

Annual Report and Accounts 2013/14

QUALITY

SAFETY

PEOPLE

DELIVERY

ENVIRONMENT

COST



Annual Report and Accounts 2013/14

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Chairman's and Chief Executive's Statement

The past 12 months has been a year of ongoing change within the organisation from new infrastructures to innovative improvements in care, treatments and services.

Quality and safety of patient care has remained our key priority and the publication of the Keogh Report in the summer highlighted a number of areas of good practice, as well as areas for improvement.

We have seen a marked reduction in mortality, passed the year milestone for remaining MRSA free, developed successful new clinical pathways, as well as developed the Better Care Now Programme.

Blackpool Teaching Hospitals has also undergone a major investment programme with the opening of our new main entrance,

multi-storey car park and midwifery unit. This investment has not been confined to infrastructure, we have also undergone a major recruitment drive which has led to more than 180 new nurses and 45 doctors being employed by the Trust.

These have been embraced through our Better Care Now Programme which sets the highest possible standards of care, focusing on clinical pathways, waiting times and ensuring we have the right professional workforce with the right skills to deliver high quality care.

The pathways focus particularly on the first 24-36 hours of patient

care to ensure that the right care is given by the right person at the right time. The pathways are strictly audited and in present 'real time' feedback so we can address areas where we need to improve quickly.

We have recorded excellent results from these initiatives, the recent nationally released Summary Hospital Mortality Index (SHMI) figures show a reduction from 126* to 117* comparing March 2012 to March 2013 and our current calculation shows a rolling 12 month figure to April 2014 of 109*. For all mortality rates a comparison is made between the number of actual deaths for an individual population and the expected number of deaths for the hospital population of England and Wales. A score of 100 is taken as the average. Given the actions underway we project a figure of 110.9 by the end of April 2014, which will be within the expected range for this Trust.

"Since the Keogh Review team visited the Trust we have been under intense monitoring, which we have welcomed and embraced as reassuring our patients about the quality of service received at Blackpool Teaching Hospitals..."



Since the Keogh Review Team visited the Trust we have been under intense monitoring which we have welcomed and embraced as reassuring our patients about the quality of service received at Blackpool Teaching Hospitals. We have met both the Independent Regulator of NHS Foundation Trusts (Monitor) and the CQC on a monthly basis to report on progress and have demonstrated real improvements delivered at a rapid pace.

In January the CQC carried out an inspection of Blackpool Teaching Hospitals using their new hospital inspection methodology which gives possible ratings of; inadequate, requires improvement, good and outstanding. The report shows the majority of the areas they looked at were rated as “good” – of the 68 ratings given 42 were good, two were “outstanding”, 22 were “requires improvement” and two areas were deemed “inadequate”. The overall rating for Blackpool Victoria Hospital was “requires improvement”

“We have met both the Independent Regulator of NHS Foundation Trusts, Monitor, and the Care Quality Commission (CQC) on a monthly basis to report on progress and have demonstrated real improvements delivered at a rapid pace...”

whilst the overall ratings for both Clifton Hospital and Fleetwood Hospital were “good”. The overall rating for the Trust was “requires improvement”. As we would expect, the CQC identified areas for improvement, many of which we are already working on and making progress. We must focus on those areas where improvement is needed. Based on the progress we have already made, we are confident we can tackle these issues and reach the stage where all our ratings are at least “good”. The levels of care and commitment at the Trust are exceedingly high and both the hospital and the Trust overall received a “good” rating for care.

We have also welcomed a new initiative to hold regular Quality Assurance Reviews from our CCG. We had the first of these visits in November with a team visiting our Families Division which found substantial progress in all areas.

The Trust was delighted to announce that it had been more than one year without any reported MRSA bacteraemia

cases. In 2006/07 there were 49 cases of MRSA, therefore the improvement is a great achievement which has been accomplished by excellent infection prevention practices. The challenge now is to ensure we maintain our focus on all Healthcare Acquired Infections and remain diligent and follow best practice at all times.

More than £16m has been invested in a new main entrance and multi-storey car park at Blackpool Victoria Hospital. The new entrance gives us an impressive focal point for the hospital allowing patients a better experience from arrival with a main reception, waiting areas, retail units and café. The building is linked to the new multi-storey car park which has secure parking for more than 1,000 cars. This new infrastructure has also given the Trust the opportunity to improve the wayfinding signage around the site. The new structures are a major step forward in the provision of high quality patient care, providing better access to the hospital for patients, visitors and staff.



In August 2013 we opened a £680,000 state-of-the-art midwifery-led unit, which offers a home-from-home birthing environment for expectant mums. The unit runs independently from the existing delivery suite, but is situated just next door, giving mums the option of a less hospital intensive birthing experience but with the safety of the consultant-led facilities just feet away should the need arise. This unit has dramatically improved birthing choices for women and their families who can now choose to have their baby at home, in the delivery suite or in the new unit.

The Trust also officially unveiled its new medical simulation centre this year which offers

the latest facilities for health professionals to learn new skills in a simulated hospital environment without compromising patient safety. The realistic rooms are equipped with the latest medical technology and equipment and are home to a family of sophisticated life-sized manikins who are programmed to replicate a number of conditions in unwell adults, children and babies.

During the year, six of our community nurses received one of the profession's highest accolades. The six members of staff were given the title of Queen's Nurse by the Queen's Nursing Institute. The honour is only given to a small number of community nurses each year in recognition of their outstanding contribution to quality of practice and attention to client and patient care. Five of the nurses are from the Blackpool Family Nurse Partnership and the sixth nurse is from the

"More than £16m has been invested in a new main entrance and multi-storey car park at Blackpool Victoria Hospital..."

Community Health Monitoring Team. Well done to all of them, an amazing achievement.

The accolades didn't stop there – the Trust's maternity team won the Women's Health Category at the National Care Integration Awards for their integrated care pathway for pregnant women who misuse substances. The pathway resulted in a dramatic reduction in the number of babies requiring admission to specialised neonatal care for the management of withdrawal from drugs.

The Trust's Human Resources team scooped a national Healthcare People Management Award for its coaching and personal development programme and Blackpool Victoria Hospital's Clinical Research Centre beat off stiff competition from some of the country's biggest organisations to

"We believe care starts from the first moment a patient meets a health professional and a proper introduction is the first step to providing compassion and helps put patients at ease while using our services..."

take bronze in the PharmaTimes Clinical Research Site of the Year category.

Locally, more than 250 members of staff were honoured for their dedication, commitment and loyalty at the annual Staff Achievement Awards and a record number of entries were received this year in our Celebrating Success Awards.

The NHS Friends and Family Test was introduced to the Trust in April 2013 which is a major step forward in giving patients a greater voice. Blackpool Teaching Hospitals NHS Foundation Trust's 'Transforming the Patient Experience Agenda' has been instrumental in making the organisation more patient and family centred in 2013, with a comprehensive patient feedback system to ensure all service users needs are considered in every decision it makes locally, both at a clinical and a policy level. This has made the organisation a lot more accessible and accountable to patients and their representatives. From weekly ward spot surveys to patient panels and digital first-person patient experiences, patients can now easily and regularly tell us how they feel about their treatment and see

first-hand how their feedback is driving improvements. Since the introduction of the Friends and Family Test, the Trust has scored better than the national average. Increasing the patient's voice is fundamental to improving patient care and since the agenda was launched there has been a surge in the amount of feedback the Trust receives, both positive and negative, enabling the Trust to provide better services and, as part of our patient experience initiative, the Trust has also pledged its support for the new "hello my name is" campaign aimed at putting patients at ease with the member of staff who is caring for them.

We believe care starts from the first moment a patient meets a health professional and a proper introduction is the first step to providing compassion and helps put patients at ease whilst using our services.

During the year there have been changes to the Board of Directors with Nicky Ingham appointed to the post of Director of Workforce and Organisational Development and Tim Bennett taking up the role of Director of Finance.



A handwritten signature in black ink, appearing to read 'Ian Johnson'.

Ian Johnson
CHAIRMAN

21st May 2014



A handwritten signature in black ink, appearing to read 'Gary Doherty'.

Gary Doherty
CHIEF EXECUTIVE

21st May 2014

*(*Please note SHMI data was taken from externally published information and internal calculations and RAMI data was taken from the CHKS website and both sets of data was the 12 month rolling average figure taken as at 18th May 2014.)*



"Words cannot explain the treatment Mr Zacharias and his team have given me at the centre.

Every member of staff I have come into contact with seems very positive, friendly and like they really want to help you and make you feel better. They've been wonderful."

Mrs A Iqbal, Leeds

Hospital Highlights

Over the past 12 months there have been many new developments which have helped to improve quality of care, patient safety and the overall patient experience. Here are just some of the notable achievements we have made in the past year.

Highlights

Para-Olympian Shelly Woods officially opens new Haematology and Oncology Unit

British Para-Olympian Shelly Woods officially opened the new Haematology and Oncology Day Unit at Blackpool Victoria Hospital.

The Unit opened thanks to funding from the Trust's charity Blue Skies Hospitals Fund and the League of Friends of Blackpool Victoria Hospital.

The build cost around £500,000 in total to bring to fruition with Blue Skies Hospitals Fund putting £195,000 towards the costs and the League of Friends BVH providing a further £125,000. The Kay Kendall Leukaemia Fund also donated £21,373 towards the build which was spent on furniture and equipment for the Haematology Day Unit.





Magical volunteers

The Trust's volunteers were thanked for giving their time and effort at a special celebration evening.

One hundred and twenty volunteers from acute and community care settings attended the 'Magic of Volunteering' event in May 2013 at the De Vere Hotel, Blackpool, which included a three course meal and spectacular entertainment from magician Paul Roberts and comedian Mick Miller.

The Trust volunteers, whose ages range from 16 to 94, perform a variety of duties which complement the work of our paid staff, including helping visitors to navigate their way through the hospital, assisting patients during meal times, collecting patient survey feedback, providing clerical support and working on hospital radio.

At the event they were all praised for their efforts by Volunteer and Community Engagement Officer, Jane Icton, who thanked the

volunteers for their wonderful efforts to improve the quality of patient experience within Blackpool Teaching Hospitals.

As part of the evening a number of volunteers were awarded certificates for completing more than 100 hours of service at the Trust in a new scheme called 'Healthy Futures'.

PLACE Assessment

The Trust has thanked volunteers who helped assess local sites as part of the national Patient Led Assessment of the Care Environment (PLACE)

programme. The volunteers are largely provided by the local Healthwatch organisation.

PLACE previously the Patient Environment Action Team (PEAT) study, was changed to ensure it was an independent 'patient led Assessment' with the patient's voice playing a significant role in the result of the survey.

Environment assessments are carried out at ward and departmental level, from a patient perspective with each PLACE visit generating a score in the four areas of cleanliness, food & hydration, privacy, dignity and confidentiality and buildings & grounds.

Nigel Fort, Assistant Director of Clinical Support and Facilities Management at the Trust, said: "The Trust has been extremely fortunate in working in partnership with external patient assessors who have made this new process possible. With their help we have achieved scores in all above areas that were higher than National Average."





Medical simulation centre opens its doors

Blackpool Victoria Hospital has found new ways to ensure the safety of its patients, with the official unveiling of its Simulation and Skills Suite. The suite offers state of the art facilities for health professionals to try out their skills in a simulated hospital environment without compromising patient safety.

The realistic rooms are equipped with the latest medical technology, equipment and a family of sophisticated life sized manikins who are programmed to replicate a number of conditions in unwell adults, children and babies so clinicians can learn how to operate in a pressurised environment.

An open day was held to celebrate the opening and raise awareness to members of the community and staff on the advancements the hospital has made in the patient safety arena, while acknowledging the challenges that remain. Everyone who attended was given the chance to use the specialist training equipment for CPR and airway management, and watch

simulation training displays for both sepsis and post partum haemorrhage with the Sim adult and maternity manikins.

Patients benefiting from £9m X-ray investment

Patients across Blackpool and the Fylde are to benefit from a £9 million investment in radiology equipment. The Trust has is in the process of installing more than 100 new pieces of state of the art radiology equipment. These include a new CT Scanner, housed within the cardiothoracic unit providing general imaging

but is also cardiac enabled to enable imaging of the heart on the coronary arteries. Further equipment includes mobile X-ray units, digital X-ray rooms, a new X-ray screening room and a new vascular intervention lab.

In addition to the new medical imaging equipment a new reporting system (PACS) has also been installed to allow more efficient reporting by the Consultant Radiologists. Several new offices have also been built to accommodate new consultant appointments to manage the ever increasing demand for imaging of patients.

The Trust has also refurbished five of its x-ray rooms at Blackpool Victoria Hospital, two of which are connected to the A&E department, to ensure that instantly viewable, high quality digital x-rays are used where they matter most. The new Imaging rooms can also undertake the full range of Trauma examinations required by the referring clinicians including the full range of Orthopaedic examinations.



New car park and main entrance

Blackpool Victoria Hospital has a new look for 2014.

Patients, visitors and staff are benefiting from an impressive new entrance and multi-storey car park. The new developments have solved two problems which historically affected people using the hospital – where to park and which entrance to use.

Visitors are now directed through to the facility from the Trust's new car park and can access the majority of the hospital from the

area guided, where necessary, by one of the Trust's new band of volunteer navigators.

The developments, which took a year to build, are both imaginative and innovative and use space and light to provide a clean and confident first impression of the hospital.

The entrance hall currently includes Costa Coffee, Marks and Spencer and W H Smith retail outlets and has a reception area and access to the first floor of the hospital. The entrance hall is the final stage of a scheme to provide improved access to the hospital

and a multi-storey car park and has cost a total of £16.5m. The capital has been borrowed from the Department of Health (DoH) and will be paid back from income generated through retail and parking charges.





£680,000 Midwifery Led Unit

Mums-to-be can now use the new £680,000 Midwifery-led Unit which opened at Blackpool Victoria Hospital in summer 2013.

