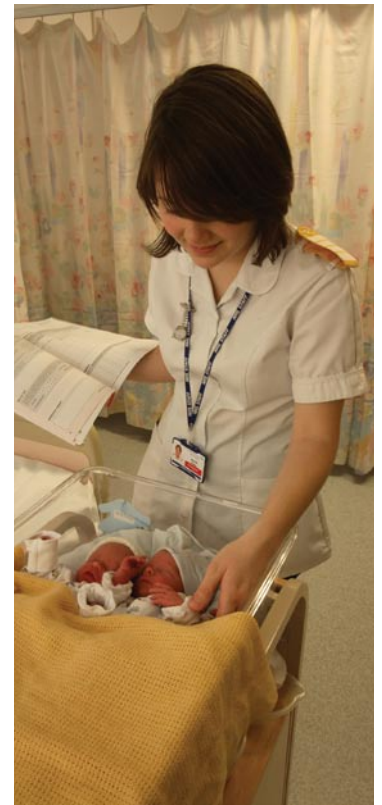
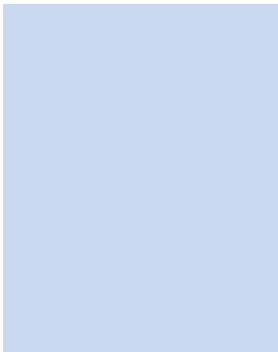


# Annual Report & Summary Financial Statements

**1st April 2007 - 30th November 2007**





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**1st April 2007 - 30th November 2007**



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# Chairman's and Chief Executive's Report

**This has been one of the most challenging but exciting years our Trust has ever faced and one which we are immensely proud of. Not only did we manage to complete our challenging cost improvement programme, we were successful in our bid for Foundation Trust status. This will give us greater freedom in how we invest in local services and most importantly give us the opportunity to work far more closely with our local community.**

Because we became an NHS Foundation Trust part way through the year we must produce two annual reports, one for the period April 2007 to November 2007 as an NHS Trust and one for the period December 2007 to March 2008

- our first four months as an NHS Foundation Trust. Further details about how we are developing as a Foundation Trust can be seen in this report.


The work involved in applying for and gaining Foundation Trust status cannot be underestimated. Staff from across the Trust played an essential part in the FT authorisation process whilst at the same time improving our performance and providing high quality care to our patients.

Throughout the year the Trust has been working towards achieving all its performance targets including the 18-week target which, if achieved by the target date of December 2007, will be 12 months ahead of the national target.


One of the most impressive outcomes of the year's work has been the way staff have improved clinical services and made them more responsive to patients as an approach to improving efficiency and reducing costs.

As a result of these new ways of working we now have shorter waiting times than ever before, we have fewer cancelled operations and more patients are treated as day cases, resulting in patients spending less time in hospital.

Despite our financial challenges we have continued to invest in services. We have significantly improved our nurse staffing levels, particularly at our community hospitals, giving frontline staff more time to care for our patients.



**"The work involved in applying for and gaining Foundation Trust status cannot be underestimated. Staff from across the Trust played an essential part in the FT authorisation process whilst at the same time improving our performance and providing high quality care to our patients."**



A number of improvements have also been made to facilities for patients. The new tertiary haematology centre opened in September 2007 following a major refurbishment and now treats patients with haematological cancers from across Lancashire and South Cumbria.

Work is also well underway on a new state of the art endoscopy unit at Blackpool Victoria Hospital. The Trust was successful in its bid to become a specialist bowel screening centre and this new unit will support the service, enabling it

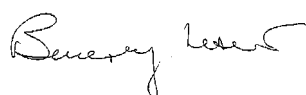
to carry out an additional 500 endoscopies a year.

We also made huge progress in developing the Blackpool Way, ensuring staff feel valued and respected and that their work is rewarded and recognised. We were delighted to host our first Celebrating Success Awards and Celebration Ball which was extremely successful and you can read more about this event in the pages of this report.

In May 2007 we launched the Blackpool's A Knockout Appeal, a major fundraising campaign to buy specialist anaesthetic

and monitoring equipment for children needing an MRI scan. We would like to thank the Mayor and Mayoress Councillor Robert and Gaynor Wynne for their hard work, dedication and enthusiasm which have made this appeal so successful.

Looking ahead to the future we can build on the solid foundations we have laid. We would like to congratulate all of our staff and volunteers for these exceptional achievements and we are confident that the coming year will once again be a huge success for the Trust.

A handwritten signature in black ink, appearing to read 'Beverly Lester'.

Beverly Lester  
Chairman

A handwritten signature in black ink, appearing to read 'Julian Hartley'.

Julian Hartley  
Chief Executive

# Statement by the Board

In producing this Annual Report so far as the Directors are aware, there is no relevant audit information of which the Trust’s auditors are unaware. The Directors have taken all of the steps they ought to have

taken as Directors in order to make themselves aware of any relevant audit information and have established that the auditors are aware of this information.



# Operating and Financial Review

## Trust Profile

### Overview

Blackpool, Fylde and Wyre Hospitals NHS Trust was formed on 1st April 2002 following the merger of Blackpool Victoria Hospital NHS Trust and Blackpool, Wyre and Fylde Community Health Services NHS Trust.

The Trust comprises:

- Blackpool Victoria Hospital - the main District General Hospital
- Clifton Hospital
- Fleetwood Hospital
- Rossall Rehabilitation Unit
- Wesham Rehabilitation Unit
- Bispham Rehabilitation Unit
- The National Artificial Eye Service
- Blackpool Child Development Centre

The Trust has three main purchasers; Blackpool Primary Care Trust, North Lancashire Primary Care Trust and, for Cardiac services, the North West Specialist Commissioner.

The proportion of our income derived from each is shown in the table on the next page:







## Main Commissioning Bodies

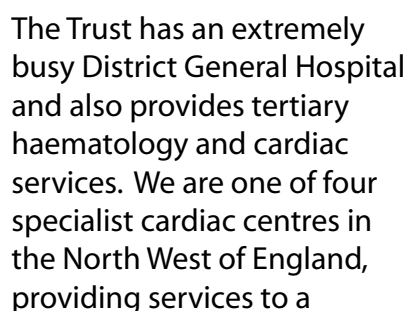
Contractor/Commissioner	Population	Trust Elective Income %	Trust non-Elective Income %	Total Income £000
Blackpool PCT	144,550	30%	42%	76.333
North Lancashire PCT	185,450	34%	40%	77.997
North West Specialist Commissioners	1,600,000	34%	12%	36.175
All Other Commissioners		2%	6%	7.751

There are extremely good transport links from Blackpool to the rest of the North West. The M55 motorway links Blackpool with the M6 motorway, and therefore enables easy access to the major cities of Manchester

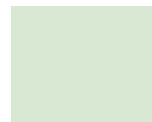
and Liverpool, as well as the major conurbation of East Lancashire. Direct rail services are available to many parts of Lancashire, Greater Manchester and Yorkshire, and connecting services are available to Preston to join the West coast main line.



## of Blackpool, Fylde and Wyre



state of the art Lancashire Cardiac Centre in April 2006. The Trust also opened a new Tertiary Haematology Centre in September 2007 for patients with haematological cancers from across Lancashire and South Cumbria.



## About our Trust

Our Trust serves a population of approximately 344,000 residents of the Boroughs of Blackpool, Fylde and Wyre. In addition, as a tourist centre, Blackpool receives 11 million visitors annually and this results in a high number of A&E attenders. We employ 4,470 staff, have a turnover in excess of £200 million per year and have 864 beds. At the end of November, we had treated approximately 68,000 day-cases and in-patients (elective and non elective), 180,000 out-patients and had 62,000 A&E patient attendances. We also employ assets to the value of approximately £200 million to facilitate our services. Renal, oncology and neurology services are provided on site by clinicians from the Lancashire Teaching Hospitals NHS Foundation Trust.

Over the past two years the Trust has undergone significant service reconfiguration, which has resulted in the reduction of 227 beds and the closure of 3 local hospitals at Lytham, Devonshire Road and South Shore. This has been accompanied by successful staffing changes, equating to a reduction of 523 posts within the organisation with only 10 redundancies and successful redeployment of over 400 staff.

The Trust has maintained a high standard of patient care by continuing as a high performer on all national targets. The Trust has used this solid platform and its experience of delivering national performance targets to establish itself as an early achiever site for delivery of the 18 week wait for patients from referral to treatment. Work is also on-going within clinical areas, using local improvement groups, to redesign pathways to improve services for patients and deliver sustainability of the 18 week wait target.

The Trust also hosts The National Artificial Eye Service. This service provides a manufacturing and fitting service for the supply of ocular and facial prostheses to all eligible patients throughout England. This is provided from a number of centres around the country and each one of those has a number of outreach clinics associated with it, giving local access.

## Range of Services and Activity

As previously reported, the Trust provides a wide range of secondary and tertiary services. The table overleaf highlights the top ten specialties in terms of overall patient numbers.



**"We would like to send our heart felt thanks for the care and kindness shown to my brother, who passed away. He received every care from everyone concerned on Ward 33 and we are truly grateful."**

**Peggy and Rod Beirne, St Annes**



## Activity by Specialty (April to November 2007)

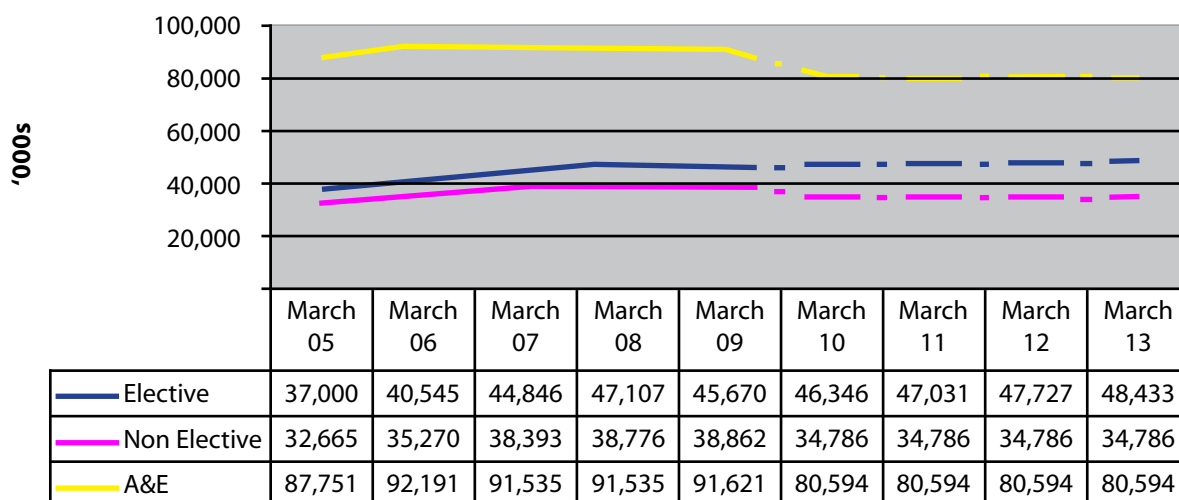
Specialty	Out-Patient Attendances	Out-Patient Procedures	Day Cases	Elective In-Patients	Elective Total	Non-Elective In-Patients
Cardiology	9,291	0	1,176	1,250	2,426	1,367
Dermatology	19,245	2,001	71	105	176	19
ENT	11,826	0	1,569	603	2,172	434
General Medicine	3,436	4	142	88	230	8,695
General Surgery	11,858	1,737	2,279	1,346	3,625	2,957
Gynaecology	7,647	746	1,912	671	2,583	964
Obstetrics	9,196	0	0	0	0	4,007
Ophthalmology	21,220	707	3,886	146	4,032	350
Trauma & Orthopaedics	27,171	199	2,392	691	3,083	1,429
Urology	6,073	523	2,793	971	3,764	140
Others	53,020	1,766	9,956	966	10,922	6,299
TOTAL	179,983	7,683	26,176	6,837	33,013	26,661

The Trust has seen a steady growth in all areas of activity over recent years and this trend is projected to continue. However, it is projected that demand management programmes in primary care,

including the development of an Urgent Care Centre, will help to stem any increase in demand in the acute sector. In relation to elective work, the projection reflects the fact that the Fylde Coast has traditionally

purchased activity in that sector and volumes are not expected to change significantly over future years. The table below shows the historical activity growth and the projection for future years.

## Activity Trends and Projections



## Finance

The Trust has consistently achieved its statutory financial duties, although over recent years this has been assisted by non-recurrent support from local PCTs and other non recurrent income.

Following the financial recovery programme that delivered a £24 million cost improvement, the Trust returned to a recurring balance by March 2007 and generated a normalised surplus by the end of the financial year 2007/8. The table below gives a summary of the key financial information taken from our annual accounts.



### Summary of the Key Financial Information

Target	2004/05	2005/06	2006/07	2007/08 (April - November)
Turnover	£184.4m	£205.4m	£237.7m	£148.9m
Fixed Assets	£184.1m	£205.4m	£189.3m	£198.0m
Reference Cost Index (RCI)	110	88	89	-
External Financing Limit	£14.8m	£21.8m	(£5.1m)	(£35.9m)
External Financing Requirement	£14.8m	£21.8m	(£5.1m)	(£35.9m)
Undershoot (overshoot) £0.5m Tolerance	0	0	0	0
Capital Resource Limit	£22.1m	£27.5m	£6.5m	£2.7m
Public Sector Better Payment Practice Code	91%	87%	84%	94%
Income & Expenditure (I&E) Surplus/(Deficit)	£0.1m	£0.0m	£1.6m	£3.8m

Further information on the Trust's financial performance is included with the financial review section of this report on page 53.

"I have just been in Ward 7 for four days and I want to tell you that from the very top to the most junior nurse, I received nothing but kindness and always with a smile, always the best of attention possible under the eye of Sister Emma. The ward worked like clockwork. Well done."

**Sidney Penfold, South Shore, Blackpool**

## Trust Performance

### Target Performance

The Trust is recognised as a high performer against national NHS targets and the Trust's performance against the targets established by the Healthcare Commission is summarised in the following tables.

