during 2010/11.

In addition, Governors are also involved in a number of Trust Committees, namely the Marketing Strategy Committee, Information Governance Committee, Charitable Funds Committee, Patient Environment Action Team, Healthy Transport Committee, Equality and Diversity Committee, Patient Experience Committee, Waste Management Committee, Fire Committee and Phase VI Reference Group.

Governors are required to comply with the Trust's Code of Conduct and to declare interests that are relevant and material to the Council.

All Governors have read and signed the Trust's Code of Conduct which includes a commitment to actively support the NHS Foundation Trust's Vision and Values and to uphold the Seven Principles of Public Life, determined by the Nolan Committee.

All Governors have declared their relevant and material interests and the Register of Interests is available for inspection by members of the public via the Foundation Trust Secretary at the following address:-

Address: Trust Headquarters
                  Victoria Hospital
                  Whinney Heys Road
                  Blackpool
                  FY3 8NR

Telephone: 01253 306856

Email: judith.oates@bfwhospitals.nhs.uk

Any member of the public wishing to make contact with a member of the Council of Governors should, in the first instance, contact the Foundation Trust Secretary.

7. Supporting Schedules

7.1 BLACKPOOL 1112 APR Strategic plan return template

7.2 BLACKPOOL 1112 APR financial plan return template

7.3 Schedule 2 – Mandatory Goods and Services

7.4 Schedule 3 – Mandatory Education and Training Services