The unit, which was officially opened by chief executive of the Royal College of Midwives, Cathy Warwick, offers state-of-the-art birthing facilities for mums who are low-risk in pregnancy, with four spacious en-suite birthing rooms, two with pools, and a home-from-home environment making the birthing experience as normal as possible.

The facility runs independently but is alongside the delivery suite within the hospital's Women and Children's Unit. It gives a homely environment staffed by midwives with less

medical intervention during birth, making it a more normal experience for mums.

Water and movement are predominantly used for pain relief although women are able to access whatever pain relief they require due to the close proximity of the delivery suite next door. This unit provides choices that women on the Fylde coast have not previously had. The traditional model, which is still available in the hospital, involves transferring mums and babies from the delivery suite to the ward area until discharge. Mums delivering in the Midwifery Unit will stay for about eight hours before being discharged home.



Accreditations

Five-star service

For the third year running patients can be assured of the highest standards of hygiene in their local hospital kitchen.

Blackpool Teaching Hospitals NHS Foundation Trust kitchen staff celebrated after being awarded a five star rating for their food

hygiene – the highest rating achievable nationally by the Food Standards Agency.

The hospital was assessed by Blackpool Borough Council who made an unannounced visit. An Environmental Health Officer checked the kitchen, looked at how food was prepared and cooked and the food hygiene systems and temperature records.

The award means patients can continue to have confidence in the standards of catering services they are receiving and that the Trust produces food in a safe manner. The kitchens produce more than 3,000 meals every day for inpatients, staff and external visitors.



Excellence award

A building excellence award has been bestowed on Blackpool Victoria's £40m Surgical Centre. The development, which opened in March 2012, was praised for its quality and complexity at the awards organised by Blackpool Borough Council who praised the quality of the development, particularly in light of its complexity, also saying the construction site was the tidiest they had ever witnessed.

The three-storey surgical unit, which was opened by former Blackpool football manager Ian

Holloway, boasts 10 operating theatres, a day-case unit and 61 inpatient beds in a bright and modern environment. Half of the in-patient beds are in single rooms with en suite facilities.

Endoscopy department gets national seal of approval

Patients at Blackpool Victoria Hospital's Endoscopy Unit can be assured of the highest possible quality of care after a national seal of approval.

The unit has achieved accreditation from the prestigious Joint Advisory Group (JAG) on gastrointestinal endoscopy which formally recognises that a high quality endoscopy service is operating in the hospital.

The stringent accreditation means that patients attending for endoscopy can be assured of an excellent service delivered by a highly skilled and fully trained team.

Achieving JAG Accreditation is important not only because it is proof of a high quality endoscopy service at the hospital but is also required for the delivery of the Lancashire Bowel Cancer Screening Service.

The accreditation, which is undertaken by an independent team, is important as it assures patients that the unit delivers the highest quality of clinical care and gives our patients the best experience it can. It also shows that we have a highly trained workforce and proves our commitment to delivering full training packages to our staff to make sure we have a team of highly skilled practitioners.

Staff in the Endoscopy Unit diagnose and treat disorders of the colon, stomach and oesophagus in an environment dedicated to patient safety, privacy and comfort.

Human Resources team wins national award for its coaching programme

The Human Resources (HR) team at Blackpool Teaching Hospitals NHS Foundation Trust has won an award for its coaching and personal development in the Healthcare People Management Association's annual celebration event.

The awards celebrate the best HR practices in all healthcare organisations across the country. The Trust won the award for its project to introduce a leadership style that gave managers the skills to use a coaching style to empower and engage their staff to make decisions that mattered.

An evaluation of the scheme was 100% positive and the organisation is now in the top 20% of Trusts for effective teams showing communication between managers and staff in the country. The judges said the project was a comprehensive programme based on research evidence and a clear case for change that achieved deep employee engagement with clear measures of success.

Nurse-led service recognised in prestigious awards

A revolutionary nurse-led service, which is giving patients their lives back, was shortlisted for a prestigious British Medical Journal award.

The newly-established ascites service at Blackpool Teaching Hospitals NHS Foundation Trust allows liver patients to have excess fluid drained during a day visit rather than being admitted to hospital for a three to four day period.

The service has given patients their lives back and this shortlisting was a testament to the innovation and dedication of our staff. The scheme was devised here and now helps more than 40 patients on a regular basis and gives patients their independence to be able to visit the hospital for just an eight hour session rather than have to be admitted for about four days. Its success has been to reduce the number of readmissions to hospital, reduce the inpatient length of stay and improve the patient's experience.



"To say that the operation changed my life would be a great understatement. Without all the fantastic staff at the Centre I would not be here, it's as simple as that and I wanted to do something to thank all the fantastic NHS staff who have helped so much.

"From the GP who referred me to the consultant who performed my operation and the staff who looked after me in the hospital and throughout my rehabilitation, I could not have asked for any more, it was truly remarkable."

Mr R Hudson, Blackpool

Strategic Report

Our Trust

Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust was established on December 1st 2007 under the National Health Service (NHS) Act 2006. In October 2010, the Trust was awarded teaching hospitals status and changed its name to Blackpool Teaching Hospitals NHS Foundation Trust in recognition of this. On 1st April 2012, the Trust merged with the Community Health Services of NHS Blackpool and NHS North Lancashire.

The Trust comprises the following main sites:-

- Blackpool Victoria Hospital
- Clifton Hospital
- Fleetwood Hospital
- Rossall Hospital Rehabilitation Unit
- Bispham Rehabilitation Unit
- Blenheim House Child Development Centre
- National Artificial Eye Service
- Poulton Offices

The services at Bispham Rehabilitation Unit are provided by Spiral Health CIC <http://www.spiralhealthcic.co.uk/aboutus.asp>

The Trust also provides services

across the community or staff bases from a multitude of locations including 70 treatment centres and six support facilities, these locations are lease and freehold properties provided by NHS Property Services Ltd:- <http://www.property.nhs.uk/>

In addition to this school nursing is provided from over 200 schools.

The Trust's main commissioners are:-

Blackpool Clinical Commissioning Group (CCG)

Fylde and Wyre Clinical Commissioning Group (CCG)
Lancashire North Clinical Commissioning Group (CCG)
Cheshire, Warrington and Wirral Area Team (for specialist areas)
Blackpool Council – Public Health
Lancashire County Council – Public Health
National Commissioning Board – Local Area Team

This section includes information about:

- Our Trust
- Our Services

This section also includes information about our achievements on performance on delivering our plans in the following areas:

- Our Patients
- Our Staff
- Our Performance
- Our Environment
- Our Finances
- Our Future Business Plans





Our Services

As well as providing the full range of district hospital services and community health services, such as, adult and children's services, health visiting, community nursing, sexual health services and family planning, stop smoking services and palliative care, the Trust provides tertiary cardiac and haematology services to a 1.6m population catchment area covering Lancashire and South Cumbria.

The Trust provides a comprehensive range of acute hospital services to the population of the Fylde Coast, as well as the millions of holidaymakers that visit each year. From 1st April

2012, the Trust also now provides a wide range of community services to residents in Blackpool, Fylde, Wyre and North Lancashire. We employ 6,729 staff (Headcount, had a turnover in excess of £370m in 2013/14 and have a total of 912 beds.

Between 1st April 2013 and 31st March 2014 we treated approximately 94,355 day cases and inpatients (elective and non elective), 305,185 outpatients and had 82,999 A&E attendances. The total number of community



“The Trust provides a comprehensive range of acute hospital services to the population of the Fylde Coast, as well as the millions of holidaymakers that visit each year.”

contacts was 1,229,933. Clinicians from Lancashire Teaching Hospitals NHS Foundation Trust provide onsite services for renal, neurology and oncology services. We utilise assets to the value of £192m to support our services.

Our Patients

It is really important to us that we listen to our patients and make improvements to our services in response to their views.

Learning from Feedback

The Trust has many ways in which we can learn from our patients' feedback; this could be positive or negative feedback. We feel that feedback is key to us being able to develop and enhance patient centred services.

We use the national friends and family test as an initial feedback mechanism. This has been used since April 2013 for all over 16 year olds who have been inpatients or those patients who attend our Emergency Department. Since October 2013 we have implemented this across our Maternity Services. The feedback from these tests enables wards to implement changes in real time,



so care is enhanced immediately following their feedback. The friends and family feedback is reported monthly in a 'net

promoter score' based on a scoring system on plus 100 to minus 100.

Month	Trust Overall score	Responses	Inpatient Response Rate	Emergency Department Response Rate	Maternity Response rates
April	72	453	19.7%	0.1%	Not surveyed
May	74	724	25.7%	1.5%	Not surveyed
June	76	877	32%	2.5%	Not surveyed
July	72	1021	37.7%	7.4%	Not surveyed
August	73	938	29.4%	4.1%	Not surveyed
September	76	814	25.60%	3.10%	Not surveyed
October	74	1128	30.70%	6.50%	9.7%
November	70	1521	41.2%	13.4%	8.6%
December	73	1816	44%	17.7%	9.8%
January 14	66	2005	43.4%	21.7%	7.9%
February 14	71	1611	41.8%	15.4%	12%
March 14	72	1636	37%	14.1%	19.45%

Following the implementation of the Friends and Family test, we also revised the way we collect feedback from our patients in the local inpatient survey. This survey is now sent to people's homes approximately two weeks following their discharge, and the information is used in a variety of ways to give our staff feedback and also to support service improvements initiatives.

In order to fully understand the care our patients are receiving we have recruited and trained a team of volunteers called 'the listeners' who go into patient care areas and ask individual patients a series of questions relating to their stay in that particular area. Again this information is fed back to the clinical team so improvements can be made in a speedier time frame.

All our learning is fed back to the Trust board, placed around our hospital sites and on our web site so people can see the changes that we are making.



"All our learning is fed back to the Trust board and also is placed on our internet site..."

You Said...We Did

We have started using this simple tool to highlight areas where patient have given us specific feedback so it is clear as to the specific actions we have taken to ensure the issue is resolved and

the patients experience in our care is enhanced.

Examples are shown in the table below:

You Said:	We did:
We are really cold on this ward, especially in the night and are using extra blankets to warm ourselves up.	Senior nursing staff contacted the estates team, who checked the ward temperature and turned it up. It is now being monitored regularly by all ward staff.
You Said:	We did:
It would be nice if the nursing staff could spend some more time with us.	Bay based nursing is now being used on each shift, so staff in their dedicated bays can spend more time with their patients.
You Said:	We Did:
There are no mirrors in the bathroom in this ward making it difficult for us to shave.	A request was submitted to the estates team and mirrors have now been fitted in every bathroom on the ward.

“All Patient Safety Walkabouts provide an opportunity for staff to discuss their concerns and issues raised by patients...”

Shared Decision Making

This project has been run in partnership with the Advancing Quality Alliance (AQUA) to implement a shared decision tool. This is aimed at ensuring patients are wholly involved in their care by giving greater information about the options that are open to them during their care pathway.

Giving answers to three set questions enables staff to understand what is important to the individual patient and also helps the patient to make the best decision about their healthcare.

The three questions are:

- What are my options?
- What are the pros and cons of each of these options for me?
- How do I get support to help me make a decision that is right for me?

This tool has been implemented within our maternity services and also within the Heart Failure Rehabilitation team within the Cardiac Centre, there are plans to look at the use of this tool in other areas over 2014/15.



Patient Relations Team

Learning from Patients

We encourage patients to give us feedback, both positive and negative, on their experiences of our hospital services so that we can learn from them and develop our services in response to patients' needs.

During the financial year 1st April 2013 to 31st March 2014 we received 4331 thank you letters and tokens of appreciation from patients and their families, an increase of 959 on the previous year.

The number of formal complaints received by the Trust during the same period was 498 this includes 402 written complaints registered via the Trust and 62 Community formal complaints. There were also 34 verbal complaints made. The overall numbers of formal complaints show an increase of 41 for the Trust figures, however, including the Community figures show an overall reduction of 19 compared to the previous year. (Further details are contained in the Quality Report at Annex A).

Enhancing Patient Safety

Patient Safety Walkabouts

Patient safety remains a priority for all staff within the Trust and is led by the Board of Directors demonstrating their continued commitment to improving patient safety.

The Executive Directors carry out adhoc Patient Safety Walkabouts on a weekly basis, averaging approximately 10 walkabouts per month. In addition all Executive Directors take ownership of a number of set wards which they visit regularly. This enables staff to seek Executive assistance if required and to have a named Executive Director to call upon.

Structured Patient Safety Walkabouts are carried out to one specified ward or department on a monthly basis. All areas of the Trust, including those within Community Health Services are included in the annual programme of Patient Safety Walkabouts. The inclusion of Non Executive Directors and Governors of the Trust on the Structured Patient Safety Walkabout has enabled a wider assessment of the safety issues within the wards and departments. During these Walkabouts the patient's views are sought to ensure any areas where they feel their experience could have been enhanced is shared with staff.

All Patient Safety Walkabouts provide an opportunity for staff to discuss their concerns and issues raised by patients. The Patient Safety Walkabouts are also an opportunity for staff to showcase areas of good practice as well as areas where improvements may be considered.

Serious Untoward Incidents and Lessons Learned

There has been a steady increase in the number of untoward incidents reported over the past five years. Patient Safety Incidents account for approximately 76% of all reported untoward incidents. In the year 2013/14, there have been 14,414 untoward incidents reported (35% increase from the previous year) and of these 10,957 were patient safety incidents and as such were reported to the National Patient Safety Agency. The Trust target for incident reporting within 24 hours of occurrence is 95% and 72% of incidents that were graded at level 3-5 (serious, severe harm or death), were reported within 24 hours. In order to address this shortfall all induction, clinical mandatory and specific incident reporting and investigation training incorporates the importance of contemporaneous reporting. The message being communicated is that if an incident has occurred action needs to be taken promptly to prevent a recurrence especially if the incident has resulted in severe harm or death. All incidents graded at level 3-5 also automatically initiate a Root Cause Analysis (RCA), which identifies immediate actions taken, recommendations for improvement or change and shared learning across the organisation.