### Existing National Targets

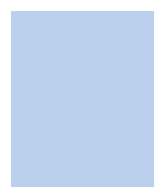
Target	Performance
All cancers: one month from diagnosis (decision to treat) to treatment	Achieved
All cancers: two month wait from urgent GP referral to treatment	Achieved
All cancers: two week wait from referral to outpatient appointment	Achieved
Cancelled operations and those not admitted within 28 days	Achieved
Convenience and choice - elective (inpatient and day case) and outpatient booking	Achieved
Convenience and Choice - provider information in place to support choice	Achieved
Delayed transfers of care reduced to a minimal level	Achieved
Number of inpatients waiting longer than the standard (local target of 6 weeks)	Achieved
Number of outpatients waiting longer than the standard (local target of 4 weeks)	Achieved
3 months maximum wait for revascularisation	Achieved
Thrombolysis - 60 minute call to needle time	Achieved
Total time in A&E: four hours or less from arrival to admission, transfer or discharge	Achieved
Maximum 2 week wait for access to the Rapid Access Chest Pain Clinic	Achieved



## New Targets

Target	Performance
Access to genito-urinary medicine (GUM) clinics within 48hrs	N/A
Inpatient waiting time milestone for the 18-week referral-to-treatment target	Achieved
Outpatient waiting time milestone for the 18-week referral-to-treatment target	Achieved
Waiting time for diagnostic tests	Achieved
Trusts assessed on the provision of information, existence of clear screening and referral processes for drug misusers presenting to A&E and/or using maternity services	Achieved
Improvement in the experience of Patients	Achieved
Reduce the number of MRSA Bacteraemia to 26 for the year	Failed
Reduce Clostridium difficile associated disease (CDAD) infection	Achieved
Completeness of trust coding for ethnicity in patient data sets	Achieved
Improve rates for smoking during pregnancy and breastfeeding initiation	Achieved
Reduce the number of emergency bed days	Achieved
Obesity: compliance with NICE guidance	Achieved
Participation in audits	Achieved
Processes in place to ensure compliance with NICE guidelines on the treatment and management of self harm in emergency departments.	Achieved

The Trust does not provide genito-urinary medicine (GUM) clinics, therefore this target does not apply.





In 2007/08, the Trust continued to reduce inpatient and outpatient waiting times and worked with Commissioners to deliver the national 18 week referral to treatment target by December 2007 – one year ahead of the national schedule.

Over the past three years the Trust has worked hard to improve its clinical productivity and this has borne significant success with a reduction in both overall bed numbers and length of stay.

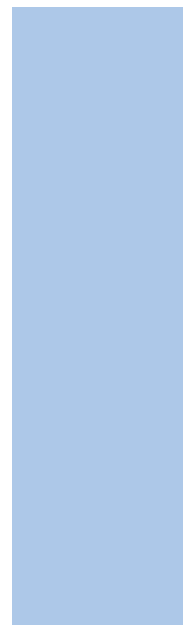
The Trust is amongst the top Trusts nationally for achievement of the A&E 4 hour target and has introduced an in-house target of achieving a waiting time of less than 3 hours for 75% of our A&E attenders. Whilst our achievement of the 4 hour target is consistent we will need further service redesign to achieve our own 3 hour target and work is ongoing with our local PCTs to develop an integrated Urgent Care Centre which we believe will assist us in achieving this goal and deliver further improvements in waiting times.

In addition to the above, the Trust is also one of the North West's top performers in relation to cancer waiting times. Performance on the 2 week outpatient waiting time target is consistently 100%, whilst achievement of the 31 day diagnosis to treatment target and 62 day referral to treatment target are consistently above national requirements.

During the period the Trust reduced the number of MRSA and Clostridium Difficile cases from the number recorded in 2006/07. However, the Trust will exceed the number of MRSA stipulated. A number of major initiatives has taken place during the year to rectify this situation and the Trust has identified this issue as its number one priority for the coming year in relation to patient safety and confidence in local services.

## Summary

Whilst the Trust is predominantly a District General Hospital Trust, serving two main Commissioners, it also provides significant tertiary services in the fields of cardiac and haematology, through specialist commissioning arrangements. The Trust has a history of significant achievement against national and local targets, and over the past two years has demonstrated a similar level of performance in delivery of its financial recovery programme.





# Valuing our Staff

Some of the Long Service Award Winners with the Chief Executive and the Chairman

## Long Service Awards/Achievement Awards

In September 2007 we held a successful achievement ceremony to reward staff who had worked for the Trust for more than 20 years or who had achieved a qualification or completed a course during the past 12 months. More than 200 people attended the ceremony which followed the Trust's Annual Public Meeting.



Some of the Celebrating Success Award Winners with the Chief Executive and the Chairman

## Celebrating Success Awards

The Trust launched its first ever Celebrating Success Awards in June 2007 which culminated in a Celebration Ball in November 2007. There were seven award categories - Modernisation Award, Partnership Award, Team of the Year Award, Innovation Award, Unsung Hero Award, Patient Care Award and the Chairman's Award.

The Patient's Award was open to nominations from the public and, thanks to a significant publicity campaign supported by the local newspaper and radio stations, the Trust received 105 entries. The awards were presented at a glitzy black tie event in the Ballroom of Blackpool's Winter Gardens on 30th November 2007.

“We are delighted to report that the results show a significant improvement in most areas when compared to the Trust’s results in 2006.”

## Staff Survey Results

In September 2007 a random selection of 850 staff received the Annual Staff Survey. The results of these surveys enable the Trust to compare historical results and benchmark itself internally and externally against other similar NHS Trusts and the NHS as a whole. The 2007 survey also provides a useful barometer as to whether the ‘Blackpool Way’ project launched in late 2006 is becoming embedded within the organisation.

We are delighted to report that the results show a significant improvement in most areas when compared to the Trust’s results in 2006. The Trust had a response rate of 57.5% compared to the national average response rate of 47.7%. This is a significantly higher response rate than last year, this being 44% for 2006, with the national average response rate for 2006 equating to 53.6%.

Out of the 131 questions asked we performed significantly better on 27 questions and significantly worse on two questions.

The survey measures the following key indicators:

- Work Life Balance
- Management & Supervision
- Appraisal
- Training Learning & Development
- Your Job
- Your Organisation
- Harassment, Bullying and Violence
- Errors, Near Misses and Incidents
- Occupational Health and Safety
- Infection Control and Hygiene

Action plans are being developed within all divisions, linking to other Trust initiatives already in place.

Feedback sessions on the findings, which will be open to all staff, will take place in April 2008. We look forward to working with staff to achieve further improvements in making all areas of the Trust ‘a great place to work’.



“People are so quick to say when everything’s wrong but we cannot thank your hospital enough. We would also like to add a further comment regarding the cleanliness of the hospital. The standard is first class. In an age where infection control is priority in policy, please pass on our sincere thanks to the cleansing team.”

**A. Davison, Crumlin, Gwent**

## Investors in People Accreditation

We were delighted to be reaccredited as an Investor in People (IIP) organisation for a further three years – confirming our commitment to the ongoing development of our staff.

An independent inspection was carried out during the week of 19th November 2007 during which time 108 members of staff were seen by the assessor.

The findings were that the Trust had achieved numerous improvements since the last

investor's assessment. He was particularly impressed with the clarity of the Trust's vision, values and business plans and especially complimentary about our approach to risk management.

With regards to the culture of the organisation, the assessor was greatly impressed with the Blackpool Way and heard many examples from staff of improvements they had seen against the four main themes of communication, management

style, recognition and continuous improvement.

Areas for further improvement highlighted by the assessor include embedding and improving appraisal, better linking of training to personal development plans, better and more timely management development programmes and embedding the Blackpool Way in all areas including the greater participation of senior medical staff.

## Nurses Day Success

Nurses and Midwives from across the Trust celebrated the valuable role they play in improving patient care at the Trust's annual 'Making a Difference Day'. The theme of this year's event held on 18th May 2007 was 'Quality Counts'. The Trust was pleased to welcome a number of high profile national speakers including Bobbie Chadwick, Deputy President of the Royal College of Nursing.



'Making A Difference' Day at Blackpool Victoria Hospital

Topics covered on the day, which was attended by more than 100 nurses and invited guests, included developing the inpatient experience for cancer sufferers, nursing support for hepatitis C sufferers and encouraging self development in nurses.

## Recognition Days

As part of the Blackpool Way a number of 'recognition days' have taken place to celebrate the achievements of our staff and to share best practice. The events have been well attended by staff across the Trust.



# Divisional Achievements

## Improving Stroke Services

A number of initiatives have been introduced to improve services for stroke patients. In July 2007 the Trust was one of the first in the North West to launch a stroke thrombolysis service. All patients who arrive at hospital within two hours of the onset of stroke symptoms are assessed to determine their suitability for thrombolysis and the treatment is delivered where appropriate. The drug is designed to disperse the clot that is causing the stroke in the blood vessels. It has proven to be effective at improving survival rates and reducing disability.

In addition, a new rapid access service for patients at high risk of stroke is now available. The service will enable patients who have suffered a TIA (Transient Ischaemic Attack), often known as a mini-stroke, to have a series of tests and investigations with a dedicated stroke specialist and start immediate treatment.



Dr James McIlmoyle, Stroke Consultant, said: "A TIA is a warning sign and should not be ignored. The benefit of this new service is that we can now prevent patients at high risk of having a stroke by confirming the diagnosis, completing investigations and starting preventative measures immediately."

Charge Nurse, Paul Farrell,  
patient Barrie Walls and Dr James  
McIlmoyle, Stroke Consultant

"My stay in the hospital was for less than 36 hours, but during that time I received the most expert and attentive treatment. I feel that no praise is too high for every member of staff, who were all consistently professional, supportive and cheerful."

**Rev Donald Pankhurst, Windermere, Cumbria**

## Developments in Gastroenterology

A number of developments have taken place within the gastroenterology department. The Trust has been successful in its bid to become a specialist Bowel Screening Centre. The Trust will provide this service to the 1.3 million catchment population of Blackpool, Fylde, Wyre, Preston, Blackburn and Burnley. A Bowel Cancer Screening Manager, Judith Statham, has been appointed to manage the administration of the service.

It is estimated that the unit will carry out an additional 500 endoscopies a year. A new state of the art endoscopy unit is being developed to meet this extra capacity, which is due to open in April 2008.

Other service improvements that have taken place during the year include the introduction of capsule endoscopy and the development of an out of hours GI bleed service. A new Consultant Gastroenterologist, Dr Suhail Ahmed, has been appointed to support the additional work of the department.

## Increasing Nurse Staffing Levels

There has been major investment in nursing to increase nurse staffing levels on the medical wards, both at Victoria Hospital and the community hospital sites. The Medical Division plans to recruit additional nursing staff. Recruitment has been extremely successful so far and the wards are already feeling the benefit of the additional staff, which gives them more time to spend delivering direct patient care.



Dr Mac Macheta, Consultant Haematologist with a patient on the new Haematology Ward

## Tertiary Haematology Centre

The new tertiary Haematology Centre opened at Blackpool Victoria Hospital in September 2007 following a major refurbishment. The expanded unit consists of a 20-bedded unit as well as 12 single rooms with en suite facilities to treat patients with suppressed immunity. It carries out high dose therapy, stem cell grafting and intensive treatment of acute leukaemia to patients across Lancashire and South Cumbria. The unit has appointed a second Clinical Nurse Specialist and third Consultant.

Former Blackpool and England footballer, Jimmy Armfield, who has undergone treatment on the unit, said: "I could have been treated anywhere in the country, but I chose Blackpool, and I wouldn't have wanted to have gone anywhere else. The facilities are fantastic and the care I received was second to none."

## Urology Cancer Nurse Specialist

A new role has been developed to provide more support for patients with urological cancers. Donna Emery joined the Trust in August 2007 as the Trust's Cancer Services Nurse Specialist in Urology. The department currently provides services to more than 300 patients with urology cancers and receives up to 10 new patient referrals every week. Donna offers support and information to patients at the point of diagnosis and offers emotional and informative support regarding treatment options and side effects. She also has a key role liaising with GPs, Consultants, District Nurses and hospices.

## Theatres

Changes in the way theatres are utilised and the introduction of new posts have led to more efficient use of the theatres. Better pre operation assessment checks have meant that operations can be started on time and fewer operations have to be cancelled. The appointment of anaesthetic theatre practitioners has improved the throughput of patients in the theatres, therefore maximising the use of theatre time.

## New One Stop ENT Service

A new one stop service for patients needing ENT surgery has been a huge success. The service, launched in June 2007, gives patients the opportunity to have their initial consultation, pre operative anaesthetic assessment, diagnostic tests and choose a convenient date for surgery all in one appointment. Patients are able to leave the department having been pre operatively assessed, having had the opportunity to ask questions and have a date for their operation. The feedback from patients and carers has been excellent.



Mr Ajay Nigam, Consultant ENT Surgeon, examines a patient

## Endoscopic Vein Harvesting

Heart patients in Lancashire and South Cumbria are the first in the North West to benefit from a new surgical technique which dramatically reduces scarring and speeds up recovery times.

Surgeons at the Lancashire Cardiac Centre have been trialling endoscopic vein harvesting – a procedure to remove healthy veins from the leg for use in heart bypass surgery.

Mr Joe Zacharius, Consultant Cardiothoracic Surgeon demonstrates Endoscopic Vein Harvesting



Traditionally patients would be cut from the top of their leg to their ankle to remove the vein and would be left with an unsightly scar around 40cm long. Now, thanks to advances in technology, it is possible to perform this procedure in a much less invasive way. A 7.5mm endoscope is connected to a video camera and inserted through a small incision in the patient's leg. The endoscope is used to view the vein and allows the surgeon to remove it with minimal stress to the leg and the harvested vein. This results in less muscle and tissue damage, reduces the risk of wound infection and patients recover from the procedure more quickly.

Mr Joseph Zacharius, Consultant Cardiothoracic Surgeon, said: "As well as being much better for patients in terms of scarring and recovery, it benefits the hospital too. We are the first Cardiac Centre in the North West and only the second in the country to offer this procedure."



## Waiting Times Fall for Echocardiography

Waiting times for echocardiography have significantly reduced following the introduction of a number of initiatives. Echocardiography is the process of taking an ultrasound of the heart enabling images to be obtained and the functioning of the heart to be assessed.

Thanks to changes in working practices in the unit and the appointment of additional staff, waiting times have fallen from 10 months to a maximum of four weeks.

Dr Ranjit More, Consultant Cardiologist, said: "Last year 6,400 echocardiographs were carried out. The reduction in waiting times is a significant achievement which the team is proud of."





## Opening of New Coronary Care Unit

The Coronary Care Unit transferred from the main Victoria Hospital site to the Lancashire Cardiac Centre in April 2007 – bringing all cardiac services together under one roof. Patients are now treated in fantastic new facilities and have access to specialist cardiology staff. In addition, the private patient facility, The Lancashire Suite, also moved into state of the art facilities within the Lancashire Cardiac Centre.

“I would be very grateful if you would pass on my sincere thanks to Mr Au and his team in surgery, all your colleagues, nurses and staff in the Cardiac High Dependency Unit and Ward 38 for all the professionalism, care, reassurance and general cheerfulness in which they carried out their duties. I feel that I was very fortunate in being the recipient of such care, which I think went beyond the call of duty but was very much appreciated.”

**David Vaughan, Hawkshead, Cumbria**

## Cardiac Research Symposium

Surgeons at Lancashire Cardiac Centre hosted an international conference where delegates were able to view live heart operations and hear about major developments in the treatment of heart disease.

The event, called Managing Mitral Valve Disease – David Sharpe Memorial Symposium – was held at the Cardiac Centre in September 2007. The symposium was held in memory of David Sharpe, a Blackpool Cardiac Surgeon with a special

interest in teaching and training, who sadly passed away.

The Trust was fortunate to secure national and international experts in this field. Speakers included Professor David Adams from New York, Professor Robert Dion from Holland, Dr Frank Van Praet from Belgium, Professor Giles Dreyfus from London, as well as Consultant Anaesthetists, Cardiologists and Cardiac Surgeons from the Lancashire Cardiac Centre.

## Improving Maternity Care for Diabetic Patients

A new joint clinic has been launched for mums to be who have diabetes. The clinics ensure women who have diabetes are given a high level of specialist care during their pregnancy. They enable women to see their Consultant Physician, Consultant Obstetrician, Diabetes Specialist Midwife and Diabetes Specialist Nurse and a dietician all in one appointment.

Mandy Daughnton, a previous patient of the clinic, said: “I found the clinic extremely beneficial – it provided me with a lot of support and advice. I wasn’t sure how my diabetes was going to affect the birth but the clinics answered all of my questions.”



## One Stop Service for Urodynamics

A new one stop service has been developed to reduce waiting times for patients requiring urodynamic studies. Patients now see a Uro-Gynaecology Consultant, a Nurse Practitioner and a Physiotherapist in one appointment, rather than having to attend several different appointments. This is not only better for patients, but reduces waiting times too.

## Cardiology Clinic for Children

A new service is being developed for children with heart murmurs where they can have all of their tests done and receive a diagnosis in one appointment.

Previously children would have an initial consultation by a Paediatrician and be referred to the Cardiac Centre for an echocardiograph. They would then have to return to the Paediatric Outpatients Department at a later date to receive the results of the heart scan and the whole process could take around three months.

Dr Roy Stevens, Consultant Paediatrician, said: "This is a much better service for all concerned. It can be an anxious time for parents having to wait to get the results. At this new clinic they can have all of their tests done and receive the results in the one appointment.

"This is a development that the Paediatric Cardiologists have encouraged us to take. We hope that this clinic will take some of the load off the tertiary paediatric cardiac clinics resulting in shorter waiting times."

## Appointment of Consultant Obstetrician and Gynaecologist

A second female Consultant Obstetrician and Gynaecologist, Dr Liz Haslett, joined the Trust in November 2007.



Staff celebrate the opening of the new Clinical Decision Unit

## Clinical Decision Unit Opens

A new Clinical Decision Unit (CDU) has opened at Blackpool Victoria Hospital. Formerly known as the Medical Assessment Unit, the CDU is open around the clock and provides assessment and treatment for acutely unwell patients. The new unit offers improved facilities including a waiting room, quiet room for staff to talk to relatives and a number of single rooms to support patient's privacy and dignity.

Patients are referred to CDU by a doctor, either their GP or doctor in the hospital's A&E Department.

Half of all patients admitted to the hospital in this way are discharged direct from CDU after treatment. The remainder are referred to another specialty area of the hospital depending on their healthcare needs.

Dr Yunus Seth, Lead Clinician for Acute Medicine, said: "The greatest reward for a healthcare worker is to deal with satisfied patients and the new unit, combined with the skill and dedication of our staff, helps us to achieve the goal on a daily basis."



## Opening of Aseptic Unit

The Pharmacy Aseptic Unit at Blackpool Victoria Hospital has received a £500,000 overhaul to enable it to be more reactive to patient's needs.

The state of the art facility has received a major refit which has included the installation of four new isolators and a new support room.

The Pharmacy Aseptic Unit prepares all of the chemotherapy, intravenous feeds for adults and premature babies and a range of antibiotics. The team of Pharmacists, Technicians, Assistants and Support Staff work in environmentally controlled clean rooms to ensure that the products prepared are sterile and free from contamination.

Kelly Warren, Pharmacy Technician in the new Aseptic Unit



## Shorter A&E Waits

Patients attending the A&E Department at Blackpool Victoria Hospital have among the shortest waits in the country.

Despite being one of the busiest Accident and Emergency Units in the country, with more than 91,000 attendances last year, it is amongst the top five performing hospitals in the country. Not only is the department consistently exceeding the national target that 98% of patients should be seen, treated and either admitted or discharged within four hours, many are seen much sooner.

The department has set its own local target of three hours and last year more than 70% of patients attending the department were seen within this timescale. A team of 'A&E Minors Champions' looked at the processes within the minor injuries area and made changes to improve the flow of patients and improve waiting times.

David Wycherley, Directorate Manager for Emergency Access, said: "We are really proud of our achievements. It has been a huge team effort by staff, not only in A&E but across the hospital."

## Phlebotomy Service Expands

The Pathology Department has invested £50,000 into expanding the phlebotomy service to give an improved service to the wards and speed up the turnaround time for results.

There are now two additional full time and three part time Phlebotomists who ensure all wards on the hospital site receive a full Monday to Friday daily service. They also provide a 'flying' phlebotomist service where doctors can request blood to be taken from patients later in the day if it cannot wait until their next daily round. They have also extended the phlebotomist cover at weekends.

Mark Wrigley, Chief Biomedical Scientist, said: "Patients now have their blood taken sooner by fully trained staff and their test results are available to the clinicians sooner leading to more timely treatment."

## Vascular Laboratory Opens

Vascular services have been improved this year with the development of a specialist Vascular Ultrasound Unit.

A number of services are provided from the laboratory. These include Doppler Ultrasound for patients presenting with possible Deep Vein Thrombosis and a TIA service to identify and treat patients who might otherwise have gone on to have a stroke.

The unit also provides support to the vascular outpatient clinics, which means patients can have their ultrasound scan during their clinic visit, without having to come back at a separate appointment.

A future development includes the introduction of an Endovascular Aneurysm Repair (EVAR) service. This pioneering procedure uses image guided surgery techniques using catheters, guide wires and stents. It offers more choice for doctors and patients in repairing abdominal aortic aneurysm than invasive conventional treatment, which previously has been the only treatment.

# Strategy

## Trust Vision

The Trust's Vision is based on four key themes:-



The Vision statement was developed early in 2006, through a series of workshops, led by the Chief Executive, that were attended by over 300 of our staff. Support for the Vision was also received from partner organisations at the fortnightly meetings of the Joint Strategy Development Group. The Board endorsed the Trust's Vision and Values in April 2006.

To deliver this Vision a number of key actions, with outcome measures, were agreed by the Trust Board as follows:

- To achieve top 10% performance across the NHS for all key performance indicators such as hospital acquired infections, length of stay and day case rates.
- To provide high quality care, as demonstrated by being a top 10% performing Trust, and through being an 'early achiever' for delivery of an 18 week pathway from referral to treatment, offer competitive waiting times for our population.
- To achieve financial surplus whilst delivering high quality accessible services through re-designing patient pathways to eliminate waste, reduce overheads and continued site rationalisation.
- To enhance staff involvement in the future direction of the Trust through implementation of the Blackpool Way project. This will support a more team based approach to service improvement and pathway redesign.





## Whole Health Economy Vision

Between June and September 2006, the Health Community on the Fylde Coast undertook a public consultation, entitled '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 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

This Health Community Vision is entirely consistent with the Trust Vision and, since the conclusion of the consultation, we have moved quickly to implement our proposals to improve services for patients. We have further reduced hospital length

of stay, increased day case rates and developed state of the art facilities such as the Tertiary Haematology Centre and the Bowel Cancer Screening Centre.

## Working in Partnership

We will continue to work with our healthcare partners, as set out below, to deliver our strategy and contribute to whole Health Community goals.

### Healthcare Partners

Name of Healthcare Partner
• Blackpool Primary Care Trust
• North Lancashire Primary Care Trust
• Specialist Commissioners
• NHS North West
• Blackpool Social Services
• Lancashire Social services
• Blackpool Overview and Scrutiny Committee
• Lancashire Overview and Scrutiny Committee
• Lancashire Care Trust
• Patient Forums

In partnership with Health Community Partners, we have made an assessment of the key factors influencing the demand for healthcare on the Fylde Coast. Priority areas, linked to Local Health Economy objectives, have been identified.

"I am writing to thank you and your staff for making my stay at Ward 33 and the hospital a very comfortable stay, your care, comfort and consideration was first class by yourself down to the lady cleaner. I was on a low and you brought me back up."

**Terence Bradwell,  
Blackpool**

# Future Service Development Plans

## Endoscopy Services and Bowel Cancer Screening

A state of the art endoscopy facility will be open to patients on 1st April 2008. This new facility has four scoping rooms, enabling the Trust to double its capacity and provide a much improved environment for staff and patients. The new facility has supported a number of developments in endoscopy services as set out below.

The Trust recently received approval to become a specialist Bowel Cancer Screening Centre. Blackpool Victoria Hospital will be the administrative centre and will co-ordinate the bowel screening service to the 1.3 million catchment population of Blackpool, Fylde, Wyre, Preston, Blackburn and Burnley. The service will begin in May 2008 and will lead to reduced levels of mortality from bowel cancer disease.

Over the last 12 months staff in the unit at Blackpool Victoria Hospital have worked hard to reduce waiting times to some of the best in the region. This has supported the delivery of cancer waiting times and the 18 week pathway for patients. To maintain this position, an additional Nurse Endoscopist has been appointed to work within the new unit.

Another development for the Endoscopy Unit includes the introduction of endoscopic ultrasound. Previously this service was only available to Fylde Coast residents in Blackburn or Liverpool and the new service is seen as an important local development.

The above developments will enable the Trust to deliver an additional 500 endoscopic procedures per year to support maintenance of 18 week and cancer pathway waiting times.

## Cardiac Expansion

In order to deliver an 18 week pathway within Cardiothoracic Surgery, the Trust has agreed an increased level of activity with the 'Specialist Commissioner' for 2008/09. Additional infrastructure is required to deliver this work and approval has been given by the Board of Directors for an expansion in Cardiothoracic surgical beds, intensive care beds and an additional theatre. The costs of this expansion can be met within the income generated from the additional work under Payment by Results.

During 2008 the Trust will be discussing with Commissioners the development of additional specialist services within the Tertiary Centre. This will include a Heart Failure Service and an Electrophysiologist Service. Patients from Lancashire and South Cumbria currently access these services at Tertiary Centres in Liverpool and Manchester and the Trust is keen to develop locally based services for its catchment population.

## Cancer Reform Strategy/ Improving Patient Outcomes

The Cancer Reform Strategy was published in December 2007 and builds on the progress made since the publication of the NHS Cancer Plan. The Strategy has been developed to meet the following challenges:

- The incidence of cancer is increasing, as people live longer
- More people are alive having survived cancer
- Scientific understanding of cancer is improving greatly
- There are new opportunities for early diagnosis (genetics; screening; new diagnostic technologies)
- There are many new treatments in the pipeline
- There is considerable potential to introduce new service models to improve convenience and outcomes for patients

The strategy sets out a clear direction for cancer services for the next five years focussing on action across ten areas as set out below:

Six key areas for action

- Prevention
- Diagnosing cancer earlier
- Ensuring better treatment
- Living with and beyond cancer
- Reducing cancer inequalities
- Delivering care in the most appropriate setting

Four key drivers for delivery

- Using information to drive quality and choice
- Stronger commissioning
- Funding world class cancer care
- Planning for the future

The Trust has already implemented measures that will support the implementation of the strategy, such as putting all cancer patients on a 'fast track' pathway, and is now working with partners to identify further actions required to implement all the measures and deliver improved services for cancer patients.

A further piece of work to be undertaken with partner organisations is supporting the introduction of a preferred place of death strategy for patients with terminal illness. This will provide support for patients who wish to die at home and reduce the number of patients coming into hospital to die.



## 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 table below, taken from the Trust's Integrated

Business Plan, illustrates the number of patients who would benefit from this shift in services, using 2001 Census data.

### Number of People with Limiting Long Term Illness, or Not in Good Health, by Locality

	England		Blackpool		Fylde		Wyre	
	No	%	No	%	No	%	No	%
Limiting Long Term Illness	8,369,174	17	33,862	25	14,311	20	22,697	22
Not in Good Health	4,249,859	9	18,580	13	6,982	10	11,273	11

Report on the Health of the Population of Blackpool Fylde and Wyre 2006

As a Health Community we are working jointly to identify the range of services that will be provided in a community setting in the future.

The Trust will also be looking to develop its strategy, and a detailed action plan, that sets out how it will support the public health agenda. This is with the aim of developing our role as a provider of public health services and health education programmes.





## Stroke

In December 2007 the Government published the National Stroke Strategy with the aim of raising awareness of stroke and improving prevention and treatment. The Trust has been working with healthcare partners during the last 12 months to improve care for patients who have had, or are at risk of having, a stroke. Actions taken include:

- Development of a vascular laboratory facility, providing rapid access diagnostic services and treatment for patients who have had a suspected TIA (transient ischaemic attack), also known as minor strokes.
- Development of a combined Stroke Unit on the Blackpool Victoria Hospital site.
- Improved access to surgery for patients at risk of stroke.
- Introduction of a thrombolysis (clot busting drug) assessment and treatment service for patients who have suffered a stroke.