In 2013/14, there were 44 incidents (0.35% of all incidents reported) that were graded as serious/severe harm/death. This is an increase on the 2012/13 figure of 25 incidents.

The number of patient safety incidents that resulted in the

death of a patient has risen and in 2013/14 there have been 10, which equates to 0.09% of the total. All patient deaths are uploaded to the National Reporting and Learning System (NRLS), where clinical staff in the Patient Safety Division of the NHS Commissioning Board, review all incidents with a degree of patient harm of death or severe harm. When uploading data to the NRLS we need to be clear on the definitions of death or severe harm from patient safety incidents. It is not always possible to say that a death was or wasn't attributed to a patient safety incident. Where it is reasonably clear at the outset that a death has occurred from natural causes, or natural progression of an illness, this is not reported as a death. A death is only reported to the NRLS where there is a degree of harm or where an actual impact of long term harm has occurred to the patient. All grade 4 and 5 patient safety incidents are investigated within the Serious Untoward Incident (SUI) process. There have been a total number of 89 SUI's in the last financial year, which is an increase of 50 from last year, of these 39 met the criteria of being externally reported on the Strategic Executive Information System (StEIS) and are monitored by the commissioners. Following completion of the investigation report the recommendations and action plan are monitored.



“Links with the Learning and Development Team have been adopted so that training and development can be tailored around real life incidents and patient experiences...”

Assurance that actions have been completed and practice changed is gained from evidence collection, audit findings and further monitoring of reported incidents. A requirement for a risk assessment is considered within the SUI process, in relation to the contributory factors which led to the SUI, which is monitored and reviewed by the Divisions and the Board.

It is essential that lessons are learned from SUI's in order to mitigate the risk of reoccurrence, these lessons are fed-back to staff within the Divisions through training, ward/departmental meetings, governance meetings and the Lessons Learnt Newsletter published Trust wide monthly. Lessons learnt are also discussed at the Learning from Incidents and Risk Incident (LIRC) Committee held monthly. The LIRC Committee has also initiated project group working to review and make recommendations in relation to the four key areas of concern for patient safety incidents, i.e. pressure sores, medication errors, incorrect labelling of samples and patient falls. All completed SUI reports are published on the Trust intranet site so that any member of staff can access and use this documentation as a learning experience. Links with the Learning and Development Team have been adopted so that training and development can be tailored around real life incidents and patient experiences. The Trust's

Simulation Centre continues to undertake training sessions where staff who were involved in the incident have the opportunity to re-enact the scenario, reflect on the events and evaluate what went wrong and why. Feedback from staff has been extremely positive, especially with those staff who have been involved in an incident where a patient was severely harmed or died.

Engagement of the patient and their relatives is very important not only to the Trust with an open and honest culture, but as a healing tool. Patients and relatives are informed when an incident has occurred and that an investigation is to be undertaken. In some cases, they are asked for their versions of events and this is reflected within the report. Following completion of the investigation report they are given the opportunity to discuss the findings, recommendations for change and actions taken to prevent further occurrence.

TalkSafe Initiative

TalkSafe aims to gain commitment to the behaviours required to truly champion patient safety ensuring that the Trust has the highest possible patient and staff safety standards. The concept has been used in industry in many years and has clearly demonstrated an impact on an organisation's safety culture. There is very strong evidence that the safest companies in the world all use an approach emphasising creation of a positive safety culture through management leadership together with assisted on the job risk assessments using the vehicle of personal behavioural safety conversations. Across the Trust, we now have

26 Lead Trainers that are now attached to areas of practice so that they can help to support new TalkSafe practitioners in holding the safety based conversations. There are both cultural and practitioners sessions available for all members of staff across the Trust.

Staff Trained in TalkSafe Conversations		
2011-12	2012-13	2013-14
20	220	331

In order to help facilitate the release of staff to undergo the training, it has been reviewed for 2014. These are now two half day sessions available, one that explores the safety culture within the organisation and the other that allows staff to become TalkSafe practitioners.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by health care providers. None have been reported in the last financial year. This is a measure of the concerted effort and focus of those working within the Organisation towards embedding patient safety.

There was one 'Never Event' incident reported by the Trust at the end of the 2013/14 financial year, which is being investigated under the Serious Untoward Incident investigation process.

New guidance was issued from the Department of Health in December 2013, which details the criteria list of 25 never events. The document is unchanged

from previous versions except where clarification has been made around the definition of 'Retained foreign object post procedure'. The never events list provides a lever for those in the NHS to improve patient safety through greater focus, scrutiny, transparency and accountability when serious patient safety incidents occur. It provides healthcare workers, clinicians, managers, board and accountable officers with clarity about their responsibilities, in particular clear guidance on what is expected in terms of preventing never events and the response if they should occur.

Incidents are considered never events if:

- The incident either resulted in severe harm or death or had the potential to cause severe harm or death.
- There is evidence that the never event has occurred in the past and is a known source of risk (for example through reports to the National Reporting and Learning System or other serious incident reporting system).
- There is existing national guidance or safety recommendations, which if followed, would have prevented the incident from occurring.
- Occurrence of the never event can be easily identified, defined and measured on an ongoing basis.

Quality - Our Patients

A more detailed report in relation to quality and safety in patient care is outlined in our Quality Report at Annex A.

Our Staff

During 2013/14, the Trust had a number of key workforce initiatives under the Quality, Innovation, Productivity and Prevention programme order to deliver the Trust's share of NHS efficiency savings requirement.

Our staff are an integral part of delivering our vision as an organisation to deliver top quality patient care, excellent education and world class research. Our aim is to deliver success through our people. We understand the importance of having all our people focused on excellent outcomes, staff who care, teach and research, managers who manage and leaders who lead.

As an organisation we want to:

- enable staff to deliver of their best
- care for people who care
- work in partnership to deliver focused, proven workforce practices
- ensure our workforce is focused on delivering excellent patient care.

We strive to be the Trust of choice for both our patients and our staff. We are driven by our belief that an engaged and flexible workforce who are valued and supported deliver safe, effective and personal healthcare for every patient, every time.

Staff Survey

What our staff said:-

In our 2013 survey we maintained our response rate, achieving 49%.



"Our staff are an integral part of delivering our vision as an organisation to deliver top quality patient care, excellent education and world class research..."

This is the same as the previous year and places us in the average category for returns. Overall, the responses to the survey are very positive and show no material change compared to the 2012 results. The survey was undertaken between October and December 2013, the results were formally published by the Care Quality Commission in February 2014. The survey is an annual survey which seeks the views of staff on a variety of questions including their experiences of staff satisfaction, training, line management, appraisals, work related stress, violence and abusive behaviour and making a difference to patients.

Our staff engagement score is 3.79 compared with a national average for acute trusts of 3.74. This engagement score is calculated from 3 Key Findings:

- KF22: staff ability to contribute towards improvements at work – highest (best) 20%.
- KF24: staff recommendation of the trust as a place to work or receive treatment – average.
- KF25: staff motivation at work – highest (best) 20%.

Out of 28 Key Findings the Trust was found to be:

- in the best 20% of Trusts nationally for 13 out of the 28 key findings,
- above/better than average for

- seven out of the 28 findings, and
- average for eight out of the 28 key findings.

The Trust did not have any negative findings (i.e. were not in the worst 20% of acute Trusts, were not worse than average, nor significantly worse than 2012).

Based upon the NHS England requirements the Trust issued 800 paper surveys. However, our Survey supplier, Picker, enabled

us to engage with more of our employees via additional paper based surveys plus our second year participating via an on-line version. The Trust elected therefore to undertake a further 200 paper surveys and 1000 on-line surveys. The combined participation rate for 2013 was 47% with a total of 938 completed surveys being processed (478 paper and 460 on-line). In 2012 a total of 981 surveys were completed (480 paper and 501 on-line).



“Picker, enabled us to engage with more of our employees via additional paper based surveys...”

Survey Questions	2012/13 %		2013/14 %		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
Response Rate	49.9%	45.6%	47%	46.9%	2.9% Deterioration*

Survey Questions	2012/13 %		2013/14 %		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
Top 5 Ranking Scores					
Percentage of staff experiencing discrimination at work in last 12 months	11%	11%	7%	11%	4% improvement
Percentage of staff working extra hours	64%	70%	62%	70%	2% improvement
Percentage of staff agreeing that their role makes a difference to patient care	91%	89%	94%	91%	3% improvement
Percentage of staff experiencing physical violence from staff in last 12 months	2%	3%	1%	2%	1% improvement
Percentage of staff appraised in last 12 months	93%	84%	92%	84%	1% deterioration

NHS England base their participation rate on the paper surveys only, and the Trust achieved a participation rate of 48.5% in 2013 which compared favourably with the national acute rate of 48.7%.

**In 2013 the opportunity for all staff to participate in the survey, via the newly created HR portal was available. Take up in 2013 was extremely low, however as familiarisation with the Portal grows across the Trust, it is hoped that this will increase in 2014.*

Survey Questions	Staff Survey Results 2012/13 %		Staff Survey Results 2013/14 %		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
Bottom 5 Ranking Scores					
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	91%	90%	90%	90%	1% deterioration
Staff recommendation of the trust as a place to work or receive treatment	3.65%	3.57%	3.65%	3.68%	No change
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	15%	15%	15%	15%	No change
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27%	30%	29%	29%	2% deterioration
Percentage of staff having well structured appraisals in last 12 months	36%	36%	38%	38%	2% deterioration

Actions to Address Areas of Concerns

It is extremely encouraging that the Trust has been able to achieve an overall position of above average. However in order to maintain and improve this position over the coming year it is essential that the Trust achieves ongoing improvements aligned to anticipated changes and challenges for the future. As such the priorities for action for 2014/15 are as follows:

- Continuing to engage and involve staff at all levels to be proud of the Trust, reflected in their willingness to recommend it as a place to work and receive care



- Continuously improve knowledge and timely use of error and incident reporting systems resulting in real time organisational learning
- Continue to support staff development, health and wellbeing

To support the priority actions, the Trust will introduce quarterly surveys to measure staff satisfaction which will incorporate the nationally required Staff Friends and Families test. This data will also be used to support wider quality, safety and productivity requirements and achievements.

Engaging with our Staff

Blackpool Teaching Hospitals NHS Foundation Trust continues to engage with staff and has held a number of Big Conversations with staff across both community and hospital to develop refreshed Trust core values that will be launched in 2014/15 and integrated with our HR processes. Our aim is to be a high performing organisation delivering high quality and compassionate care and our values and behaviour framework has been developed and tested with staff throughout 2013. Staff survey results demonstrate that the trust scored better than average for staff engagement in 2013 with a score of 3.79 (which is comparable with the 2012 score) and the trust was in the top 20% for staff feeling that they could contribute to improvements at work and also feeling motivated. In 2014 we will work hard to ensure that more staff would recommend the trust as a place to work through focusing on our values and behaviours and a broad clinical engagement strategy.

We will continue to engage with our staff to seek feedback both corporately and also at a local level, particularly around ideas to improve quality, safety, innovation, productivity and prevention.

We have well-established partnership working with trade unions and professional organisations that play a key role in ensuring the future success of the Trust. We will continue to build on and strengthen partnership working going forward.



"Our aims is to be a high performing organisation delivering high quality and compassionate care and our values and behaviour framework has been developed and tested with staff throughout 2013..."

The coming year will see a major focus on how we can best engage with staff across the Trust, including improving our internal communication methods, launching a series of listening events, delivery of appropriate training to support improved engagement, creating a better experience for our staff and ultimately our patients.

Promoting Equality and Diversity

Equality and Diversity (E&D) is an important part of the Trust's overall work to improve service provision. The Trust's Equality Objectives are now part of the overall business objectives, showing the commitment being given to equality and diversity across the Trust. The Public Sector Equality Duty expects all public sector organisations to promote equality and diversity by:

- eliminating discrimination, harassment and victimisation
- advancing equality of opportunity
- fostering good relations between people who share a protected characteristic and those who do not share it.

Some of the ongoing work includes:

- Butterfly Project to assist patients with Dementia
- Memory Wall and Boxes to assist patients with Dementia
- Using yellow paper for appointments assists people with sight impairments
- Larger font on correspondence
- Emailing correspondence to blind or visually impaired

service users

- Improving support mechanisms for people with learning difficulties when attending hospital
- Introducing Health Passports for people with a learning difficulty
- Understanding the needs of minority/hard to reach groups and making healthcare accessible

The Trust continues to review how best to support all patients and service users, irrespective of any protected characteristic they may have to ensure we meet their needs.

Equality Objectives

The Trust Equality Objectives are monitored by the Trust's Equality Diversity and Human Rights Steering (ED&HRS) Group. Following the outcome of the 2013 Equality Delivery System (EDS) public consultation and engagement event the objectives were reduced from eight to two. The ED&HRS group made the decision to focus on two objectives that had been graded from achieving down to developing at the consultation. By amending the equality objectives it provides the ideal opportunity for the Trust to focus on areas perceived to require improvement. EDS continues to assist the Trust to meet the following requirements:

- Compliance with the Public Sector Equality Duty
- Deliver on the NHS Outcomes Framework
- NHS Constitution for Patients and Staff
- CQC Essential Standards

The Trust will hold its third

Equality Delivery System (EDS) public consultation and engagement event in March 2014 at venues in Blackpool and Lancaster. The report from the consultation will be submitted later in the year around May. The outcome of the EDS will continue to influence which of the equality objectives require further attention or adjustment.