The health community will be looking to build on these developments over the coming year to improve access to thrombolysis, providing a 24 hour 7 day a week service for stroke sufferers. This will involve developing out of hours diagnostic services to provide round the clock CT scanning for patients who have had a stroke. In addition the Trust has set itself a target of delivering surgery for at risk patients within 2 weeks of their assessment. A Health Community action plan has been developed to deliver these ambitious targets and ensure compliance with all performance measures in the Stroke Strategy.

## Infection Prevention

Healthcare acquired infection is an issue of significant importance for patients. The Trust has agreed with local commissioners a challenging target for the reduction of healthcare acquired infection in the current year. This reflects the fact that the Board of Directors has identified Infection Prevention as the number one clinical priority for 2008/09.

The Trust has undertaken a number of major initiatives to support the delivery of this goal, including:-

- Adoption of all infection control measures identified in the 'Saving 100,000 Lives' and 'Saving Lives' campaigns.
- All staff signing an infection prevention pledge.
- All staff attending an infection prevention 'roadshow'.
- A major media campaign aimed at both public and staff.
- Introduction of a new performance management framework.
- Extension of the 'Deep Clean' programme.

The eradication of health care acquired infections will not only provide a safer service for patients, it will also help us ensure that patients choose to have their treatment at this hospital rather than another hospital.



## Estate Strategy

Foundation Trust status will provide us with greater freedoms and the opportunity to develop our estate infrastructure to meet the requirements of our future service development strategy, utilising our planned future surpluses.

Work has been undertaken at Trust Board level to determine priorities for the development of the Victoria Hospital site and the wider estate. Schemes being developed include:

- Surgical centre
- Urgent care centre
- Women's and children's schemes

Each of these proposals will be the subject of a business case to establish that it meets the investment criteria required by the Trust.



## Foundation Trust Status

Our application for Foundation Trust status was submitted to Monitor in August 2007 following our public consultation from 6th November 2006 to 2nd February 2007.

As an NHS Foundation Trust, the Trust will:

- Use the new freedoms to provide even better services for patients. This includes the opportunity to make significant investment in the Trusts infrastructure and IT, and also to further invest in staff.
- Use the new governance arrangements to build closer links with key stakeholder groups, and respond, faster and more innovatively to their healthcare needs. This will give us greater understanding of patients needs, our market and where we need to develop services.
- Drive up standards of care by developing faster, more personalised and convenient care for patients.
- Undertake market assessments to identify gaps in service provision that can be exploited.

- Use financial freedoms to implement a more robust investment strategy for service development.
- Develop links with partner organisation e.g. Universities and private industry to bring new ideas into the Trust that will deliver benefits for patients and the wider NHS.

The Trust envisages the move to Foundation Trust status and the creation of a Membership and a Council of Governors as essential to the success of its strategy. The move will support the forging of closer ties with the community the Trust serves and help it to develop its role as a corporate citizen. The Membership and the Council of Governors will ensure that the Trust is in touch with the needs of the population it serves and will support the goal of being first choice provider of health care services on the Fylde Coast and beyond. This will be through maintaining links with the users of services and obtaining direct feedback on the type of services to be developed, how services should be provided and where services should be provided.

The financial regime applied to Foundation Trusts will support the Trust's approach to maintaining financial stability. The Trust's financial plan shows it delivering a surplus from 2007/08 and being a Foundation Trust will give more flexibility in how this surplus can be utilised to develop and improve services. It will also provide opportunities to make investments in new and existing services, which are underpinned by a sound business case and contribute to meeting the health care needs of our population.

**"The Trust's financial plan shows it delivering a surplus from 2007/08 and being a Foundation Trust will give more flexibility in how this surplus can be utilised to develop and improve services."**

## Public Consultation

Our public consultation included publicity as follows:

- Full consultation documents and summary consultation documents
- Posters advertising our public events
- Editorials and adverts in the local newspaper
- Interviews on local and regional radio stations
- Advertisements on the local radio station
- Display boards and information stands
- Dedicated website and intranet site

In addition, our consultation presentation was given at the following events:

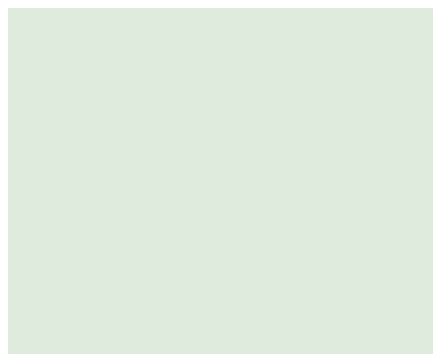
- Public Consultation Meetings
- Community Forums/Interest Groups
- Volunteer Events
- Staff Roadshows
- Stakeholder Events

## Membership

As part of the application process, the Trust produced a membership strategy outlining the Trust's plans to develop systems and processes essential to establish, maintain and develop an active membership. At the end of November, there were 4,512 public members and 4,323 staff members.

## Council of Governors

During the application process, the Trust established a Council of Governors which is a body that is representative of the membership groups and the partner organisations of the Trust. Elections for the Council of Governors took place during May and September and, by the end of November, there was a fully established Council of Governors comprising 15 Public Governors, 5 Staff Governors and 10 Appointed Governors.



# The Trust Board

## Trust Management Structure

The Trust is managed by a Trust Board comprising a Chairman, five Non-Executive Directors, one Associate Non-Executive Director, five Executive Directors and two non-voting Executive Directors.

The Chairman is appointed by the Secretary of State, the Non-Executive Directors are appointed by the NHS Appointments Commission on behalf of the local community and the Executive Directors are appointed through open competition and in accordance with the Trust's recruitment and selection policies and procedures.

## Roles and Responsibilities

The Chairman is responsible for ensuring that the specific roles of the Non-Executive Directors and Executive Directors are brought together in a constructive partnership to take forward the business of the organisation.

The Non-Executive Directors have a responsibility to ensure that the Board acts in the best interests of the public and that it is fully accountable to the public for the services provided by the organisation and the public funds it uses.

The Executive Directors are responsible for the day to day running of the Trust.

## Management Arrangements

The Board of Directors is the key decision making committee on strategic, operational, clinical and financial matters.

## Management Changes

Mr Malcolm Faulkner was appointed as an Associate Non-Executive Director in June 2007, pending the outcome of our Foundation Trust application.

Mr Nick Grimshaw joined the Trust in May 2007 as Director of Human Resources and Organisational Development. Mr Grimshaw was formerly the Director of HR at Tameside and Glossop Acute Services NHS Trust.



"On behalf of my family and myself, I should like to place on record our sincere thanks to all the members of your staff who in any way contributed to the superb treatment my wife received whilst in their care. I firmly believe that her Majesty the Queen could not have received any better treatment, and we have nothing but admiration and gratitude for the dedication, compassion and effort, especially on the Intensive Care department, the staff expended to treat my wife's condition."

**Colin Dennison, Blackpool**

# Profile of the Board

## Voting members of the Board of Directors:



**Beverly Lester**  
(Chairman) – term of office from  
1.11.05 to 31.10.09  
(second term)

**Experience:**

- Former Chairman of Blackpool, Wyre and Fylde Community Health Services NHS Trust
- Retired partner in Law Firm
- Part time Deputy District Chairman and Tribunal Chairman for the Tribunals Judiciary (Department for Constitutional Affairs)
- Trustee of the Ladies Sick Poor Association
- Governor of Carters Primary School
- Member of the SHA Regional Training Board
- Member of Blackpool Council's Children's Trust Board
- Member of the Court – University of Central Lancashire
- Former Deputy District Judge
- Trustee of Thornton Horse Club

**Qualifications:**

- Qualified Solicitor – LL.B



**Paul Olive**  
(Non-Executive Director) – term  
of office from 20.5.06 to 19.5.10  
(second term)

**Experience:**

- Former Finance Director of Stanley Leisure plc
- Former Non-Executive Director of Crown Leisure plc
- Former Governor of Blackpool Sixth Form College
- Trustee of Age Concern

**Qualifications:**

- Chartered Accountant – Fellow Institute of Chartered Accountants



**Chris Breene**  
(Non-Executive Director) – term  
of office from 20.5.06 to 19.5.10  
(second term)

**Experience:**

- Former Non-Executive Director of the Blackpool, Wyre and Fylde Community Health Services NHS Trust
- Former Manager for Marks and Spencer
- Vice Chairman of the Employment Committee for Blackpool, Wyre and Fylde Blind Society
- Former Member of the Blackpool Partnership Against Crime Community Group
- Former Governor of Blackpool Sixth Form College





**Michael Brown**  
(Non-Executive Director) – term  
of office from 1.3.04 to 30.11.08

**Experience:**

- Former Chief Executive of Wyre Borough Council
- Former Board Member - LAWTEC
- Former Board Member - Lancashire Learning & Skills Council
- Former Vice Chairman of Business Link Lancashire
- Former Member of Blackpool and the Fylde College Governing Body
- Former Governor of Baines School
- Chairman of Wyre Housing Association
- Managing Director of Eccleston Services Ltd
- Former Director of Canatxx Gas Storage Ltd

**Qualifications:**

- Qualified Solicitor – LL.B



**Peter Hosker**  
(Non-Executive Director) – term  
of office from 1.7.06 to 30.6.10

**Experience:**

- Former Senior Partner at Napthens Solicitors
- Part time Deputy District Chairman and Tribunal Chairman for the Tribunals Judiciary (Department for Constitutional Affairs)
- Chairman of the AvenCentral Regeneration Partnership in Preston
- Select Vestryman of the Churches of St John the Evangelist and St George the Martyr in Preston.
- Director of The Select Vestry of Preston Charity Ltd
- Former Trustee of the British Red Cross in Lancashire
- Vice Patron of Deafway
- Governor and Trustee and former Chairman of the Kirkham Educational Foundation and Kirkham Grammar School

**Qualifications:**

- Qualified Solicitor – LL.B (Hons)



**Bill Robinson**  
(Non-Executive Director) – term  
of office from 1.7.06 to 30.6.10

**Experience:**

- Former Director of Finance at South Ribble Borough Council
- A Vice President of Lancashire County Cricket Club
- Former Chairman of the Lancashire Youth Cricket Coaching Committee
- Honorary Treasurer of the Lancashire Cricket Board
- Director/Trustee and Honorary Company Secretary to the British Commercial Vehicle Museum Trust

**Qualifications:**

- Chartered Public Finance Accountant – C.P.F.A.



**Malcolm Faulkner**  
(Non-Executive Director) – term  
of office from 1.6.07 to 31.5.11

**Experience:**

- Former Independent Consultant
- Former Director of United Utilities
- Former Chairman of Norweb
- MD of Norweb Energy and Telecommunications Division
- Former Commercial Director of Norweb plc

**Qualifications:**

- B.Sc. (Hons) M.Sc. Electrical Engineering
- Diploma in Management Studies
- Chartered Engineer



**Julian Hartley**  
(Chief Executive) – appointed in  
December 2005

**Experience:**

- Former Chief Executive of Tameside and Glossop Primary Care Trust
- Former Director of Planning and Operations at North Tees and Hartlepool NHS Trust
- Joined NHS as National Trainee of the NHS General Management Training Scheme
- Non Executive Director of Skills for Health
- Trustee of National Association of Assistants in Surgical practice

**Qualifications:**

- Master of Business Administration
- Certificate in Healthcare Marketing
- Certificate in Managing Health Services
- Post Graduate Certificate in Education
- BA Hons – English Language and Literature



**Aidan Kehoe**  
(Deputy Chief Executive)  
– appointed in April 2004

**Experience:**

- Former Director of Operations at Blackpool, Fylde and Wyre Hospitals NHS Trust
- Former Divisional Manager at University Hospital Birmingham NHS Trust
- Joined NHS as National Trainee of the NHS General Management Training Scheme

**Qualifications:**

- Qualified Chartered Accountant – Institute of Chartered Accountants (ACA)
- Diploma in Health Service Management (Dip HSM)
- B.sc (Hons) – Managerial and Administrative Studies



**Tim Welch**  
(Director of Finance) – appointed  
in August 2005

**Experience:**

- Former Director of Finance at City and Hackney Teaching PCT
- Former Deputy Director of Finance at City and Hackney Teaching PCT
- Joined NHS as Financial Management Trainee

**Qualifications:**

- CIPFA CPD Certified
- Member CIPFA
- BSc (Hons) – Biochemistry



**Mandie Sunderland**  
(Director of Nursing and Quality)  
– appointed in January 2001

**Experience:**

- Former Director of Nursing and Patient Services at Halton General Hospital NHS Trust
- Former Nursing Officer for Quality at the NHS Executive, Department of Health

**Qualifications:**

- Registered General Nurse
- MSc Health Professional Practice (Nursing)
- Post Graduate Certificate in Education (ENB Approved Registered Nurse Tutor)
- BSc Healthcare Studies
- Diploma in Management



**Dr Paul Kelsey**  
(Medical Director) – appointed in  
June 2006

**Experience:**

- Consultant Haematologist at Blackpool, Fylde and Wyre Hospitals NHS Trust
- Former Senior Registrar in Haematology – North West Rotational Training Scheme

**Qualifications:**

- M.B.,B.S. (Hons) – Pathology
- MRCP (UK)
- MRCPATH



## Non-voting member of the Board of Directors:



**Nick Grimshaw**  
(Director of Human  
Resources and Organisational  
Development) – appointed in  
May 2007

### **Experience:**

- Former Director of Human Resources at Tameside and Glossop Acute Services NHS Trust
- Former Director of Human Resources at Greater Manchester Workforce Development Confederation
- Former Director of Human Resources at North Manchester Healthcare NHS Trust

### **Qualifications:**

- BA - English and History
- Post Graduate Diploma in Management
- Post Graduate Diploma in Personnel (MCIPD)



**Mike Gallagher**  
(Director of Facilities) –  
appointed in July 1989

### **Experience:**

- Former Director of Facilities at Blackpool Victoria Hospital NHS Trust
- Director of Estates at Blackpool, Wyre and Fylde Health Authority
- Deputy Director of Estates at Wigan Health Authority