Equality and Diversity Policies

There are a number of policies that come under the equality and diversity heading, all of which are monitored and reviewed on a regular basis. New policies are introduced as required, for example, a new policy written this year was 'Gender Reassignment: Support in the Workplace'. The adaptation of the Trusts Equality Analysis Procedure has been very successful. The questions in the initial assessment make staff think differently about the impact policies and procedures etc have across all the protected characteristics. In turn this provides the Trust with continuing evidence on its work to reduce discrimination and increase inclusion for both service users and staff.

The Trust operates the Two Ticks symbol whereby anyone who discloses a disability during application and meets the essential criteria of the person specification, is automatically shortlisted. The Trust does not monitor as a specific requirement the numbers of staff who become disabled during their employment. The Trust's Equality and Diversity Lead assists in supporting staff by working with managers and our Occupational Health to ensure

we provide the right support and reasonable adjustment. We use our capability/management of absence procedures along with reasonable adjustments to ensure an employee who becomes disabled can remain in employment. This would include the consideration of training for suitable alternative roles. The Trust does not offer any specific training for staff that may become disabled, but utilises the support and advice of our Occupational Health Service to introduce adjustments as recommended, facilitating an employee to remain in employment. The advice of Access to Work is also sought and the recommendations from their reports are implemented.

The Trust does not have a specific policy on career development or promotion for disabled people, but by operating a positive culture ensures we never unfairly discriminate and maintain this ethos in all that we do. Career development / promotion opportunities are subject to our equal opportunities procedure and required to be advertised so

all staff have an equal ability to apply and be considered.

Equality Diversity and Human Rights Training

Equality and Diversity (E&D) continues to be part of the Trust's induction and mandatory training programmes to maintain awareness and emphasise the importance of E&D in all aspects of employment and service provision. The training includes:

- E-learning modules
- Rolling programme of monthly workshops covering additional areas e.g. Learning Disabilities and Sexual Orientation including issues faced by older people.
- Deaf and Disability Awareness
- Transgender issues

Since its inception in February 2011 the Staff Equality and Diversity Network has trebled in membership. The enthusiasm of the group continues to reflect the importance that staff view equality and diversity from both an employee and service user perspective. The Staff E&D Group

held its fourth E&D conference in October 2013 and was again a resounding success bringing new knowledge and perspectives of E&D issues to Trust staff.

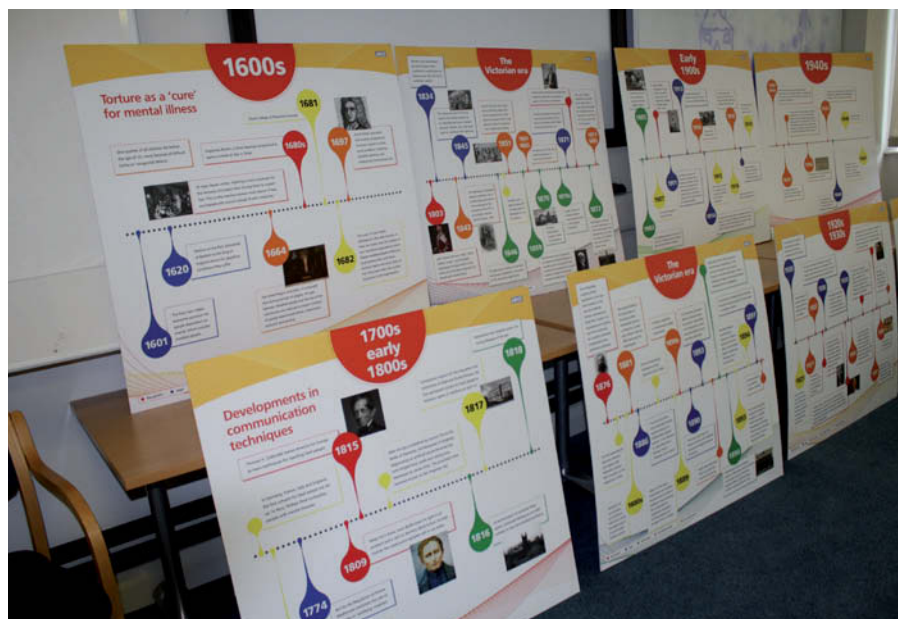
Table: Summary of Performance – Workforce Statistics - Tina Daniels

From analysis carried out between data collated on the makeup of the local community and that of staff employed, the Trust is reflective of the community it serves.

The table on the next page identifies the breakdown of staff groups for April 2013 to March 2014.

The results of the staff survey showed that 90% of staff reported having received E&D training or updates which is a further improvement on our 2012 survey results. This is a key priority for the Trust and E&D updates form part of mandatory training as well as being part of the Induction Training. We expect to continue improving in this area year on year.

“...by operating a positive culture ensures we never unfairly discriminate and maintain this ethos in all that we do...”



Organisation	Ethnic Origin	Full Time Equivalent (FTE)	Headcount
Blackpool Teaching Hospitals NHS Foundation Trust	0 White	8.90	11
	4 Indian	5.20	6
	5 Pakistani	2.00	2
	7 Chinese	8.47	9
	9 Not given	0.00	1
	A White - British	4,850.32	5,714
	B White - Irish	32.84	38
	C White - Any other White background	90.96	98
	C3 White Unspecified	0.51	1
	CA White English	1.00	1
	CB White Scottish	0.53	1
	CF White Greek	1.00	1
	CK White Italian	2.00	2
	CP White Polish	7.09	7
	CY White Other European	17.00	17
	D Mixed - White & Black Caribbean	6.27	7
	E Mixed - White & Black African	2.67	3
	F Mixed - White & Asian	9.41	11
	G Mixed - Any other mixed background	7.80	9
	GC Mixed - Black & White	1.00	1
	GF Mixed - Other/Unspecified	1.60	2
	H Asian or Asian British - Indian	106.87	112
	J Asian or Asian British - Pakistani	30.13	31
	K Asian or Asian British - Bangladeshi	2.53	3
	L Asian or Asian British - Any other Asian background	40.49	44
	LA Asian Mixed	1.00	1
	LE Asian Sri Lankan	1.00	1
	LH Asian British	1.00	1
	LK Asian Unspecified	2.00	2
	M Black or Black British - Caribbean	6.00	6
	N Black or Black British - African	15.78	17
	P Black or Black British - Any other Black background	2.00	2
	R Chinese	7.03	10
	S Any Other Ethnic Group	53.62	58
	SC Filipino	15.80	16
	SD Malaysian	2.00	2
	SE Other Specified	7.60	8
	Undefined	17.85	183
	Z Not Stated	203.39	251
Total		5,572.67	6,690

The Trust's Equality Diversity and Human Rights Steering Group, chaired by the Director of Human Resources and Organisational Development, has an inclusive membership reflective of the protected characteristics including representation from Trust staff, partner organisations and patient groups.

Priorities for 2014/15 include:

- Continued compliance with the Equality Act 2010 and NHS Regulation Framework
- A fifth Trust E&D conference for 2014
- Progress area requiring development as highlighted in the 2014 EDS report
- Prepare for the third submission to the national Equality Delivery System (EDS)
- Hold the third EDS public consultation and engagement event with service users
- Continue to develop and expand the work undertaken for EDS
- Continue work to improve working/service practices for staff and service users who are hearing impaired
- Continue working to develop practices for staff and service users who are sight impaired
- Review E&D training to identify gaps in knowledge and understanding regarding protected characteristics
- Increase social value (ongoing) by improving links with local schools, Fire Service, Police

Recruiting and Retaining the Best Staff

Blackpool has faced challenges in recruiting to nursing and

medical positions but has made steady progress in filling key vacancies, however there is still much to do. We have extended our searches internationally and been successful in recruiting qualified nurses from Spain and Portugal. There has been significant investment by the Trust to increase Consultant numbers to the establishment and in support of this a recruitment campaign was developed in response to stakeholder feedback about the potential barriers to attracting individuals to work for the organisation. The 'Change Your Landscape' campaign www.changeyourlandscape.co.uk has been designed to challenge people's thinking through images and words, as well as celebrate the significant investment the Trust has made to improve delivery of services. It challenges what Blackpool is and what it isn't and guides people to make connections between locality, lifestyle, personal aspirations and shaping patient care.

The campaign has resulted in a good number of applications in specialties where the Trust has historically struggled to recruit to, and also increased the number of applicants in other specialties providing more choice for the organisation. It has also proved significant in raising morale amongst existing staff, as it highlights the positives to working for and in Blackpool, and gives a valuable tool for others to spread this message.

It is the intention to build on this further by using materials to promote jobs internationally, and use the imagery at Recruitment Fairs. We are also keen to incorporate the images and

messages into on-boarding material so there is a feeling of consistency for the candidate throughout the employee life cycle.

There is still a great deal to do in this regard as the NHS has similar challenges so we need to work on promoting the Trust as the employer of choice and fully express the opportunities for staff in working within an integrated organisation offering many career opportunities across acute and community care. We need to work with our current staff who have committed their working lives to Blackpool and share their experiences with prospective recruits.

We need to focus our attention equally on the retention of our staff to ensure we are providing the necessary support during their 'on-boarding' to the Trust but also through their transition into their role. We launched an electronic exit questionnaire during 2013/14 which has been well received and the completion rate has been high thus enabling us to examine common trends and themes that we need to proactively respond to.

Developing our Staff

During the year we continued to make improvements in the ways we support our integrated workforce in learning and continuous development, which we believe are key to delivering quality patient centred care across the Trust. We continued to offer a range of leadership development and learning opportunities to all staff at every level throughout the organisation. Our clinical



improvements in individual participants performance, behaviours, self awareness, service improvements and levels of success

- Improvements to confidence and wellbeing were also evident

We were very proud in 2013 to win the prestigious national HPMa award for our coaching culture, which we introduced to help embed our engagement strategy and improve performance through increased self-awareness, confidence and performance. Our in-house coaches are now able to complete an accredited programme in-house through CETAD and we have continued to train line managers as coaches to help our staff maximise their potential and performance.

During 2013, we launched our Patient Experience Revolution 'Compassionate Care through Compassionate Attitudes' training programme across the Trust. The overall purpose of this programme is 'To create the environment and commitment for caring so that high quality patient care can thrive in the Trust'. We were delighted when this was highlighted as good practice from the Keogh review team who spent a week looking at patient safety. We have trained 1,015 staff in 2013/14 and the results have been very positive with over 90% of those who attended the training using the skills either most or some of the time. Those units who had a high number of staff trained all report a higher than peer average friends and family test result.

"We need to focus our attention equally on the retention of our staff to ensure we are providing the necessary support during their 'on-boarding' to the Trust but also through their transition into their role."

leadership programme aimed at clinical and non-clinical leaders is now in its fourth cycle and has received excellent reviews. Leaders on the programme are introduced to the latest thinking on leadership practice, gain an overview of their own leadership styles and personality preferences, and learn techniques to problem solve alongside techniques to engage and motivate their teams. The skills required to lead local and organisational change programmes, manage projects, and lead service improvement are equally high on the learning agenda.

In addition, the development of team leaders, supervisors and first line managers has been well established with our in-house

programmes being accredited through Centre for Training & Development (CETAD) which is Lancaster University's work based learning arm. An evaluation study of the new and junior leadership development programme identified the following impacts:

- 99% of delegates have improved their knowledge and skills in the workplace overall with 99% of delegates applying their learning back in the workplace
- Key areas of improvement included motivating others, influencing others, communication styles, giving and receiving feedback, empathy, emotional intelligence and self awareness
- Line managers cited

The specific objectives centre on the three areas of Self, Team and Patient.

Self	<p>To encourage and support your care of YOURSELF so that you can fulfil your dedication and vocation of caring for others</p> <ul style="list-style-type: none"> • Develop your self-awareness and understand the need for caring for yourself • Understand a significant cause of stress and pressure • Enhance your capability to deal with stress and pressure • Increase your commitment to caring for yourself
Team	<p>To encourage and support your care of MY TEAM so that you can fulfil your dedication and vocation of caring for others</p> <ul style="list-style-type: none"> • Develop your understanding of what creates great teamwork • Enhance your capability to practice as a great team member • Increase your commitment to caring for your team
Patient	<p>To encourage and support your care of PATIENTS and their CARERS so that you can fulfil your dedication and vocation of caring for others</p> <ul style="list-style-type: none"> • Develop your understanding of what creates great patient care • Enhance your capability to practice as a great carer • Increase your commitment to caring for your patients



“Our evaluation of appraisals in 2013/14 has identified some top tips for the future and our training for 2014 will be targeted...”



Once again improving the uptake of appraisal has been a core theme and we continue to work to achieve the target of 90%, but our year end performance was 82%. Our goal is to ensure that not only are appraisals taking place, but that they are of a good standard. This needs to be our focus going forward and we will continue to audit the quality of appraisals that have taken place and provide support where there is room for improvement. Our evaluation of appraisals in 2013/14 has identified some top tips for the future and our training

for 2014 will be targeted and will include advice to managers who have more than 12 staff to appraise in the window.

Mandatory training is also a key target which unfortunately we failed to achieve during 2013/14, 79% were recorded as having undertaken all the required modules of mandatory training against a target of 90%. There has been a review of mandatory training to ensure a flexible approach which allows staff to access the training in a range of ways including ELearning which

was established this year and work will continue to ensure staff are able to complete training requirements in a more timely and convenient way, allowing a more blended approach to learning.

Induction is a key time in the life cycle of our employees as it helps to welcome staff as well as embed our values and behaviours. Following a review of the content and attendance, the team have improved induction compliance to 85% and will launch a revised programme in April aligned to



“Our Practice Education team works closely with the universities and in practice, to ensure a high quality learning experience for student nurses...”

our revised values. We plan to test effectiveness through focus groups of recent recruits on an ongoing basis.

We have been able to offer a range of education, training and development opportunities that underpin workforce and organisational development. These opportunities are available to all staff groups often in partnership with universities, colleges and other education providers. Our Practice Education team works closely with the universities and in practice, to ensure a high quality learning experience for student nurses.

Current challenges demonstrate that the Trust needs to increase leadership and management capacity and competence in order to improve organisational effectiveness and productivity through the pursuit of an engagement culture. It is fair to say that more emphasis needs to be placed on accountability, competency and performance ensuring that everyone is clear on expectations and receives identified necessary support, but, importantly understands the consequences of non-delivery.

We are accredited Investors in People Gold and underwent a diagnostic exercise with Investors in People in November 2013. This diagnostic exercise indicated that the broad principles of the Investors in People Framework are being met. A number of positive features emerged from the review, not least the fact that:

- a significant amount of progress has been made on the harmonisation of people management processes across all areas of the Trust
- staff perceive that there has been real progress in terms of the integration of the three Trusts
- Moreover, a key characteristic of high performance workplaces is the achievement of desired results. Through the documentary submission, presentations and interview feedback a wide range of outcomes were highlighted in relation to quality, safety, people, delivery and environment.
- These included:
 - o improvements in National Patient Survey scores
 - o lowest ever infection rates
 - o Information Standard accreditation

- o achievement of a patient safety award
- o 90%+ VTE compliance
- o improvements in staff survey scores
- o reductions in sickness absence
- o achievement of a Best Communications Team in the NHS Award
- o achievement of a national coaching award
- o A&E performance that ranks amongst the best in the country
- o a score of excellent across all areas in the PEAT inspection

These results are testimony to the effectiveness of people management strategies, and indeed to the knowledge, skills and dedication of the workforce. The above outcomes are given additional resonance given that they have been achieved against a backdrop of significant challenges such as:

- changes in senior leadership positions
- the Keogh Review
- financial pressures
- the ongoing integration project

Knowledge and Library Services

The Blackpool Knowledge and Library Service continues to support effective patient care by ensuring access to information and evidence for clinical and managerial decision making, research and innovation, staff development, and clinical governance.

Building upon its current links with other organisations in the academic and healthcare sectors, the Library has renewed its Service Level Agreement with the University of Central Lancashire and has formed a new partnership agreement with the Public Health domain of Blackpool Council.

As part of its Learning and Development Agreement with the NHS North of England, the Trust is required to submit an annual self-assessment against the national standards contained in the Library Quality Assurance Framework. The standards are designed to help develop high quality knowledge and library services that enable the entire workforce to access the evidence base and acquire the skills to use, evaluate, and implement evidence in clinical and management decision making. We are pleased to report that in 2013 the service scored 94% following validation, which is above the regional average of 91%.

In alignment with the Trust's strategy for delivering integrated services, the Library is working with community-based teams to develop an outreach function that will provide remote access



“...the Library is working with community-based teams to develop an outreach function that will provide remote access to services and information skills training for staff...”

to services and information skills training for staff. Additionally, the Library is developing its links with the Risk Management team and, going forward, will provide information regarding evidence based practice to those areas within the organisation where learning opportunities have been identified through incident reporting.

We look forward to working with our colleagues to ensure that knowledge and information

services continue to support evidence based practice and clinical decision making in both an acute and community setting, thereby improving productivity, optimising resources, and supporting staff in the delivery of better care for our patients.

Staff Communication

The Trust communicates, informs and involves its staff on key issues such as quality, safety, finance and performance via a number of methods.

Staff from across all areas of the Trust are invited to a face-to-face monthly Team Brief, where the Chief Executive and members of the Executive Team brief staff on the key decisions that have been made at the Board of Directors' meeting, and update staff on developments within the six areas of our vision – Quality, Safety, Delivery, People, Environment and Cost.

This meeting is podcast and made available to all staff who were unable to attend and is also

available in a written document on the intranet and is emailed out to all staff within the organisation. Staff are given the opportunity to ask questions and give feedback on these issues. There is also a rumour board where staff can raise questions anonymously if they wish to.

Sickness Absence

Work continues within the Trust to pro-actively manage and support the absence process.

Increased focus has been placed on the importance of entering accurate absence reason codes on both the E Rostering and web data entry systems to enable trend analysis and monitoring. We are striving to improve the quality of data input to enable more detailed analysis of the reasons reported for absence to identify areas requiring closer scrutiny and to identify targeted interventions to reduce sickness absence.

The Occupational Health Department launched a new Physiotherapist service in February 2014 as a 12 month pilot for staff to 'self refer' into the service. It is anticipated that this will help act as a preventative treatment and support staff to remain in work through early intervention (who may have previously gone off sick). The



"Occupational Health continues to offer a variety of health initiatives to support staff to be empowered to manage their own health by accessing therapeutic interventions, healthy lifestyle checks, weight management and exercise classes..."

early indication is that the service has been well received and this will be evaluated towards the end of the initial 12 month period to determine whether further funding for the service will be sought. Occupational Health continues to offer a variety of health initiatives to support staff to be empowered to manage their own health by accessing therapeutic interventions, healthy lifestyle checks, weight management and exercise classes. Mindfulness taster sessions have been introduced and all courses have been fully subscribed.

The Trust Sickness Absence policy has been reviewed and this was trialled within the Unscheduled Care division over the last six months of 2013. The evaluation report was submitted to the JNCC meeting recently and it was agreed that the policy would be implemented Trust-wide following some revisions

that are required. Divisions continue to monitor absence compliance on an ongoing basis through monitoring of reports and through regular meetings with line managers to guide and support them in compliance to the absence policy with support as appropriate from Occupational Health. Long term sickness cases are also monitored closely across all divisions and appropriate supportive discussions and actions are taken in a timely manner.

Sickness absence for the year 2013/14 ended slightly higher than the previous year on 3.92% as detailed in the table below. However, it is envisaged that with concerted effort the Trust will achieve or improve on the new 3.5% target for 2014/15, helped by the introduction of the harmonised Attendance Management policy across the Trust.

Overall Trust Sickness Absence Rates	
Year	Sickness Absence Results
2009/2010	4.47%
2010/2011	4.23%
2011/2012	3.52%
2012/2013	3.85 %
2013/2014	3.92%

The table below details national sickness absence data and the figures given are for the calendar year.

Statistics Produced by IC from ESR Data Warehouse		Figures Converted by DH to Best Estimates of Required Data Items		
Quarterly Sickness Absence Publications	iView Staff in Post			
National Average of 12 Months (2013 Calendar Year)	Average FTE 2013	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
4.24%	1,050,781	33,815,725	1,410,395	9.5

Improving the Health and Well-being of our Staff

A healthy energised workforce is good for the Trust and for the care of our patients. We are committed to maintaining and improving the health and wellbeing of our staff and run a variety of services and activities to encourage people to take responsibility for their own health and wellbeing.

The workplace health and wellbeing department retained its Safe Effective Quality Occupational Health Services (SEQOHS) accreditation during 2013/14 which is put simply a quality assurance standard for Occupational Health providers. Our seasonal flu campaign achieved an uptake of 71% and we were shortlisted by NHS Employers at the Flu Fighters awards. The team implemented an electronic management referral process to ensure timely referrals and improvement of our service to managers.

In order to improve services for our staff we have now introduced a physiotherapist to the team to support our staff with musculo-skeletal problems to facilitate them to gain more timely access.

“As a core part of our staff wellbeing offer, we have continued to offer subsidised health activities including Zumba, Yoga and Slimming World...”

As a core part of our staff wellbeing offer, we have continued to offer subsidised health activities including Zumba, Yoga and Slimming World.

The department also offers services to a number of external organisations which provides additional income that is reinvested into the service and the Trust for the benefit of our staff.

in April 2013. The Professional Regulator, the General Medical Council (GMC) expects all doctors working in the Trust will be revalidated by March 2016. The Trust has made recommendations for 20% of doctors in 2013/14. We are expected to make recommendations for 40% of our doctors in 2014/15 and 2015/16 respectively and thereafter the process will continue as per regulation.

Medical Revalidation

The process of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and practicing to the appropriate professional standards. The revalidation process was approved by the Secretary of State in December 2012, and the local process of implementation commenced



Breakdown of Staff

As at year end the breakdown of directors, other senior managers and employees by male and females categories is indicated in the table below:-

Breakdown of Staff as at 31st March 2014		
	Male	Female
Directors and other senior managers*	8	6
Employees	1390	5325

*Directors and senior managers comprises Executive Directors and Non-Executive Directors in post at 31st March 2014 as disclosed in the Remuneration Report.

Health and Safety – A Safe Working Environment

Over previous years, with continual improvements being introduced, the Trust has developed into a safe

place both to work and to receive treatment. The chart below shows how our performance is in relation to slips, trips and falls incidents and sharps / needlestick incidents. The year has seen a slight increase in the number of injuries related to moving and handling. Together these make up the top three incidents reported annually. There has been a decrease of 17% in needlestick injuries from 108 to 90.

Moving and handling incidents have shown an increase of 10%, an increase of 10 injuries over the previous year. The use of better manual handling aids has helped keep the increase to a low level, but this increase must be judged against more patients being treated, many with mobility problems in the Trust, and the decrease in the number of bariatric patients being treated, which cause staff problems when having to move or assist them with their mobility.

Slips, trips and falls have decreased by 3.5%, down by 4 incidents over

the year; this is an excellent result bearing in mind additional activity and some bad weather which increases the risk of falling during the winter months 2013/14. The Trust dress-code policy was revised to include guidance on suitable footwear and this has clearly been instrumental in the reduction of this type of injury.

There is overall a slight increase on reporting of Health and Safety incidents, this increase should be judged against the current amount of staff employed within the Trust due to integration with the Community Trusts (NHS Blackpool and North Lancashire Primary Care Trust). Ongoing work continues to effectively reduce the number of incidents and drive forward a pro-active health and safety culture across the Trust.

The graph below details reported Health and Safety, Security and Violence and Abusive Incidents 1st April 2013 to 31st March 2014 compared with 1st April 2012 to 31st March 2013.



Security Management

The security of staff, service users, carers, relatives, visitors and property is a key Trust priority. The delivery of high levels of safety and security is critical to the delivery of the highest possible standards of clinical care and Blackpool Teaching Hospitals NHS Foundation Trust is committed to improving the environment and sense of overall personal security for those who access our services and for those who provide those services.

One of the key areas of work for the Local Security Management Specialists (LSMS) is working to reduce violence against NHS staff, and a key part of this is to constantly measure the scale of the problem. All staff are encouraged to report any incident to enable changes to be driven

“Blackpool Teaching Hospitals NHS Foundation Trust is committed to improving the environment and sense of overall personal security for those who access our services and for those who provide those services...”

forward within the Trust, helping to deliver an environment that is safe and secure for both patients and staff. Constant development in incident reporting, action planning, risk assessment and ongoing monitoring ensures that all safety risks within the Trust, including property assets, staff and patient safety, are protected, thereby allowing care to be

delivered without fear of violence and aggression.

The number of verbal abuse and/or aggressive incidents reported between 1st April 2013 and 31st March 2014 were 373, compared to 307 reported incidents in the previous financial year, showing an increase of 21.4%. The A&E Department accounted for 17%



(63 reported incidents) of all violence and aggression reported across the Trust.

Wherever possible the Trust seeks to minimise risk by deterrence, all security related incident reports are reviewed by the LSMS on a weekly basis and investigations instigated as appropriate and, if required, a review undertaken of any security measures in place for effectiveness.

The Trust employs a security team for the Blackpool Victoria hospital site. The team are trained to a high standard and form an integral part of the Trusts deterrence strategy.

The Trust has a focus on positive reporting, giving details of any security event; these consist of physical and non physical assaults against staff; theft or damage (including burglary, arson, and vandalism) to NHS property or equipment issued to staff; theft

or damage to staff or patients' personal property.


We are committed to ensuring that Trust staff are properly protected and appropriate training is received. Conflict Resolution Training, with the addition of Breakaway Techniques Training, and Security Awareness Training is being rolled out to all front line staff. Conflict Resolution theory is also included as part of the Corporate Induction.

The lone worker system introduced within the Trust has been continually financially supported by the Board of Directors. The lone worker device enables staff to be better protected by discreetly calling for assistance in a potentially aggressive situation. Additionally, this ensures that staff are quickly and accurately located and the whereabouts and movements of lone workers obtained when an

alert is activated. We are delighted that the NHS lone worker service introduced into the Trust was a winner at the National Personal Safety Awards 2010. This award recognises those who have helped people to stay safe from violence and aggression, and demonstrated best practice in the field.

The Trust CCTV working group continues to oversee and develop the Closed Circuit Television (CCTV) monitoring system, for the Blackpool Victoria, Clifton and Fleetwood sites. There have been some new camera installations during the 2013/14 period which were highlighted as gaps by the CCTV Working group and they cover what would be considered critical assets to the Trust. With the improvements to CCTV, throughout a number of premises, it is anticipated that this will improve the chances of criminals being caught and act as a visual deterrent to people mindful of committing criminal offences. The security room both monitor and control some 150 cameras

Security audits have been introduced within the Trust by the Local Security Management Specialists, (LSMS) where visits to individual departments are conducted so any security/safety issues can be addressed and the LSMS can work with the department to produce its own individual Lockdown Action Card.



“We are committed to ensuring that Trust staff are properly protected and appropriate training is recognised, as a key factor Conflict Resolution Training with the addition of Breakaway Techniques Training as well as Security Awareness Training being rolled out to all front line staff. Conflict Resolution theory is included as part of the Corporate Induction also...”

Our Performance

Despite being an extremely busy and challenging year, the Trust delivered on the majority of national and local performance targets and standards and has delivered on a number of strategic development initiatives.

National Quality Standards

The Trust continued to deliver excellent operational performance during 2013/14,

and met the majority of national and local performance targets. A summary of our performance against key operational targets is given below.