### **Qualifications:**

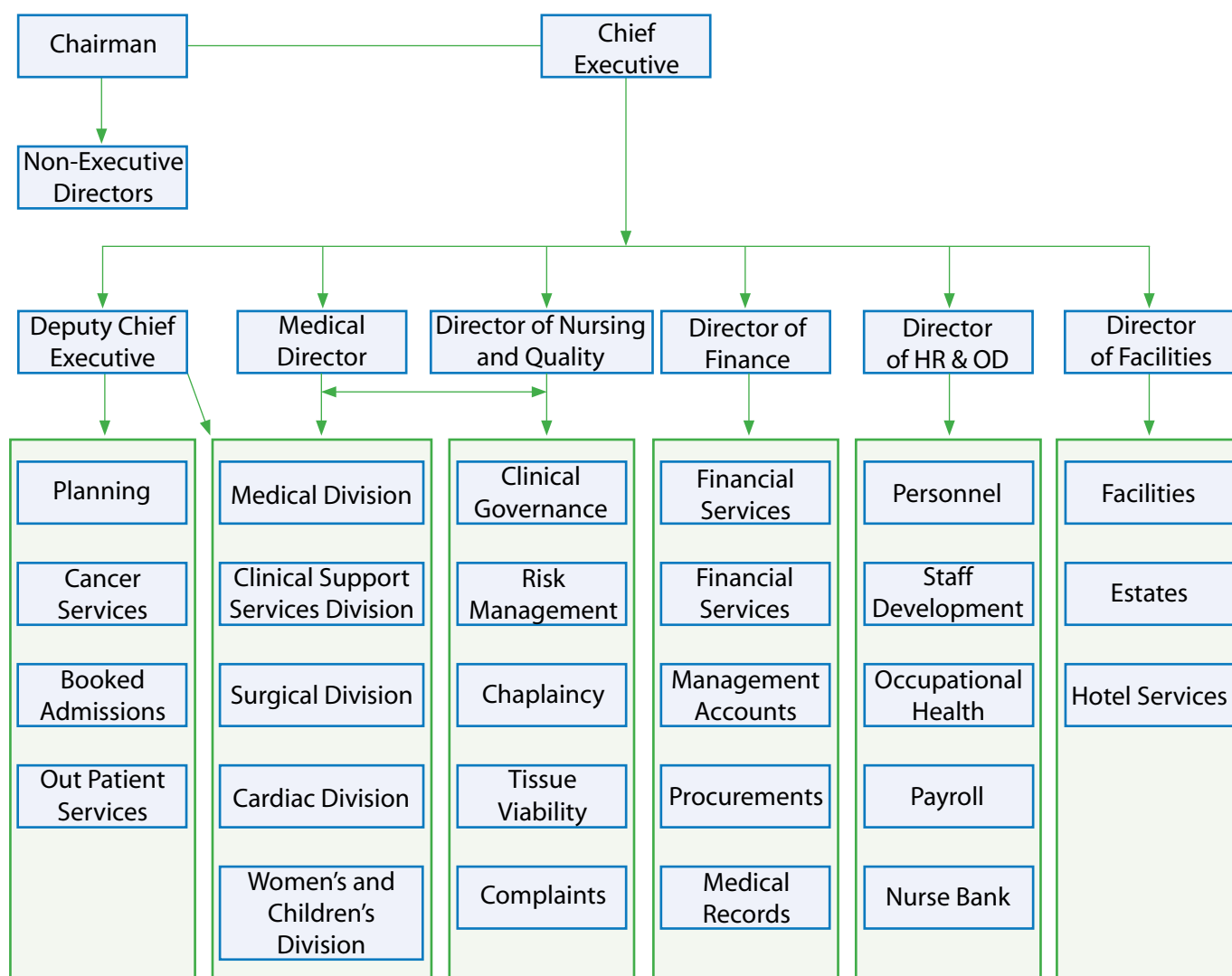
- PhD in Environmental Management
- MSc in Facilities Management
- Royal Institution of Chartered Surveyors
- Chartered Institute of Building

The Trust already has a skilled and committed workforce that is ready to meet the challenges of delivering high quality healthcare. With the implementation of the comprehensive organisational

development programme, The Blackpool Way, combined with the robust Workforce Strategy, we are confident that we will realise our full potential and achieve our Vision to offer 'best in NHS' care to our patients, be

the first choice for the residents of the Fylde Coast and beyond, offer outstanding value for money and become a model employer and a great place to work.

## Trust Management Structure





Each of the Clinical Divisions is managed by a Divisional Board, chaired by a clinical Divisional Director. The Divisional Director is supported by an Associate Director of Operations. Other Divisional Board members include, as a minimum, a Divisional Finance Manager, Divisional HR Manager and Head Nurse.

The senior management structure is shown below:

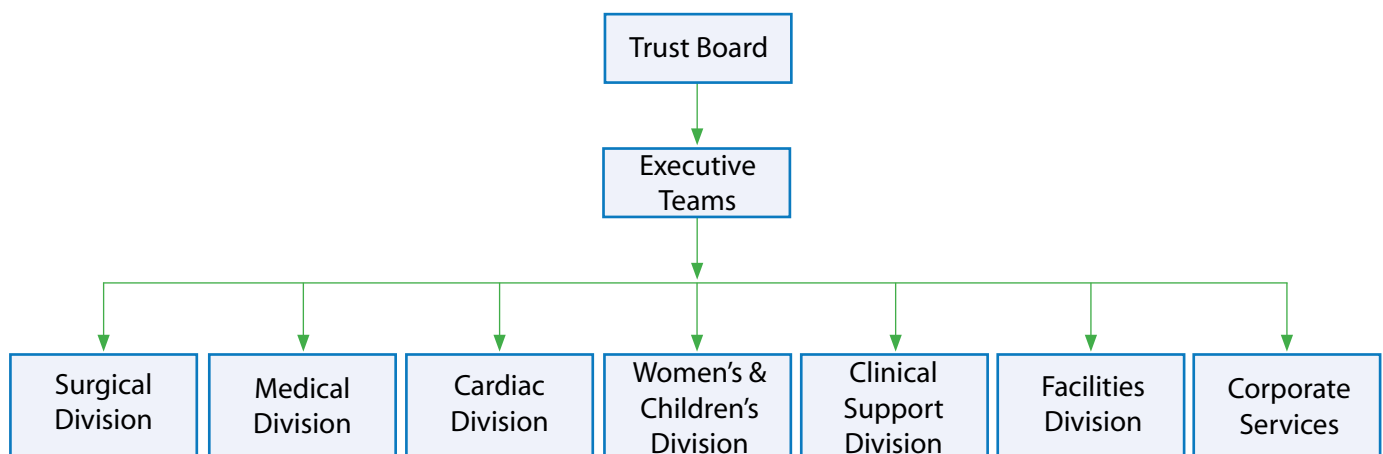
“My wife was admitted to the Medical Assessment Ward and over the next four weeks she was given treatment in the HDU, Ward 32 and Ward 26.

In each of those wards, without exception, she received absolutely first class treatment and care from the doctors and the nursing team and it was a pleasure to be able to write and thank them all for their efforts which have enabled my wife to now convalesce at home.”

**Keith Gledhill, Blackpool**



## Trust Senior Management Structure



# Trust Governance

## Risk Management

The Trust has a Risk Management Strategy and associated policies and procedures in place.

The Trust Board has overall responsibility for overseeing the management of risk but day-to-day responsibility is delegated by the Board to the Executive Directors. The Healthcare Governance Committee monitors the Corporate Risk Register and the Board Assurance Framework on a quarterly basis.

The key elements of the Risk Management Strategy include:

- Statement of intent (open and fair blame culture)
- Accountability and responsibility
- Risk management structure
- Operational arrangements (Risk Registers and Board Assurance Framework)
- Risk assessment process
- Staff education
- Reporting to the Trust Board

## Performance Management Framework

The Healthcare Commission document 'Assessment for Improvement: The Annual Health Check' published in March 2005, set a revised system for assessing performance of NHS organisations. The approach takes account of both existing and new NHS targets along with new standards for healthcare set out by the Government.

In response to this, the Trust has strengthened its performance management framework by setting out clearly the performance measures required to achieve its strategic aims, for example the achievement of a totally patient focused culture amongst staff, evidenced by top 10% performance in national Patient Satisfaction Surveys. This has enabled the development of a comprehensive set of key performance indicators on which to measure performance and inform the discussion at Trust Board as to actions that need to be taken to improve services for patients.

In addition the Trust has moved to a more business like approach to the management of its services. This has seen the introduction of service line reporting, with trading accounts being produced for each service area as part of the financial and activity reporting process. A business monitoring report has been developed which covers key performance indicators. This is produced for each division on a monthly basis, together with a Trust wide business monitoring report which is presented to the Trust Board. Discussions are currently taking place regarding an internal Fit for FT process for Divisions.

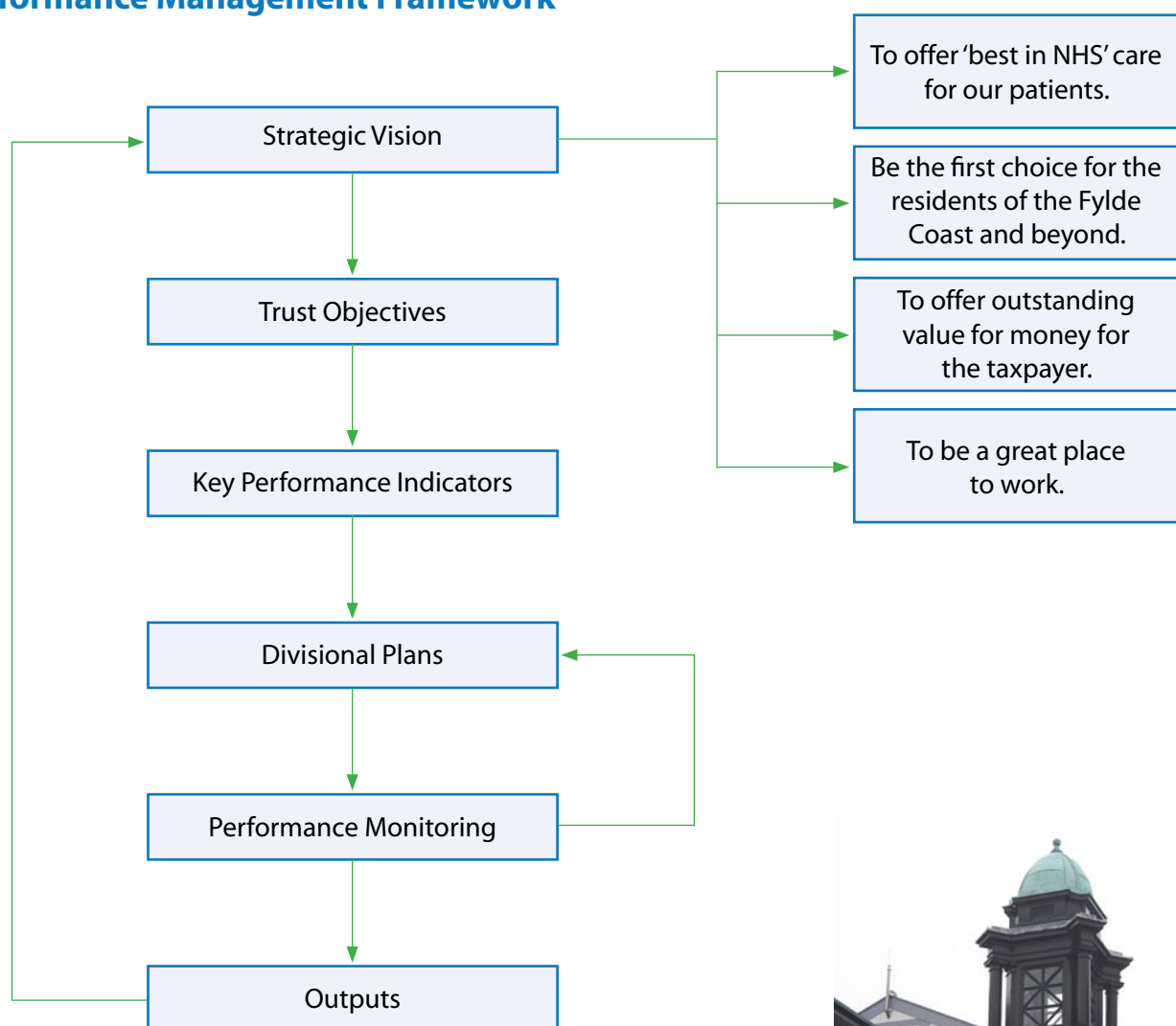
There has been a real drive to link the Trust's strategic vision to its business objectives and to monitor performance through the development of a set of key performance indicators. This approach is delivered through a performance management framework as detailed overleaf:



“Having been a patient at Blackpool Victoria for eleven days, I feel you would have a very difficult task in improving the performance of the staff, or indeed the way that the Lancashire Cardiac Centre is run. Unfortunately I have been in several hospitals over the past twenty years, but I have never been treated with such respect and care. You must be proud to have such a dedicated and caring nursing staff.”

**Arthur Lambert, Ulveston, Cumbria**

## Performance Management Framework





## Emergency Preparedness

The Trust has in place robust systems in the event of a major incident. The Major Incident Plan is reviewed annually, is regularly tested, and is fully compliant with "Handling Major Incidents: An Operational Doctrine" and all other NHS guidance on major incident preparedness and planning.

## Disability Discrimination Act

The Trust has a Policy on the Employment of Disabled Persons and has achieved the Two Tick Symbol in relation to its recruitment practices. Training and the introduction of E-Recruitment have further diminished the chances of discrimination in this area. The Occupational Health Department routinely advises on disability issues and the way in which posts can be re-designed to cater for those employees affected by disability.

## Equality Statement

The Trust has an Equal Opportunities Policy and trains managers in best practice. The Trust has developed a Race Equality Scheme and has an action plan to ensure compliance with legislative changes.

## Complaints

The Trust has a Complaints Policy and Procedure that complies with the NHS Complaints Regulations.

In the first instance complaints are considered by the Trust and responses made within the 25-day target. A complainant may refer to the Healthcare Commission for a further review and these may be referred back to the Trust for further local resolution or come subject to a full Healthcare Commission review.

Complaint trends are discussed at the Learning from Incidents and Risk Committee and Head Nurses maintain divisional spreadsheets demonstrating lessons learned from complaints.