Quality Standard	2012/13	2013/14
Cancelled operations - Percentage of operations cancelled	Achieved	Failed
Cancelled operations - Percentage of cancelled operations not treated within 28 days	Achieved	Achieved
Reperfusion: Primary PCI waiting times	Achieved	Achieved
A&E	Achieved	Failed
18 weeks Referral to Treatment (admitted pathway)	Achieved	Achieved
18 weeks Referral to Treatment (non-admitted pathway)	Achieved	Achieved
Patient experience	Achieved	Achieved
Cancer diagnosis to treatment waiting times	Achieved	Achieved
Cancer diagnosis to treatment waiting times - Subsequent Surgery	Achieved	Achieved
Cancer diagnosis to treatment waiting times - Subsequent Drugs	Achieved	Achieved
Cancer urgent referral to first outpatient appointment waiting times - GP	Achieved	Achieved
Cancer urgent referral to first outpatient appointment waiting times - Breast symptoms	Achieved	Achieved
Cancer urgent referral to treatment waiting times – GP	Achieved	Achieved
Cancer urgent referral to treatment waiting times - Screening	Achieved	Achieved
Staff satisfaction	Achieved	Achieved



National Quality Standards Performance in more detail

A more detailed report on our performance is outlined below and in our Quality Report at Annex A.

Bowel Cancer Screening Centre



The NHS Bowel Cancer Screening Programme (NHS BCSP) in Lancashire has seen one of its most challenging years to date since its inception in April 2008, with the commencement of a new Bowel Scope screening service for participants aged 55. The Lancashire Screening Centre hosted by Blackpool Teaching Hospitals was successful in a bid to become a first wave Bowel Scope Programme and was the first centre in the North West to start a phased roll out in December 2013 with the first flexible sigmoidoscopy procedure list being undertaken in February 2014 on the Endoscopy Unit at the Blackpool Victoria Hospital site.

The next phase of the roll out will commence in April 2014 with a further list to be rolled out on Thursday evenings at the Blackpool site. We have established a new clinical and managerial structure within the service to ensure we achieve roll out within expected timescales and plan to increase publicity and health promotion activity once the initial lists are established. The service so far has proved popular with participants and it is anticipated that we will be fully operational across Lancashire at Blackpool Fylde & Wyre, East Lancashire and Preston sites within 2 years.

In terms of our Faecal Occult Blood Test (FOBT) screening programme more than 580,000 screening invitations have been sent to GP registered populations. The extended age range up to and including those aged

“We have established a new clinical and managerial structure within the service to ensure we achieve roll out within expected timescales and plan to increase publicity and health promotion activity once the initial lists are established...”

74 completed its phased roll out in 2011 and has resulted in increasingly complex patients with co-morbidities being assessed.

During our seven years in operation, the Lancashire Screening Centre has also seen nearly 350,000 FOBt kits returned by participants to the BCSP Regional Hub in Rugby, Warwickshire. Following the processing of these kits, the results showed that more than 5700 participants received a positive cancer screening result. The service has continued to produce quality outcomes in terms of the health benefits for patients taking up the offer of screening within our population, especially relating to early detection and treatment of cancers.

On commencement of the programme in 2008, the cancer detection rate was seen to be 11% with the rate for 2013-14 at a level of around 8.33%. This is an ongoing testament to the early detection and prevention ethos of the screening initiative.

Since April 2008, we have diagnosed 475 patients with cancer at an earlier stage. We have also seen an increase in the bowel polyps removed from patients who underwent a colonoscopy. Last year, 46 % of patients had polyps removed and in 2013-14 this has risen to 48%, therefore reducing the risk of cancer in the future.

Our clinical teams of Specialist Screening Practitioners and Screening Colonoscopists continue to participate in joint meetings which are now well established and ensure QA standards are met. The achievement of these standards ensures we keep high quality patient care at the forefront of our service. This will also stand us in good stead for our forthcoming 3 yearly QA Visit from the North West Regional Quality Assurance team, which is due in November 2014.

Emergency Access Targets

Performance against the 4 hour national standard was strong in Quarters 1 and 2, with performance at 96.4% and 96% respectively. However, in the second half of the year performance had been below the national standard, with performance at 94% in Quarter 3 and 90.67% for Quarter 4. Performance has deteriorated due to higher levels of bed occupancy, which has caused patients requiring an admission to a non-elective bed to wait for a longer period of time in the Emergency Department. An Improvement Plan is in place which is being led by the Unscheduled Care Divisional Management Team. This plan is focused on providing more care in the community and reducing bed occupancy to ensure there is adequate bed capacity available to meet peaks in demand. We have also approved plans to increase the number of doctors and nurses in the Emergency Department to provide timely, effective and compassionate care to patients.

Better Care Pathways

The Better Care Now project - pathways stream, was launched in August 2013 and links our quality and safety initiatives under one umbrella. It has 3 workstreams:

- Pathways
- Waits
- Staffing

It has been proven that the use of clinical pathways supports



“We have also approved plans to increase the number of doctors and nurses in the Emergency Department to provide timely, effective and compassionate care to patients...”

standardised management and delivery of patient care and, as a result, improves patient outcomes and can contribute to a reduction in mortality, hospital complications and length of stay. One of the reasons for this is they enhance communication between clinical staff and clinicians to patients by presenting clear plans that provide an understanding of the treatment and care to be delivered.

The pathways identified and developed to date are ones that impact most on our mortality and morbidity. Five pathways have been implemented to date:

- Pneumonia
- Sepsis

- Stroke
- Cardiac Chest Pain
- Acute Kidney Injury

A work plan for 2014/15 agreed to address other high mortality areas has been developed.

Data is collected real time and fed back to clinicians and teams to allow immediate improvements to be made. All pathways have seen an improvement in compliance with the mission critical points of the pathways, and there has been a downward trend in mortality for pneumonia, sepsis and stroke the first three pathways to be launched. (See table 1 below). It is envisaged that the other pathways will demonstrate this trend when mortality figures are released.

Table 1 - indicates downward trend in mortality for pneumonia, sepsis and stroke pathways.

Pathway	Launch Date	Baseline compliance of all mission critical points	Compliances of all mission critical points end Dec 2013	12 month rolling SHMI Dec 2012	12 month rolling SHMI Dec 2013
Pneumonia	28.08.2013	0%	42.6%	117.57	104.63
Sepsis	25.09.2013	0%	30.34%	122.96	94.82
Stroke	23.10.2013	0%	31.76%	128.4	116.78
Cardiac Chest Pain	20.11.2013	N/A	74.73%	91.4	106.2
Acute Kidney Injury	06.01.2014	0%	(1 we 6.1.14) 23.07%	N/A	N/A

COPD / Diabetes

Improving Diabetes Management:

The Trust continues to work closely with commissioners and partners across the Fylde Coast to support the implementation of the new diabetes pathway. This includes drawing up a detailed model of diabetes care for the future which includes diabetes care at primary care level (in GP Practices), Intermediate care level (in neighbourhood team clinics) and complex and specialist care level within the Acute setting. Work is underway to ensure that all appropriate patients are discharged back to primary care management. Pilot sites for intermediate care level clinics are currently being identified.

The diabetes foot care pathway was launched successfully in 2013 and this has seen a significant rise in referrals for review at the diabetes foot care multi-disciplinary team (MDT) clinic. As a result, diabetes foot care provision will be reviewed in early 2014/15.

COPD Patients:

The Trust is working in partnership with commissioners and partners in the implementation of the COPD pathway across the

Fylde Coast. Key metrics have been developed to monitor progress in COPD management across the health economy. The steering group has overseen the introduction of specific care bundles for End stage COPD, End of life care in COPD, Discharge Care and Early Supported discharge. Work is now ongoing to embed these new care bundles. Acute management of COPD has been reviewed and a new acute care pathway will be launched in May/ June 2014.

Further information on performance improvements is identified in the Quality Accounts at Annex A.

Information Governance and Identifying / Managing Risks

The Health Informatics Committee (HIC) is responsible for all aspects of Information Management, Information Governance and Information Communications Technology throughout the Trust known collectively as Information Management; this includes the identification and management

of information and data security risks. The HIC is chaired by the Deputy Chief Executive who is also the nominated Board Lead for Information Governance and the Senior Information Risk Owner (SIRO) for the Trust.

The reporting and investigation of incidents is an integral part of all employees' duties. It applies to ALL staff and all untoward events and near misses. Information Security Incidents are known as an 'Information Governance related Serious Incident Requiring Investigation' (IG SIRI). As a guide this includes any incident which involves actual or potential failure to meet the requirements of the Data Protection Act 1998 and/or the Common Law of Confidentiality.

Using information about the context, scale and sensitivity of what has occurred IG SIRI's are categorised into one of the following levels:

- 0 - Near miss/non-event.
- 1 - Confirmed IG SIRI but no need to report to Information Commissioner (ICO), Department of Health (DoH) and other central bodies.
- 2 - Confirmed IG SIRI that must be reported to ICO, DoH and other central bodies.

During 2013/14 the Trust has incurred no incidents classified as an IG SIRI severity level 2. Should an incident of this level take

place a detailed report would be included in the Trust's Annual Report.

Incidents classified at severity level 1 are aggregated and reported in the table below.

Table: Summary of Level 1 Personal Data Related Incidents 2013/14

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	2
B	Disclosed in Error	20
C	Lost in Transit	6
D	Lost or stolen hardware	4
E	Lost or stolen paperwork	15
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	13
K	Other	4

The Trust achieved Information Governance Toolkit (IGT) internal assessment compliance score of 82% in 2013/14 compared to 84% in 2012/13. The IGT submission is subject to independent audit, the Trust's auditors, KPMG have reviewed the evidence provided as part of the Version 11 submission and provided an overall Moderate Assurance opinion in respect of our process of Self Assessment.

Eight Elements of Compliance with regards to Governance

Monitor uses the term governance to describe the effectiveness of an NHS Foundation Trust's leadership. In relation to the eight elements of compliance with regards to governance the position is as follows:

1) Legality of Constitution

The legality of the Constitution remains, however, there have been a number of changes/ amendments to the Constitution in 2013/14.

In summary, the amendments relate to the public constituency, composition, tenure for Appointed Governors, conflicts of interests for Directors and Governors, and mergers/ significant transactions.

2) Growing Representative Membership

Over the past year, the Trust has seen its membership slightly decrease.

The Trust understands the importance of having a reflective and robust membership and continues to prudently maintain our database with regular cleansing, this can result in a loss of members following every cleanse.

The Trust has a robust Membership Development Strategy and in October 2012, in agreement with the Trust's Council of Governors identified three key strategic objectives to enhance delivery of the strategy. The objectives are:-

- Objective 1:- To build and maintain membership numbers to ensure representation of the population the Trust serves
- Objective 2:- Communicate effectively with all members
- Objective 3:- Engage with members and encourage involvement within the Trust.

The Trust understands the importance of having an engaged and active membership and has focussed on ways of achieving this throughout the year, as detailed in the Membership section.

3) Appropriate Board Roles and Structures

In October 2012, the Board commissioned a Quality Governance Review to be undertaken by KPMG. The review commenced in January 2013 and the outcome was reported to the Board in February 2013. During 2013 the Board implemented the recommendations from the KPMG report and has monitored progress on a quarterly basis to ensure compliance.

A subsequent review was undertaken by KPMG in September 2013 in relation to Governance Arrangements and the overall report rating provided significant assurance. Work is on-going to implement the medium/low priority recommendations outlined in the report, all of which were completed by 31st March 2014.

There were a number of changes to the membership of the Board of Directors during 2013/14 as follows:-

- Gary Doherty took up his position as newly appointed Chief Executive on 1st April 2013.
- Paul Olive resigned from the Trust with effect from 31st May 2013.
- Jacqui Bate was appointed Interim Director of Human Resources & Organisational Development (HR & OD) on 3rd June 2013 following the resignation of Janet Benson, Acting Director of HR & OD, on 2nd June 2013.
- Following the recruitment process to find a replacement NED and an additional NED, Jim Edney was appointed as a Non-Executive Director on 1st June 2013 and Michele Ibbs was

appointed as a Non-Executive Director on 1st September 2013.

- Following a rigorous recruitment process, Nicky Ingham was appointed as Director of HR & OD in July 2013 and took up post on 1st November 2013.
- Jacqui Bate continued to work within the HR & OD Department until she left the Trust on 19th December 2013.
- Following a rigorous recruitment process, Tim Bennett was appointed as Director of Finance in July 2013 and took up post on 25th November 2013.
- Feroz Patel was appointed Acting Director of Finance on 5th November 2012 and continued in that role until Mr Bennett took up post in November 2013.
- Robert Bell, Director of Clinical Support & Facilities Management, left the Trust on 22nd November 2013.

The Board would like to place on record their sincere thanks to Paul Olive and Robert Bell for all of their hard work in taking the Trust forward and driving quality improvements over the past 11 years and 4½ years respectively.

In the event of any changes to the Executive Directors of the Board, appropriate deputising arrangements are in place to ensure continuity.

With regard to the termination of Non-Executive Directors, removal is in accordance with the procedures outlined in the Trust Constitution:



- Any proposal or removal must be proposed by a Governor and seconded by no less than 10 Governors, including at least two elected Governors and two Appointed Governors
- Written reasons for the proposal shall be provided to the Non-Executive Director in question, who shall be given the opportunity to respond to such reasons
- In making any decision to remove a Non-Executive Director, the Council of Governors shall take into account the annual appraisal carried out by the Chairman
- If any proposal to remove a Non-Executive Director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove such Non-Executive Director based upon the same reasons within 12 months of the meeting.

4) Co-operation with NHS bodies and local authorities

The Trust will continue to work closely with key commissioners, stakeholders and Local Authorities. Alliances have been made with Blackpool and Lancashire Healthwatch (formerly known as Blackpool and Lancashire Local Involvement Networks (LINKs)) and Blackpool

and Lancashire Health Overview and Scrutiny Committees. Regular meetings are held with our main commissioners, NHS Blackpool, Fylde and Wyre and NHS North Lancashire, in relation to the monitoring of in-year performance.