## Public Meetings

The Trust holds an Annual Public Meeting to present the Annual Report and Accounts. Details of the next meeting can be obtained from the back of this report.

Five Trust Board Meetings have been held in public between April and November 2007.

# Audit Report

The Trust's Audit Committee has the following responsibilities:

## Governance, Risk Management and Internal Control

To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives, in particular the adequacy of:

- All risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Standards for Better Health), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service.
- Consideration of the provision of the Internal Audit Service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources.

## Internal Audit

To ensure that there is an effective internal audit function established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- Annual review of the effectiveness of internal audit.

## External Audit

To review the work and findings of the External Auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the appointment and performance of the External Auditor, as far as the Audit Commission's rules permit.
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy.
- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- Review all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

## Other Assurance Functions

To review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

To review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Clinical Governance Committee and any Risk Management committees that are established.

## Management

To request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

To request specific reports from individual functions within the organisation (e.g. clinical audit) as appropriate to the overall arrangements.

**"The professional expertise and caring nature of all who work on Ward 2 is a credit to the hospital. All the staff at the hospital that we have come into contact with, have proven to be extremely courteous, friendly and efficient in their work. We would also single out the Macmillan Unit for special mention. It must give you great satisfaction and pleasure to head up such a successful team."**

**J.G. Bannister, Poulton-le-Fylde**

## Financial Reporting

To review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in, and compliance with, accounting policies and practices.
- Unadjusted misstatements in the financial statements.
- Major judgemental areas.
- Significant adjustments resulting from the audit.

To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

## Other Matters

The Trust's External Auditors are PricewaterhouseCoopers based at 101 Barbirolli Square, Lower Mosley Street, Manchester, M2 3PW.

Membership of the Audit Committee:

Mr P Olive – Chairman  
Mrs C Breene  
Mr M Brown  
Mr M Faulkner  
Mr P Hosker  
Mr B Robinson  
Miss J A Oates – Secretary

Four meetings of the Audit Committee took place between April and November 2007.

“Last week I was a patient in the Cardiac Day Case Unit and I write to express my sincere appreciation for the care and understanding of the team led by Sister Christine Hargreaves and also Dr Goode's team in Angiography. Both skilled units were supportive and encouraging which means everything to patients.”

**Marjory Hall OBE,  
Longton, Preston**



# Remuneration Report

The membership of the Trust's Remuneration Committee includes all six Non-Executive Directors, plus the Chairman, and is chaired by Mr Michael Brown.

## Membership of the Remuneration Committee:

Mr M Brown - Chairman  
Mrs C Breene  
Mr M Faulkner  
Mr P Hosker  
Miss B Lester  
Mr P Olive  
Mr B Robinson  
Miss J A Oates – Secretary

The Committee met once during 2007/08.

The Committee establishes pay ranges, progression and pay uplift arrangements for Executive Director posts and for other Director posts that report to the Chief Executive.

The Committee undertakes its duties by reference to national guidance, pay awards made to other staff groups through national awards and by obtaining intelligence from specialists in pay and labour market research.

At a meeting in the 2006/07 financial year the Remuneration Committee had requested a report on director's pay assisted by the provision of benchmarking data with other NHS employing organisations. This report was considered in 2007/08 and, as a result, the salaries of the executive team were adjusted. The Chief Executive's salary was set by reference to market forces data. The responsibilities of the executive team were each then assessed and their salaries adjusted to an approximate

percentage of the Chief Executive's pay based on the extent of their overall job weight. No additional cost of living rise was awarded in 2007/08.

The Chairman assesses the performance of the Chief Executive and the Chief Executive assesses the performance of the other directors. All Executive Directors and other Directors who report to the Chief Executive are employed on substantive contracts of employment, i.e. not fixed term, and all have notice periods of six months.

Termination payments are made in accordance with the provisions set out in the standard NHS conditions of service and NHS pension scheme as applied to all staff.

The tables on the following two pages provide details of the remuneration and pension benefits for senior managers in 2007/08.

Signed:



Julian Hartley - Chief Executive

Dated: 11th June 2008



## Salary and Pension Entitlements of Senior Managers

### A) Remuneration

values subject to audit review

Name and Title	2007-08 to 30th November 2007			2006 - 2007		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
B Lester - Chairman	15 - 20			20 - 25		
J Hartley - Chief Executive	100 - 105			120 - 125		
A Kehoe - Deputy Chief Executive	75 - 80		2,500	85 - 90		3,000
T Welch - Director of Finance	75 - 80			95 - 100		
P Kelsey - Medical Director	15 - 20	85 - 90		15 - 20	120 - 125	
A Sunderland - Director of Nursing and Quality	65 - 70		4,700	90 - 95	6,100	
MJ Gallagher - Director of Facilities	65 - 70		2,100	80 - 85		3,100
N Grimshaw - Director of HR & OD (Appointed 7/5/07)	45 - 50					
C Breene - Non-Executive	0 - 5			5 - 10		
PA Olive - Non-Executive	0 - 5			5 - 10		
M Brown - Non-Executive	0 - 5			5 - 10		
P Hosker - Non-Executive	0 - 5			0 - 5		
WG Robinson - Non-Executive	0 - 5			0 - 5		
M Faulkner - Associate non-executive director (appointed 1/6/07)	0 - 5					

Benefits in kind represents the provision of lease cars.

## B) Pension Benefits

values subject to audit review

Name and title	Real increase in pension at age 60  (bands of £2500) £000	Real increase in pension lump sum at age 60  (bands of £2500) £000	Total accrued pension at age 60 at 30 November 2007  (bands of £2500) £000	Lump sum at age 60 related to accrued pension at 30 November 2007  (bands of £2500)	Cash Equivalent Transfer Value at 30 November 2007  £000	Cash Equivalent Transfer Value at 31 March 2007  £000	Real increase in cash Equivalent Transfer Value  £000	Employers contribution to stakeholder Pension  To nearest £100
J Hartley - Chief Executive	5 - 7.5	20 - 22.5	25 - 27.5	75 - 77.5	382	289	60	0
A Kehoe - Deputy Chief Executive	2.5 - 5	12.5 - 15	17.5 - 20	57.5 - 60	310	237	47	0
T Welch - Director of Finance	2.5 - 5	12.5 - 15	15 - 17.5	45 - 47.5	197	148	32	0
P Kelsey - Medical Director	7.5 - 10	22.5 - 25	47.5 - 50	145 - 147.5	954	775	112	0
A Sunderland - Director of Nursing and Quality	2.5 - 5	10 - 12.5	20 - 22.5	60 - 62.5	311	248	40	0
N Grimshaw - Director of Human Resources (appointed 7/5/07)	20 - 22.5	65 - 67.5	0	0	279	0	196	0
MJ Gallagher - Director of Facilities	5 - 7.5	17.5 - 20	37.5 - 40	117.5 - 120	780	642	86	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension.



# Financial Review

This financial report covers the period 1st April 2007 to 30th November 2007 and represents the period of operations as a non-Foundation Trust. A separate Annual Report and Annual Accounts will be available for the remainder of the 2007/08 financial year as a Foundation Trust.

The Trust's financial results for the first four months of 2007/08 have been strong with a reported surplus of £3,828k. This financial position reflects the continuing improvements in financial performance across the Trust, in particular improved income recovery under the Payment by Results regime.

Summarised financial statements are included on pages 58 to 65 of this report. The Trust's financial statements have been prepared in accordance with the 2007/08 NHS Trusts Manual for Accounts. The accounting policies contained in the Manual follow UK Generally Accepted Activity Practice (UK GAAP) to the extent that it is appropriate for the NHS. No changes to accounting policies were made in the period 1st April to 30th November 2007.

The following sections set out the Trust's achievement of the NHS Trust's financial duties, a commentary on the Trust's income and expenditure

performance and capital expenditure performance during the first four months of the year.

## Achievement of Financial Duties

As the accounts for the Trust are reporting on an eight-month position, the Trust is not able to fully demonstrate achievement of all financial duties, as these are normally full year measures that would apply to a full twelve-month accounting period.

Detail of performance against these targets is summarised in the table below.

## NHS Financial Duties

Financial duties	Description	Performance
The break-even duty	To ensure that income is sufficient to cover the Trust's outgoings and that the Trust can live within its means.	£3,828k surplus to the end of November <b>Achieved</b>
Capital cost absorption rate	NHS Trusts that obtain Foundation Trust status during a financial year are not required to report this performance as it is an annual measure.	n/a
The capital resource limit (CRL)	This is set by the Department of Health and is a limit placed on the amount of expenditure that a Trust can make on capital items during that period. NHS Trusts becoming Foundation Trusts during this year have this target set to equal their audited accounts.	Target set to actual <b>Achieved</b>
The External Finance Limit (EFL)	This is a limit on the amount of cash that the Trust can spend. NHS Trusts becoming Foundation Trusts during this year have this target set to equal their audited accounts.	Target set to actual <b>Achieved</b>

## Other Financial Performance Information

The “Better Payment Practice Code” requires the Trust to pay all valid variances by a due date, or within 30 days of receipt of the goods or a valid invoice, whichever is the later. We were able to pay 94% of invoices by value within the Government’s prompt target. No payments were made during the year under the Late Payment of Commercial Debts (Interest) Act 1998. Details of compliance with the code are given in the Summary Financial Statements.

The Trust is required to provide details of the salary and pension costs of its senior managers. Senior Managers pay is determined through the Trust’s Remuneration Committee. Further detail on membership of this Committee is set out on page 50 of this report. Details of Senior Managers remuneration and pension costs are given on pages 51 and 52.

Management costs for the period were £6,730k or 4.5% of the income generated by the Trust. This is in line with the 4.5% of income from 2006/07. Further detail on staff and management costs are set out on page 63.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. This is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Further detail is provided in note 1.11 of the full accounts.

The Trust’s External Auditors are PricewaterhouseCoopers based at 101 Barbirolli Square, Manchester, M2 3PW. Their assurance (audit) work for the period cost the Trust £125k. No other work was undertaken in respect of this period.



# Income and Expenditure Performance for the period to 30th November 2007

## Income

The Trust's turnover for the first eight months of the financial year was £148,854k.

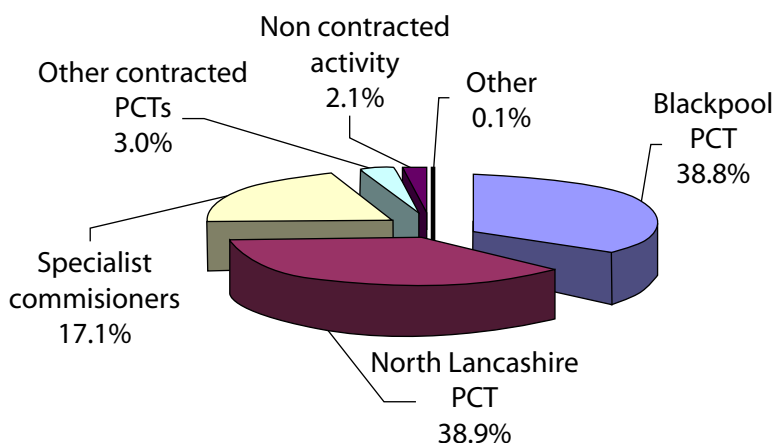
The majority of the income earned in this period relates to the delivery of clinical services to NHS Commissioners who purchase clinical activity from the Trust on behalf of patients.

The level of income has grown in 2007/08 above the level of inflation and reflects the additional activity delivered by the Trust to achieve the 18 week target and bring on line expanding services such as the provision of Tertiary Haematology to all patients in Lancashire and South Cumbria.

The Trust received £132,533k<sup>a</sup> in the first eight months of the year for delivering clinical activity.

## NHS Clinical Income by Commissioner

In addition to the NHS clinical income described above, the Trust receives a number of other income streams. These are summarised in the following chart.



<sup>a</sup> This figure only relates to NHS clinical contractual and non-contractual activity based income. The variance of £5,320k between this value and Income from Activities in the Income and Expenditure account on Page 58 relates to Non-NHS Clinical Income or income received from NHS sources but does not relate to clinical activity income.



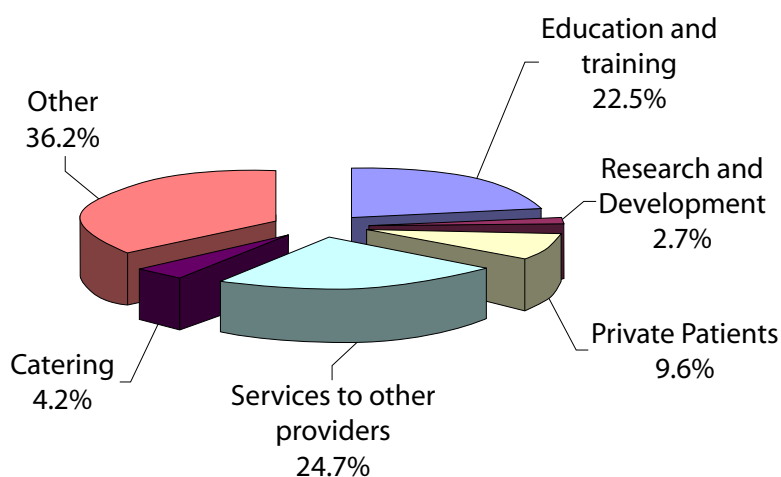
These income streams equated to £16.3m<sup>b</sup> or 11% of the total income earned for this period. Of this £14.2m or 9.5% relates to the provision of other services not directly related to healthcare, including catering and car park income. These services help reduce the cost of patient related activities.

## Expenditure

The income received during the first eight months of the year has been used to fund the Trust's day to day operation expenditure. Total expenditure for the period amounted to £145,026k<sup>c</sup>.

The Trust's biggest costs relate to pay which account for £86,809k (60%) of the Trust's total expenditure. The chart on page 57 summarises the Trust expenditure by type.