5) Clinical Quality

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

6) Service Performance against Healthcare Targets and Standards

The Trust is required to register with the CQC and its current registration status is compliant. The CQC has not taken enforcement action against the Trust for the reporting period 2013/14 and remains registered with no conditions.

Further information is detailed in section 2.2.5 of the Quality Report at Annex A.

7) Other Risk Management Processes

The Trust has maintained compliance with Level 3



National Health Service Litigation Authority (NHSLA) Risk Management Standards, which is the highest level possible that can be achieved. We have also successfully achieved compliance with Level 2 Clinical Negligence Scheme for Trusts (CNST) Maternity Standards demonstrating that we have a high performing Maternity service.

In view of the Trust participating in the NHSLA Schemes this has enabled the Trust to demonstrate that we have aimed to achieve the following:

- Reduce the number and cost of claims
- Reduce the number and severity of incidents
- Have a structured framework for risk management systems and processes
- Have a proactive approach to improvement in patient safety and well-being of staff
- Empower staff within the organisation to manage their own risks
- Embed risk management in organisational culture
- Provide assurance to the Board of Directors and stakeholders

In light of the Francis Report on Mid Staffordshire Hospitals and the Trust being identified as having high mortality rates, the Trust was selected as part of the review by a national advisory group set up by NHS Medical Director, Sir Bruce Keogh into 14 hospitals which had higher than expected mortality rates. Further details are outlined in section 7. The review took place from the 17th June 2013. Sir Bruce Keogh published his report summarising the findings and actions the Trust needed to take. From this, the Trust produced an action plan based on the findings of the Keogh review, and monitored, and has now successfully implemented, the vast majority of the action plan matters. Those actions which required ongoing improvement, including the Trust's objective to continue to reduce mortality rates, will be combined with the new CQC inspection action plan which will be formulated following the CQC visit in January 2014.

Further details are outlined in Part 3 section 3.4.1 of the Quality Accounts which can be found in Annex A.

8) Provision of Mandatory Services

There are no foreseeable service changes that threaten the delivery of mandatory services provided by the Trust, nor are there any issues of accreditation that threaten the viability of a service in 2013/14.

The Trust has developed a robust set of business continuity and contingency arrangements integrating Community Health Services over the last twelve months. This ensures that services can continue to be provided during a catastrophic event that impacts upon patient services. These plans have been cascaded throughout the organisation and where appropriate have been fully tested. There are Major Incident and Pandemic Influenza Plans in place, which dovetail with regional and other local arrangements. These plans have been thoroughly tested through six monthly mandatory communication callouts, 'live' regional and other local desktop exercises. The Trust also has arrangements for decontaminating patients, which were enacted in September 2010, and are exercised every two months to ensure the departments keep staff up to date.

Further information where quality governance and quality are discussed in more detail in

the Annual Report can be found in the Quality Report (Annex A) and in the Annual Governance Statement (Annex E).

Strategic Development

Relationship with Commissioners and Stakeholders

The Trust's relationships with its stakeholders have been further developed during 2013/14, with representatives from the Trust's Executive Directors attending local groups such as the Blackpool Overview and Scrutiny Committee. Cross-organisational groups, such as the Fylde Coast Commissioning Advisory Board which includes representatives from commissioners and providers of health and social care, sets the local strategic direction as well as approving new ways of working, monitoring the progress of agreed plans and initiatives, and ensuring alignment across various aspects of care provision.

Our Executive Directors have supported the newly established Clinical Commissioning Groups (CCGs), and have continued to work in partnership with these groups to identify strategies to promote and improve the health of the local population, with an emphasis on improvements to

the quality and safety of patient care. The organisations have worked together to develop short and long-term plans for the local health economy that are aligned across primary, community and secondary care. These plans include agreed pathways of care that meet local and national quality and safety requirements, as well as being cost effective in order to meet the financial challenges facing the NHS. Regular meetings are held between the Trust and the local CCGs to review and, where necessary, redesign care provision to better meet the needs of the population.

The Trust's Board of Directors has participated in numerous Board-to-Board sessions with local CCGs and acute Trusts, which provides a shared understanding of local service delivery and any plans for change.

A sub-group of the Council of Governors was established to assist the Board of Directors in short-term (2-year) and strategic (5-year) planning. This has provided the opportunity for early involvement by the Governors in discussions regarding the key challenges facing the organisation; our proposed plans relating to quality, operations, workforce and finance; Board assurance on these plans; and longer-term strategic plans regarding models of care provision.



"The Trust's Board of Directors has participated in numerous Board-to-Board sessions with local CCGs and acute Trusts, which provides a shared understanding of local service delivery and any plans for change..."

Improving Patient Care

100 Day Pathway

The Scheduled Care Division has been working in collaboration with local commissioners to standardise pathways for the majority of patient referrals into the service. A series of 100 day pathway events have been run during the last 12 months, which have enabled all aspects of high volume pathways to be agreed with Commissioners. Clinicians from the whole health economy contributed to the evolution and sign off of the pathways of care, incorporating many improvements. These pathways commenced in GP practices and incorporated the inpatient and discharge phase of their management.

Clinical referral templates have been worked up with primary care colleagues and uploaded into the EMIS GP system for the first time. This will enable GPs to use the templates to train more junior colleagues and contribute to an improvement in the quality of referrals. All pathways are available electronically to all clinicians.

Further pathway work has been undertaken to support the patients referred as an emergency to the hospital. Alternative pathways are being devised to reduce admissions, avoid readmissions and reduce the length of stay for those patients who need an emergency inpatient stay.

Other projects have run as a result of the success, which have included reviews of various services and highlighted potential improvements that can be

undertaken. These include the Breast Service (Clinical Triage Project), Transcatheter aortic valve implant and a referral to discharge surgical event. This was with a focus on optimisation pre-operatively/pre-habilitation with enhanced recovery through the inpatient journey and expediting patient discharge to an appropriate facility for on-going management.

Better Care Now: Waits

The Trust's Strategic Direction, as set out in the 2013/14 Strategic Plan, identifies the aim of zero delays for patients. Better Care Now: Waits, is a Trust wide improvement programme to reduce delays for inpatients supporting the delivery of this ambition.

The Waits project aims to improve the quality and safety of care and the experience for patients through a reduction in the time patients spend waiting for assessments and diagnostics, with a standard referral to assessment timescale of 24 hours or less.

The approach taken to establish the top internal 'waits' has allowed for targeted action to be taken to improve access to these services. This work will mean that rather than waiting a number of days for services such as a CT scan or an occupational therapy review, patients can expect to be waiting less than 24 hours. To support this project, there has been the roll out of 'Board Rounds' across the Trust. These daily ward based meetings involve the full MDT briefly discussing each patient to ensure their care is being progressed appropriately and that patients do not experience delays in their inpatient stay. This proactive management of

the patient's journey through their inpatient stay will improve the quality of care we provide, thereby improving the experience and outcomes for patients.

The Better Care Now: Waits project continues to target improvements in each of the highest wait areas to ensure that patients receive timely access to services supporting earlier discharge from hospital and improved patient experience.

Disclosure of Public Interest

The Trust has held no public consultations between 1st April 2013 – 31st March 2014

Research and Development

Grant Successes

MASDA – Marker for Autism Spectrum Disorders based on EEG Analysis for Autism Spectrum Disorders based on EEG Analysis

Dr Megan Thomas, Consultant Paediatrician and Director of Research and Development is collaborating with Professor Aneta Stefanovska, a Bio-Physicist and Professor Peter McClintock, Emeritus Professor of Physics, and colleagues from Lancaster University to explore a potential new biomarker for autism spectrum disorder.

Diagnosis of autism spectrum disorders currently depends on the clinical recognition of significant problems with an individual's communication, social interaction and flexible

thought processes. There is no definitive test to confirm or rule out the diagnosis. Finding a way of making the diagnosis before symptoms are well established may increase the impact of interventions. This study is looking at an innovative technique based on the nonlinear analysis of EEG waves measured from children diagnosed with this condition. In order to achieve this, brain waves of young children with a diagnosis of an autism spectrum disorder will be compared with the brain waves of similar young children who have no developmental problems. This study has received a research grant from the charity Action Medical Research.



United Kingdom Forzen Shoulder Trial (UK FroST)

Mr Bambos Charalambous, Consultant Orthopaedic Surgeon is a co-applicant with Professor Amar Rangan, Clinical Professor at South Tees Hospitals NHS Foundation Trust and colleagues on the UK FroST study. Frozen shoulder is a painful and debilitating condition causing stiffness and disability in the affected shoulder and arm. Most patients with frozen shoulder are treated in the

community by their family doctor. Around 1 in 10 patients with this condition, who do not improve with simple treatment, get referred to hospital. The aim of this research is to evaluate commonly used interventions for management of the frozen shoulder in secondary care. It will look at the effectiveness and cost effectiveness of the more invasive and costly surgical interventions that are most commonly used in the NHS and compare them with early structured physiotherapy. The acceptability of these interventions to patients and clinicians and important outcomes to patients will be explored. The study has been nominated for funding from the National Institute for Health Research Health Technology Assessment Programme.

Trust sponsoring locally developed studies

The sponsor of a research study is responsible for ensuring that specific duties are performed, properly distributed, allocated and accepted by investigators and their employing institutions and care organisations, and for the governance of the research study from conception to final completion, including design, management, and finance.

The Trust is now sponsoring a number of studies including:

The TINSELS Trial – Simulated learning is an established approach for skill acquisition. It provides the opportunity for core knowledge and skills into the practical/work environment in a safe and effective way. The study is designed to investigate the design, applicability and effectiveness of simulated

learning in a variety of clinical settings. The ultimate outcome for this study will be a production of simulation based training packages. Dr Morris Gordon, Consultant Paediatrician, Mrs Helen Box, Associate Director of Medical Education.

TAVI QL- Aortic stenosis (narrowing of the heart valve) is the most common valve disease of elderly people in the western world. Surgical valve replacement has been the treatment choice in symptomatic patients with severe aortic stenosis for decades. Approximately 30% of patients are declined surgery as they are high risk. Transcatheter Aortic Valve Implantation (TAVI) has emerged as an alternative treatment for high risk patients. This study aims to assess the quality of life of TAVI patients in the North West of England and will help in the future selection of patients for TAVI. Dr David Roberts, Consultant Cardiologist, Dr Joanne Sanderson, Clinical Psychologist and Dr Izhar Hashmi, Research Speciality Doctor in Cardiology.

Research Recognition – First Global Patient

Recruiting the first global patient (first patient in the world to join a study) is a key performance indicator for the pharmaceutical industry in clinical research as it shows that the NHS can support the rapid set-up of clinical trials on the international stage. The Trust is pleased to report that it has achieved first global patient in a clinical trial in liver failure for Conatus Pharmaceuticals. Dr Peter Isaacs, Consultant Gastroenterologist and Associate Research and Development Director is the local investigator.

The Trust was widely recognised by the National Institute for Health Research and commended by Conatus Pharmaceuticals for the rapid set-up of this trial.



NIHR Leadership Support and Development Programme – Easier and Faster Research: The NIHR – Ashridge Development Process

The Government wants to make health research easier and faster so that research findings can benefit patients more quickly and we can make this country a competitive location for life science industry research. In recent years significant progress has been made on developing research in the NHS. However, the NHS is not where it needs to be if health research is to have the maximum impact on patient care, and the NHS is to meet the challenging national benchmarks for research initiation and delivery. The R&D function in NHS Trusts is at the heart of the research process, and the leadership of the R&D Director and R&D Senior Manager is critical.

Dr Megan Thomas, Director of Research and Development and Michelle Stephens, R&D Manager were successful in being accepted on Cohort 2 of the NIHR / Ashridge Development in Spring 2012. This programme lasts for a year and includes workshops, one-to-one coaching, small group work, Master classes, and a conference. All these activities

are designed to provide hands-on practical support, learning from others' experiences and offering relevant and timely strategies for bringing about sustained improvement in the Trust.



Research Team developing with the help from the Trust's Organisation Development Team

The Research Team are being supported by the Trust's Organisational Development Team to take part in the Aston University Team based working programme. This will allow us to examine the team and look at ways to increase our effectiveness. The team has already had an 'away day' to look at how they felt we were working together, the impact of personality styles and developed team based operating principles. The next stage will be to cascade the Aston organisational development team based working programme from the senior team to the operational team.

Thank you!

This past year has been extremely busy and challenging in Research and Development, but we would like to take the opportunity to thank all of the patients who have joined one of the clinical trials. Your contribution is very much appreciated.



Social and Community Issues

There are a number of health challenges facing the population of Blackpool, Fylde and Wyre.

Reduced life expectancy is the major health inequality. It is an indicator of the population's health and wellbeing. Low life expectancy is accompanied by a longer period spent in ill health.

The Fylde Coast's mortality and life expectancy is a challenge faced by local partners. An outline of some of the key approaches and future directions are detailed below:-

- secondary prevention for cardiovascular (CVD) events
- improving diabetes management
- treating CVD risk among Chronic Obstructive Pulmonary Disease (COPD) patients
- reducing smoking in pregnancy
- reducing harmful alcohol consumption providing stop smoking interventions
- providing 'flu vaccination for those with existing health conditions and the elderly.

Modelling the possible impact of these interventions shows that, if fully implemented, they have the potential to improve health and reduce deaths. Improving life expectancy and reducing inequalities across the Fylde Coast is a massive challenge.

Sustainability Reporting

The Trust is committed to providing sustainable healthcare to the people of the Fylde Coast and beyond. This sustainability report aims to satisfy requirements for Public Sector Sustainability Reporting and fulfil the Trust's commitment to develop systems to place information relating to the environment into the public domain.