## Non-NHS Clinical / Non-Clinical Income

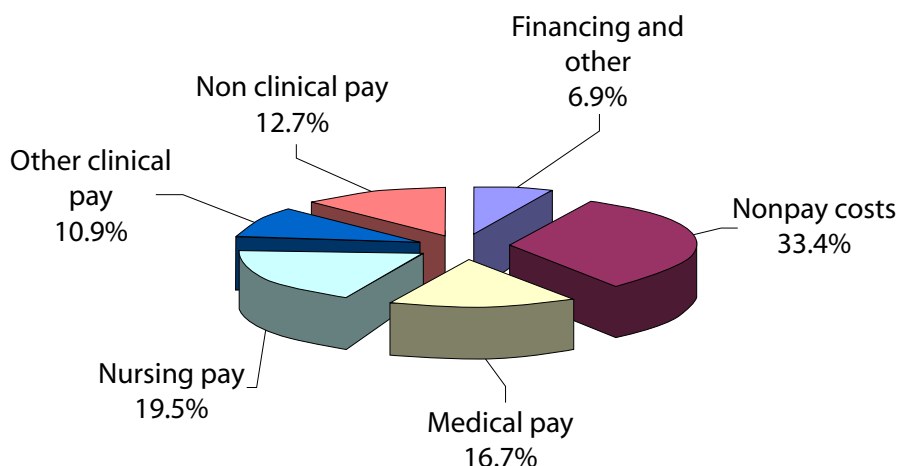


<sup>b</sup> As detailed in the footnote on page 47, the variation of £5,320k between the income streams relates to Non-NHS Clinical Income or income received from NHS sources not relating contractual and non-contractual NHS clinical activity.

<sup>c</sup> This value relates to total organisational expenditure including interest receivable, other financing costs and public dividend capital dividends payable.

## Trust Expenditure

In the first eight months the Trust delivered £5,819k of its cost improvement programme. This represents 92% of the annual target.



## Capital Expenditure

During the first eight months of the year, the Trust has continued to invest both in developing and improving the estate and purchasing new equipment.

Expenditure during the period included the following significant investments:

- Redevelopment of gastroenterology facilities to support the expansion of these services and the establishment of a Bowel Cancer Screening Service.
- Development of a Clinical Decision Unit to improve the admission process for emergency patients.
- A number of ward upgrades to ensure these facilities are fit for purpose and are able to support the Trust's management of winter pressures and the delivery of the 18 week target.

- Development of facilities to support the Trust providing tertiary haematology services to patients across Lancashire and South Cumbria.
- Additional equipment to support the delivery of the 18 week target in Cardiac Services.
- A pharmacy robot that will reduce the turnaround time of prescriptions and reduce the potential for prescribing errors.

The majority of these schemes will be completed in the final four months of the year in the Trust's first accounting period as an NHS Foundation Trust.

Capital expenditure for the period to 30th November was funded from internally funded resources.

## Cash and Working Capital Management

In preparation for Foundation Trust status, the Trust has reviewed its policies and procedures in respect of cash and working capital management.

In previous periods the Trust has effectively been working to a zero net year on year in cash balance. As a Foundation Trust the organisation will be able to retain cash surpluses and invest these in service developments as identified in pages 30 to 34 of this report.

The cash balance at 30th November 2007 was £13.5m an increase of £13.3m on the start of the year. This was in line with the forecast cash position for that period.

# Summary Financial Statements

Financial Statements are extracted from the accounts for the period to 30th November 2007. These statements do not contain sufficient information to allow as full an understanding

of the results and state of affairs of the Trust and of its policies and arrangements concerning directors' remuneration as would be provided by the full accounts and reports for the

period. Where more detailed information is required a copy of the Trust's full accounts and reports are obtainable through the contact details on page 69.

## Income And Expenditure Account For The Period Ended 30th November 2007

	30th November 2007 £000	31st March 2007 £000
<b>Income from activities</b>	<b>137,853</b>	220,816
<b>Other operating income</b>	<b>11,001</b>	16,932
<b>Operating expenses</b>	<b>(140,895)</b>	(229,612)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>7,959</b>	8,136
Cost of fundamental reorganisation/restructuring	0	0
Profit/(loss) on disposal of fixed assets	0	(11)
<b>SURPLUS/(DEFICIT) BEFORE INTEREST</b>	<b>7,959</b>	8,125
Interest receivable	492	466
Interest payable	0	0
Other finance costs - unwinding of discount	(56)	(53)
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>8,395</b>	8,538
Public Dividend Capital dividends payable	(4,567)	(6,966)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>3,828</b>	1,572

## Balance Sheet As At 30th November 2007

	30th November 2007 £000	31st March 2007 £000
<b>FIXED ASSETS</b>		
Intangible assets	374	343
Tangible assets	197,665	188,445
Investments	0	0
	198,039	188,788
<b>CURRENT ASSETS</b>		
Stocks and work in progress	4,336	3,601
Debtors	16,573	32,804
Investments	0	0
Cash at bank and in hand	13,511	181
	34,420	36,586
<b>CREDITORS:</b> Amounts falling due within one year	(26,224)	(13,949)
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	8,196	22,647
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	206,235	211,435
<b>CREDITORS:</b> Amounts falling due after more than one year	0	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	(3,489)	(3,897)
<b>TOTAL ASSETS EMPLOYED</b>	202,746	207,538
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	137,430	160,028
Revaluation reserve	49,351	36,150
Donated asset reserve	2,898	2,875
Income and expenditure reserve	13,067	8,485
<b>TOTAL TAXPAYERS' EQUITY</b>	202,746	207,538

The financial statements on pages 50 to 55 were approved by the Board on 11th June 2008 and signed on its behalf by:

Signed: 

Julian Hartley - Chief Executive

Dated: 11th June 2008

## Statement Of Total Recognised Gains And Losses For The Period Ended 30th November 2007

	30th November 2007 £000	31st March 2006 £000
Surplus/(deficit) for the financial year before dividend payments	8,395	8,538
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	14,147	7,942
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	75	221
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<b>22,617</b>	16,701
Prior period adjustment	(559)	0
<b>Total gains and losses recognised in the financial year</b>	<b>22,058</b>	16,701



## Cash Flow Statement For The Year Ended 30th November 2007

	30th November 2007 £000	31st March 2007 £000
<b>OPERATING ACTIVITIES</b>		
<b>Net cash inflow/(outflow) from operating activities</b>	<b>42,476</b>	13,629
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	492	466
Interest paid	0	0
Interest element of finance leases	0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>	<b>492</b>	466
<b>CAPITAL EXPENDITURE</b>		
(Payments) to acquire tangible fixed assets	(3,615)	(12,927)
Receipts from sale of tangible fixed assets	0	10,943
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
<b>Net cash inflow/(outflow) from capital expenditure</b>	<b>(3,615)</b>	(1,984)
<b>DIVIDENDS PAID</b>	<b>(3,425)</b>	(6,966)
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>	<b>35,928</b>	5,145
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
(Purchase) of investments with DH	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
<b>Net cash inflow/(outflow) from management of liquid resources</b>	<b>0</b>	0
<b>Net cash inflow/(outflow) before financing</b>	<b>35,928</b>	5,145
<b>FINANCING</b>		
Public dividend capital received	0	2,200
Public dividend capital repaid (not previously accrued)	(22,598)	(7,345)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received from DH	0	0
Other loans received	0	0
Loans repaid to DH	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
.	0	0
<b>Net cash inflow/(outflow) from financing</b>	<b>(22,598)</b>	(5,145)
<b>Increase/(decrease) in cash</b>	<b>13,330</b>	0

## Staff Costs and Numbers

### Staff costs

	Period ended 30th November 2007			2006/07
	Total	Permanently Employed	Other	Total
	£000	£000	£000	£000
Salaries and wages	73,374	72,505	869	111,250
Social Security Costs	5,373	5,373	0	8,173
Employer contributions to NHSPA	8,062	8,062	0	12,042
Other pension costs	0	0	0	0
	<b>86,809</b>	<b>85,940</b>	<b>869</b>	<b>131,465</b>

### Average Number Of Persons Employed

	Period ended 30th November 2007			2006/07
	Total	Permanently Employed	Other	Total
	Number	Number	Number	Number
Medical and dental	360	348	12	333
Ambulance staff	0	0	0	0
Administration and estates	823	804	19	827
Healthcare assistants and other support staff	848	848	0	340
Nursing, midwifery and health visiting staff	1,180	1,180	0	1,759
Nursing, midwifery and health visiting learners	6	6	0	9
Scientific, therapeutic and technical staff	370	370	0	434
Other	0	0	0	2
Total	<b>3,587</b>	<b>3,556</b>	<b>31</b>	<b>3,705</b>

In the prior year accounts unqualified nursing staff were included within nursing as per guidance. This year all unqualified staff have been included within the healthcare assistants and other support staff category.

## Management Costs

	Period ended 30th November 2007	2006/07
	£000	£000
Management costs	6,730	9,083
Income	148,854	215,149

Management costs are defined as those on the management costs website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en).

## Retirements Due To Ill-health

In the period ended 30th November 2007 there were 14 early retirements from the Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill health retirements will be £687,000. The cost of these ill-health retirements will be borne by the NHS Business Services Authority -Pensions Division.

## Better Payment Practice Code

### Better Payment Practice Code - measure of compliance

	Period ended 30th November 2007 Number	£000	2006/07 Number	£000
Total Non-NHS trade invoices paid in the year	33,963	41,065	50,807	69,864
Total Non NHS trade invoices paid within target	32,364	38,570	42,608	58,938
Percentage of Non-NHS trade invoices paid within target	95%	94%	84%	84%
Total NHS trade invoices paid in the year	1,211	17,182	1,429	17,231
Total NHS trade invoices paid within target	1,014	16,408	1,059	13,980
Percentage of NHS trade invoices paid within target	84%	95%	74%	81%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## The Late Payment of Commercial Debts (Interest) Act 1998

	Period to 30th November 2007 £000	2006/07 £000
Amounts included within Interest Payable arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

## Profit/(Loss) on Disposal of Fixed Assets

Profit/(loss) on the disposal of fixed assets is made up as follows:

	Period to 30th November 2007 £000	2006/07 £000
Loss on disposal of plant and equipment	0	(11)
	<u>0</u>	<u>(11)</u>

## Interest Payable

	Period to 30th November 2007 £000	2006/07 £000
Finance leases	0	0
Late payment of commercial debt	0	0
Loans	0	
Other	0	0
	<hr/>	<hr/>
	0	0

## Related Party Transactions

Blackpool, Fylde and Wyre Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them have undertaken any material transactions with Blackpool, Fylde and Wyre Hospitals NHS Trust.

Mr M J Gallagher, Director of Facilities for 'Blackpool Fylde and Wyre Hospitals NHS Trust', has a minor shareholding in Patientline Limited. All transactions in the year between the Trust and Patientline Limited were conducted as arms length transactions under normal commercial terms.

The Department of Health is regarded as a related party. During the year Blackpool Fylde and Wyre Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS North West  
Blackpool PCT  
Central Lancashire PCT  
North Lancashire PCT  
Lancashire Care NHS Trust  
North West Ambulance Service NHS Trust  
West Cheshire PCT  
North West Specialist Services commissioning team  
NHS Litigation Authority;  
NHS Purchasing and Supply Agency;

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Blackpool Borough Council in respect of business rates and council tax.

The Trust has also received revenue and capital payments from a number of charitable funds. As the Trust is the corporate trustee of charitable funds, all Trust Board members are also trustees of charitable funds.



## **Statement Of The Chief Executive's Responsibilities As The Accountable Officer Of The Trust**

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed: 

.....  
Julian Hartley - Chief Executive

Dated: 11th June 2008

## Statement Of Directors' Responsibilities In Respect Of The Accounts

The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to :

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Signed: 

Julian Hartley - Chief Executive

Dated: 11th June 2008

Signed: 

Tim Welch - Finance Director

Dated: 11th June 2008

# Statement On Internal Control 2007/08

## 1. Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

### Accountability Arrangements

As Accountable Officer I have overall accountability for Internal Control. To support this role, there are clear systems of accountability within the organisation with each Executive Director having specific areas of responsibility. Performance against the Trust's objectives is reported to the Trust Board on a monthly basis.

In accordance with the responsibilities assigned to me, I am also personally responsible for ensuring that the organisation is administered prudently and economically and that resources are applied efficiently and effectively.

The following six Trust Board sub-committees provide additional assurance through the submission of reports to the Board, having explored important key issues in greater depth.

- Audit
- Finance and Performance
- Healthcare Governance
- Human Resources and Organisational Development
- Remuneration
- Charitable Funds

In particular, the Healthcare Governance Committee, which includes membership of all Executive Directors, and one Non-Executive Director, is responsible for continuously reviewing and developing the Board Assurance Framework. The minutes of this committee (as with other Board sub-committees) are submitted to the Trust Board.

The Executive team is supported by a Divisional Management structure consisting of five Divisions. Each Division has an Associate Director of Operations who is accountable for the delivery of key objectives in their areas of responsibility and is accountable to the Deputy Chief Executive. Each Division is supported by a Head Nurse who has specific responsibility for delivering patient safety, quality and the governance agenda. The remainder of the Trust's business is managed by the following Corporate Directorates:

- Finance
- Nursing and Quality
- Planning and Performance
- Estates and Facilities
- Human Resources and Organisational Development
- Corporate Services



Risk and performance management updates are provided to the Healthcare Governance Committee, Executive Directors Committee and the Trust Board, on a monthly, quarterly and annual basis regarding arrangements for ensuring effective control through:

- Business Monitoring Reports
- Finance Performance Reports
- Board Assurance Framework and the Corporate Risk Register
- NHS Litigation Authority Risk Management Standards Reports
- Annual Risk Management Report
- Annual Clinical Governance Report
- Annual Health Check Reports
- Trust Board Sub Committee Minutes
- Serious Untoward Incident Reports

### **Processes in place by which the Trust works with the SHA and Partner Organisations**

Partnership working arrangements have been established and I meet with all Chief Executives across the North West Strategic Health Authority on a 6 weekly basis.

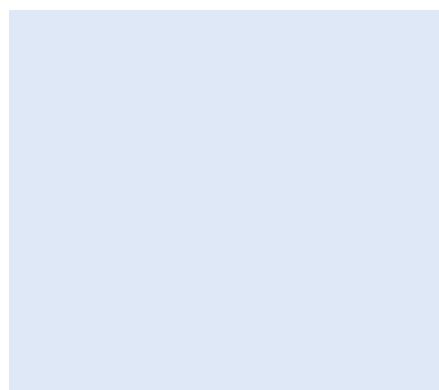
I foster a cohesive working relationship with Blackpool Primary Care Trust and North Lancashire Primary Care Trust by meeting fortnightly at Chief Executive Level. Regular officer level meetings underpin the Trust's integrated business plan and contract targets.

## **2. The Purpose of the System of Internal Control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Blackpool, Fylde and Wyre Hospitals NHS Trust since 1st April 2007 and remained in place up to 30th November 2007 and up to the date of approval of the annual report and accounts. From the 1st December 2007 the Trust became a Foundation Trust.



### 3. Capacity to Handle Risk

#### Leadership

As Accountable Officer, I have overall accountability and responsibility for Risk Management within the Trust. I lead the Risk Management process as Chair of the Trust's Healthcare Governance Committee, which meets on a quarterly basis.

The Director of Nursing and Quality provides leadership at Trust Board level for the implementation of Integrated Governance and Risk Management. The Director of Finance is designated as the accountable and responsible officer for managing financial risk in the Trust. The Trust Risk Management Strategy clearly defines the responsibilities of individual Executive Directors specifically and generally. 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, corporate and clinical governance, performance management and assurance.

#### Training

To ensure the successful implementation and maintenance of the Trust's approach to risk management, staff at all levels are appropriately trained in incident reporting and carrying out a risk assessment. An ongoing risk management training programme has been developed which includes Health and Safety, Clinical Risk Management, Patient Safety, Fire Safety, Resuscitation, Moving and Handling, Child Protection, Infection Prevention and Conflict Resolution training which is mandatory for appropriate staff.

The Learning from Incidents and Risks Committee comprising senior staff, meets on a monthly basis to ensure concerns identified from incidents, claims, and complaints are investigated to ensure that lessons are learned and as a method of sharing best practice. The Trust fosters an environment where individuals are treated in a fair and just way, and where lessons are learned rather than blame being attributed.

### 4. The Risk and Control Framework

#### Key Elements Of The Risk Management Strategy

The Risk Management Strategy is Trust Board approved, covers all risks and is subject to an annual review to ensure it remains appropriate and current. Staff accountable and responsible for risk management are clearly identified as well as the system for identifying, managing, evaluating and controlling individual risk. Risks are identified from risk assessments and from the analysis of untoward incidents. The Risk Management Strategy is cross referenced to a series of related risk management documents, for example, The Patient Safety Strategy; Investigating an Incident and Serious Incident Reporting Procedure etc. The Risk Management Strategy is available to all staff via the Document Library on the Trust intranet.



## How Risk Management Is Embedded In The Activity Of The Trust

Risk Management is embedded in the activity of the organisation through induction training, regular Risk Management training and ad hoc training when a need is identified. An untoward incident reporting system is in place and incidents are entered onto a database for analysis. Root cause analysis is undertaken and identified changes in practice are implemented.

Risk Management is embedded within the Trust through key committees identified in the Corporate Governance Structure and consists of clinical and non-clinical committees, which report to the Healthcare Governance Committee.

The Healthcare Governance Committee links to the Audit Committee and the Clinical Governance Committee and also reports direct to the Trust Board.

## Elements of the Board Assurance Framework

A Board Assurance Framework has been in place during 2007/08. The Assurance Framework:

- Covers all of the Trust's main activities.
- Identifies the corporate objectives and targets the Trust is striving to achieve.
- Identifies the risks to the achievement of these 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 Trust Board to address control and assurance gaps.
- Covers the core standards on which the Trust has been required to declare its compliance during 2007/08.

The Information Governance Committee identifies and manages information risks, which reports to the Healthcare Governance Committee. The Finance Director who is also the nominated Board Lead for Information Risk chairs the Information Governance Committee. There have been no serious untoward incidents involving data loss or confidentiality breaches

The Healthcare Governance Committee considers significant risks and if appropriate, recommends their inclusion on the Corporate Risk Register and/or Board Assurance Framework. The Trust Board considers significant risks and approves their inclusion on the Board Assurance Framework and Corporate Risk Register.

Risk prioritisation and action planning is informed by the corporate objectives which have been derived from internal and external sources of risk identified from national requirements and guidance, complaints, claims, incident reports and 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 risks and the rating of risks is adapted from the Australian Risk Management Process.

Lead Executive Directors and Lead Managers are identified to deal with 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 Trust Board that the organisation is addressing its risks systematically. The action plan arising from each risk also serves as a work plan for the Lead Manager to ensure mitigation against risks and closure of 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 followed by the Trust Board. This provides evidence to support the Statement on Internal Control.

The Audit Committee is a sub-committee of the Trust Board and provides independent assurance on aspects of Governance, Risk management and internal controls. The Finance Director and the Associate Director of Governance 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.

There have been no significant internal control issues and gaps in control identified. Internal Audit provided overall significant assurance although areas of limited assurance have been identified. The Trust has received twenty-one internal audit reports of which only four identify 'Limited Assurance' and actions have been identified to improve systems of control. The management team has already implemented or is in the process of implementing these actions in order to improve systems of control in the areas identified.

I have to highlight that the delivery of the MRSA Bacteraemia and Clostridium Difficile targets remain high-risk and continue to be a clinical challenge for the Trust. A detailed action plan has been developed to ensure the following controls and review processes are implemented to address this:

- A Hospital Infection Prevention Steering Group has been established to oversee and make recommendations on the infection control strategy and review MRSA and Clostridium Difficile performance.
- Monthly Board performance monitoring report.
- MRSA rapid screening is undertaken for patients admitted to Clinical Decision Unit, Surgical Admissions Unit, Orthopaedic Trauma Wards, Intensive Care and High Dependency Units.
- Prophylactic eradication therapy is administered to all previously identified MRSA patients in all areas.
- Implementation of saving lives high impact interventions audits were conducted in February 2008 and will be re-audited in April 2008 to monitor improvement.



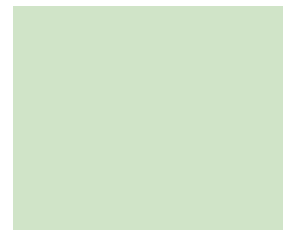
- Implementation of the NPSA 'Clean your Hands Campaign' for Year Three.
- Appointment of a Consultant Nurse for Infection Prevention on the 1st December 2007 and a Director of Infection Prevention and Control (DIPC) on the 1st November 2007 who reports directly to the Board.
- A robust infection control Link Personnel System is in place on every ward
- Weekly ward and departmental hand hygiene audits are undertaken to monitor compliance with hand hygiene and the results are presented to the Divisions on a monthly basis.
- 'Ban the Bugs' campaign has been launched.
- The new Antibiotic Formulary is now available on the Trust Intranet – to give guidance on antibiotic prescribing
- The 5-Day stop policy has been in place since 1st November 2007, to regulate the prescribing of antibiotics.
- Representatives from the Trust are meeting with Blackpool Primary Care Trust and North Lancashire Primary Care Trust to agree the 2008/2009 trajectories for MRSA and Clostridium Difficile.

The Trust is planning to limit hospital-acquired infections within the target level through additional investments in screening and personnel, and through participation in the Safer Patients Initiative, which has, elements devoted to reducing infection. The Trust has little ability to influence the incidence of community acquired infection, but will continue to work with and support Blackpool Primary Care Trust and North Lancashire Primary Care Trust to try to mitigate this risk. The target remains achievable although high risk.

The system of monitoring for MRSA has been reviewed by external audit. The Department of Health assessed the Trust regarding infection control standards on 2nd October 2007 and a positive report was received. The Healthcare Commission also assessed the Trust on 31st August 2007 regarding implementation of the Hygiene Code and a subsequent report and recommendations were produced in December 2007. The Healthcare Commission informed the Trust that the assessment managers found no material breaches of the Hygiene Code at Blackpool, Fylde and Wyre Hospitals NHS Trust. However, a number of

recommendations were made to improve infection prevention and control at the Trust, which have all been implemented. The Department of Health Action Team on Health Care Associated Infections re-visited the Trust on 12th March 2008 and were extremely pleased with the progress the Trust has made. The Trust is awaiting a formal written report.

Following the advances made in 2006/07 to improve financial control the Trust continues to manage financial risk including the delivery of Cost Improvement requirements.



## Public Stakeholders involved in Managing Risks

Public Stakeholders, which include Blackpool Primary Care Trust, North Lancashire Primary Care Trust, Blackpool Overview and Scrutiny Committee, Lancashire Overview and Scrutiny Committee, Patient and Public Involvement Health Forum, and the Blackpool Local Safeguarding Children's Board, are consulted on service developments and changes. These Public Stakeholders are identified within the Board Assurance Framework; this ensures that they are involved in managing the risks, which impact upon them.

Issues raised through the Trust's Risk Management processes that impact on partner organisations, for example, Blackpool Primary Care Trust, North Lancashire Primary Care Trust, and Lancashire Care NHS Trust, would be discussed in the appropriate forum so that action can be agreed.

An established communications framework is in place in the form of a Major Incident Plan, and cross community emergency planning arrangements are in place.

### Compliance with the NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme Regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

## 5. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways:

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.

- Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence of the effectiveness of controls that manage the risks to the organisation.
- The Trust Board, Audit Committee and the Healthcare Governance Committee have advised me on the implications of the result of my review of the effectiveness of the system of internal control. These committees also advise outside agencies and myself on serious untoward events.
- All the relevant committees within the Corporate Governance structure have a clear timetable of meetings and a clear reporting structure to allow issues to be raised.
- A plan to address weaknesses and ensure continuous improvement of the system is in place.

- The Trust's self-assessment declaration of compliance against the twenty-four Core 'Standards for Better Health' demonstrates continuous improvement against the standards. Supporting evidence is available for all members of the Trust Board to review as a source of assurance and is an essential part of the Trust's system of internal control.
  - The North West Strategic Health Authority (SHA) monitors and reviews the portfolio of evidence in relation to the implementation of the Core 'Standards for Better Health' and the Hygiene Code (2006) to assist in the review of effectiveness of the system of internal control. This also ensures continuous improvement of the system in place.
  - The Trust Board also monitors and reviews the effectiveness of the Board Assurance Framework on a quarterly basis.
  - The Healthcare Governance Committee manages and reviews the Board Assurance Framework, which is agreed in conjunction with Executive Directors. The minutes of the Healthcare Governance Committee are presented to the Trust Board. The Healthcare Governance Committee produces an annual Risk Management report, which is presented to the Audit Committee followed by the Trust Board to provide assurance on controls.
  - The Audit Committee reviews the establishment and maintenance of an effective system of Integrated Governance, Risk Management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. The Audit Committee reviews the Board Assurance Framework on a quarterly basis.
  - Internal Audit reviews the Board Assurance Framework and the effectiveness of the system of internal control as part of the internal audit work to assist in the review of effectiveness.
  - NHS Litigation Authority (NHS LA) assessment on 18th May 2007 resulted in the achievement of Clinical Negligence Scheme for Trusts (CNST) Maternity Level 2 status that provided assurance on controls.
- My review also takes account of comments made by external auditors and other review bodies in their reports, for example, the Department of Health assessed the Trust regarding national infection control standards in 2nd October 2007 and a positive report was received. The Healthcare Commission also assessed the Trust in 31st August 2007 regarding implementation of the Hygiene Code and a subsequent report and recommendations were produced in December 2007, which stated no material breaches of the Hygiene Code.

## 6. Conclusion

There have been no significant internal control issues identified.

Julian Hartley  
Chief Executive Officer  
12 June 2008





# Auditors Report

## **Independent auditors' statement to the Directors of the Board of Blackpool, Fylde and Wyre Hospitals NHS Trust**

We have examined the summary financial statement for the eight month period ended 30 November 2007 which comprises the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement, the related notes and the information in the Remuneration Report that is described as having been audited.

This statement, including the opinion, has been prepared for and only for the Board of Blackpool, Fylde and Wyre Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

### *Respective responsibilities of directors and auditors*

The directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Secretary of State.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

The maintenance and integrity of the Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

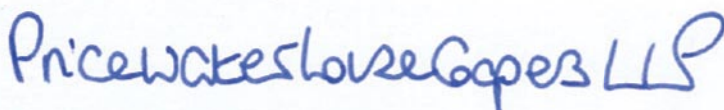
Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

### *Basis of opinion*

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and the Directors' Remuneration Report.

### *Opinion*

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the Trust for the eight month period ended 30 November 2007 and complies with the relevant requirements of the directions issued by the Secretary of State.



**PricewaterhouseCoopers LLP**

101 Barbirolli Square, Lower Mosley Street, Manchester, M2 3PW

Date: 23 June 2008

## Notice of the Trust's Annual Public Meeting/Annual Members' Meeting

The Annual Public Meeting/ Annual Members' Meeting of the Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust will be held on Monday 22nd September 2008 at 6.00 pm in the Heron's Suite, De Vere Hotel, Blackpool.

## Obtaining the Trust's Full Accounts

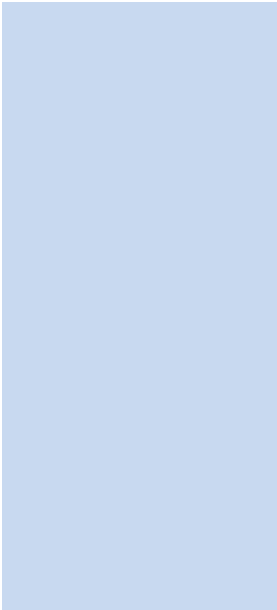
A copy of the Trust's full set of Accounts for the period 1st April 2007 to 30th November 2007 can be obtained by writing to:-

Miss J A Oates  
Foundation Trust Secretary  
Blackpool, Fylde and Wyre  
Hospitals NHS Foundation Trust  
Trust Headquarters  
Blackpool Victoria Hospital  
Whinney Heys Road  
Blackpool  
Lancashire  
FY3 8NR

The supply of a full set of Accounts will be subject to an administrative fee of £5.00.

If you have any comments on our Annual Report or would like any further information, please write to:-

Mr J Hartley  
Chief Executive  
Blackpool, Fylde and Wyre  
Hospitals NHS Foundation Trust  
Trust Headquarters  
Blackpool Victoria Hospital  
Whinney Heys Road  
Blackpool  
Lancashire  
FY3 8NR



# Annual Report & Summary Financial Statements

1st April 2007 - 30th November 2007