We recognise that our operations have an environmental impact. These include, but are not limited to, waste production, the impacts of transport, energy and resource use, discharges to water and emissions to air. In addition, we acknowledge the significance of the indirect impacts that we influence through procurement and our choice of contractors and suppliers.

It is the Trust's objective to act in a responsible manner to control and reduce any negative impacts on the environment whilst continuing to provide high quality patient care. In particular, we aim to continue to ensure that our activities comply with, or exceed, applicable regulation and we will work to meet any environmental targets imposed by the government.

We have, or are developing, appropriate strategies to ensure we reduce our environmental impact in four key areas. These will ensure that we continue to:



"We have established a new clinical and managerial structure within the service to ensure we achieve roll out within expected timescales..."

- Manage transport requirements
- Use energy, water and other finite resources responsibly and efficiently
- Reduce overall waste disposal, reduce the hazards from waste and increase reuse and recovery of resources where feasible
- Prevent pollution resulting from discharges to water or emissions to air – including emissions of CO2 and other greenhouse gases

We will achieve these aims by implementing a programme of continual improvement of environmental performance and will set robust objectives and targets and develop key performance indicators to measure progress.

As sustainability is included in

the Trust's corporate objectives, progress against these aims and objectives is managed through our existing Corporate Governance structures.

Policy and strategy are developed and continuously reviewed by the appropriate governance committees. Public Governors are given the opportunity to attend key decision making forums to ensure that the views of patients, carers and the local community are considered.

Day to day responsibility for implementing the sustainability agenda is delegated to the Estates & Facilities Divisions. A quarterly Environmental and Sustainability Management Forum brings together key team members throughout the Trust to ensure performance and targets are delivered.

Environmental Performance in Key Areas for 2012/13 and 2013/14

Table: Environmental Performance					
		Non Financial Data		Cost	
		2012/13	2013/14	2012/13	2013/14
Waste Minimisation	Waste Arising (Total waste from all sources)	1,490 tonnes	1,506 tonnes	£287,960	£302,342
	Clinical Waste (waste disposed of via high temperature incineration)	631 tonnes	658 tonnes	£213,909	£232,404
	Waste sent to landfill	89 tonnes	12 tonnes	£9,315	£1,140
	Recycled waste	638 tonnes	660 tonnes	£33,488	£34,642
	Non Hazardous Incineration (Energy from waste)	119 tonnes	169 tonnes	£12,455	£16,055
	Electrical and Electronic waste items	7.62 tonnes	7 tonnes	£1,100	£1,173
	Percentage of Waste subject to a recycling or recovery exercise	94% (43% Recycled)	94% (54% Recycled)	n/a	n/a
Management of Finite Resources	Water	152,992 m3	161,208 m3	£501,133	£510,194
	Electricity - Imported	30,915 GJ	36,486 GJ	£993,429	£1,172,819
	Total Electricity – Imported + CHP generated	64,028 GJ	64,778 GJ	£1,196,641	£1,352,936
	Gas	223,909 GJ	206,625 GJ	£1,851,567	£1,826,227
	Other Energy – Heating Oil	1,232 GJ	1,214 GJ	£23,162	£22,305
	Fuel used in Blackpool Teaching Hospital Trust owned transport	32,791 Litres	21589.75 litres	£46,003	£29,761.84
	Fuel used in ex North Lancashire Primary Care Trust owned transport	55,995 Litres	55,687 litres	£87,310	£73,923.00
Direct Green House Gas (GHG) Emissions	Direct emissions from the energy sources above only – excluding CHP generated electricity	16,168 tonnes	15,161 tonnes	n/a	n/a
Explanatory notes	<p>-Data published in 2012/13 has been corrected to best available data for the purposes of this report.</p> <p>-To bring this report in line with internal monthly reports waste costs (including those for 2012/13) are reported exclusive of VAT. All other costs are inclusive of VAT.</p> <p>-This figure represents a maximum based on in year purchases. The actual figure consumed is likely to be slightly lower.</p> <p>-Above data excludes non-acute community sites</p> <p>-The information above is an extrapolation of the best available data at the time of compilation (January 2014). Actual year end figures may therefore differ slightly from those presented. In the event of any difference between this data in this report and that presented in our annual Estates Returns Information Collection (ERIC) return the ERIC figures are to be preferred.</p>				

The figures above represent the results of a year's hard work in difficult conditions.

“The new multi-storey car park and main entrance has implemented LED lighting technology and an intelligent lighting control strategy to turn off un-necessary lighting if Lux-levels are sufficient or if no motion is detected. This strategy will save the Trust in the region of £32,000 per annum...”

A key achievement in 2013/14 saw the Estates Department awarded £1.3million from the Department of Health to invest in energy efficiency technologies. These technologies include the replacement of ageing steam calorifiers with modern efficient

plate heat exchangers, a 100kW CHP unit at Clifton Hospital and improvements to the central steam distribution system, all of which will generate annual savings of £300,000 which will be re-invested into patient care.

Light-Emitting Diode (LED) lamps are now installed as standard throughout the Trust. A compatible bulb is available for existing fittings when bulbs reach their end of useful life. The new multi-storey car park and main entrance has implemented LED lighting technology and an intelligent lighting control strategy to turn off un-necessary lighting if Lux-levels are sufficient or if no motion is detected. This strategy will save the Trust in the region of £32,000 per annum on running costs of the building compared to if standard fluorescent lights were fitted with no controls. Sustainability and life-cycle management were at the forefront of design for the new multi-storey car park and main entrance, as not only is LED lighting and controls utilised throughout, but also other energy efficient technologies including air source heat pumps linked to under floor heating in the main atrium, revolving doors to reduce heat loss and variable speed drives on motors and fans. This all reduces the environmental impact of the building and creates a welcoming and pleasant start to the patient experience.

2013/14 continues to see the financial benefits of the 1.2MW CHP onsite at Victoria Hospital.





In the 1st quarter of 2014 initial auditing and trials took place to further improve Clinical Waste Compliance and Segregation. In partnership with Sharpsmart/ Clinisafe we will look at introducing re-usable sharps containers, improved packaging and a “bag to bed” system for the compliant segregation of all Clinical Waste. The new segregation system will improve the patient environment by removing all clinical waste to sluices/dirty utilities following treatments where possible, supply improved training and information on compliant segregation via e-learning, one to one training, information posters and labelling of waste bins. A new Waste Data Base is being established in partnership with the Trust’s Information Management Team. This will improve waste information gathering and will be linked into the Trust Intranet along with the e-learning suite provided by Sharpsmart/ Clinisafe Project.

Clinical Waste Pre Acceptance and Dangerous Goods Safety Audits were completed by an independent contractor in the 4th Quarter of 2013 and will be used to assist in improvements in Clinical Waste and Transport Compliance during 2014 and reviewing policy and procedure.

Going forwards into 2014/15, we are keen to begin integrating Environmental and Sustainability target performance data for the non-acute community sites into the combined Trust annual reporting, and at present are concentrating on ensuring all data collected is sufficient, accurate and relevant to the requirements of our patients and staff.

Although there was a period of downtime during the months of September and October, the CHP has still achieved an annual net saving of £165,584 for the Trust and prevented 1,892 tonnes CO2 emissions being emitted into the atmosphere.

The Carbon Reduction Commitment Energy Efficiency Scheme is in the third year of reporting, with an estimated liability under the scheme of £212,000 for 2013/14. The cost per tonne of CO2 is currently £12, although this is forecast to increase to £16 per tonne from April 2014, highlighting the importance of energy efficiency and reducing consumption within the Trust.

2013/14 has been a period of consolidation and investigation of current operations for Waste Management. Ongoing review of the Non Clinical Waste Streams has led to changes in contractor service resulting in reduced collections via bulking with larger containers and improved costs/ revenues. Additional manpower in the Waste Compound has allowed improved pre

assessment and sorting of waste streams along with the ability to improve site wide collections of confidential waste, Batteries and Printer Cartridges.

The new Mill Size Cardboard Baler will allow reductions in operator time & storage plus increased revenue. The existing baler has been retained at a significant cost saving which will permit the recovery and recycling of plastic which will supply another good revenue stream whilst reducing the cost and collection frequency of the current general waste compactor.

Work is ongoing to improve compliance with regards to food waste disposal and to that end Catering/Waste Management will be running a trial of food waste digesters in early 2014 in conjunction with W2O/Mechline. The trial will aim to confirm improvements in food waste processing which will reduce costs in Energy /Water consumption, infrastructure maintenance and enable the current general waste stream to be re classified as Dry Mixed Recycling producing significant cost savings.

Our Finances

Income and Expenditure Performance

As a result of a detailed analysis of the Trust submitted Quarter 2 2013/2014 Monitoring Return, the independent regulator, Monitor, highlighted a material change to the Trust's financial projections and accordingly requested that

the Trust submit a reforecast for the remainder of the 2013/2014 financial year.

Table 1 below, therefore, compares performance against the 2013/2014 reforecast submitted in mid-December 2013.

Before the reporting of exceptional items the Trust achieved a surplus of £3.4m

for the year, however taking into account a net loss on the revaluation of assets £14.7m, net loss on disposal of assets of £0.2m, and net restructuring costs of £0.9m, the deficit is £12.4m for the year.

Full details of the Trust's financial performance are set out in the accounts for 1st April 2013 to 31st March 2014 that accompanies the Annual Report in Annex G.

Table 1: compares the 2013-14 actual performance to the 2013-14 plan.

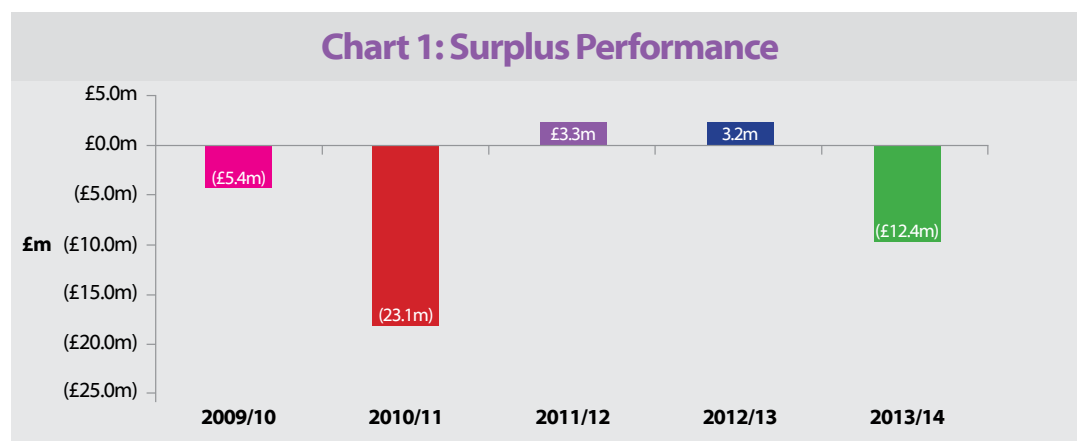
	Plan £'m	Actuals £'m	Variance £'m
Total income	365.9	370.5	4.6
Expenses	(350.9)	(356.0)	(5.1)
EBITDA*	15.0	14.5	(0.5)
Depreciation	(6.2)	(6.0)	0.2
Dividend**	(4.5)	(4.0)	0.5
Loss on asset disposal	0	(0.2)	(0.2)
Gain on Revaluation	0	(14.7)	(14.7)
Restructuring costs	(0.8)	(0.9)	(0.1)
Interest income	0.1	0.1	0.0
Interest expense	(1.2)	(1.2)	0.0
Surplus(Deficit)	2.4	(12.4)	(14.8)

*Earnings before interest, tax, depreciation and amortisation.

** Public Dividend Capital

“...the Trust achieved a surplus of £3.4m for the year, however taking into account a net gain on the revaluation of assets £4.0m, net loss on disposal of assets of £3.1m, and net restructuring costs of £1.1m, the surplus is £3.2m for the year...”

The Trust's financial performance profile for the last five years is summarised in Chart 1 below.



The financial performance prior to exceptional items was £0.8m above plan.

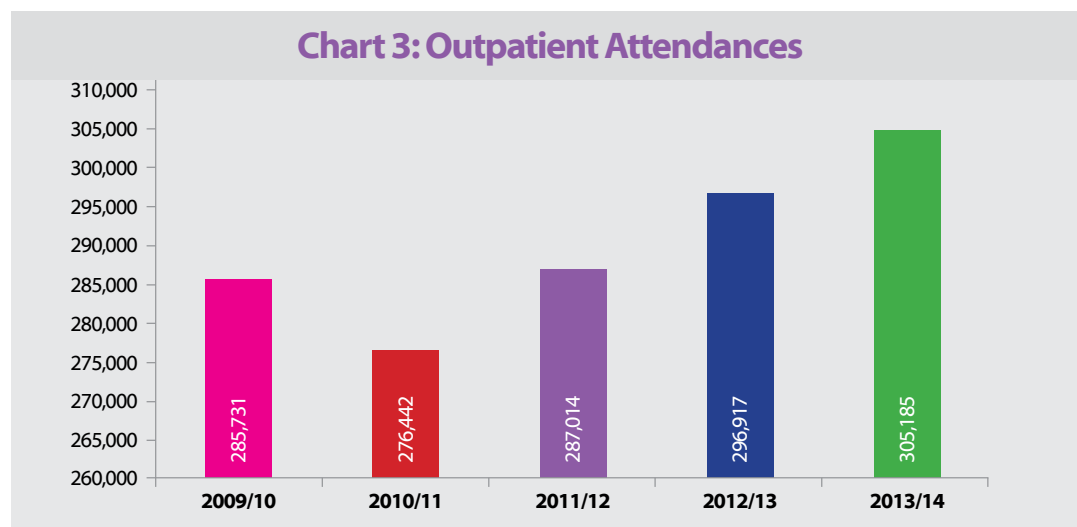
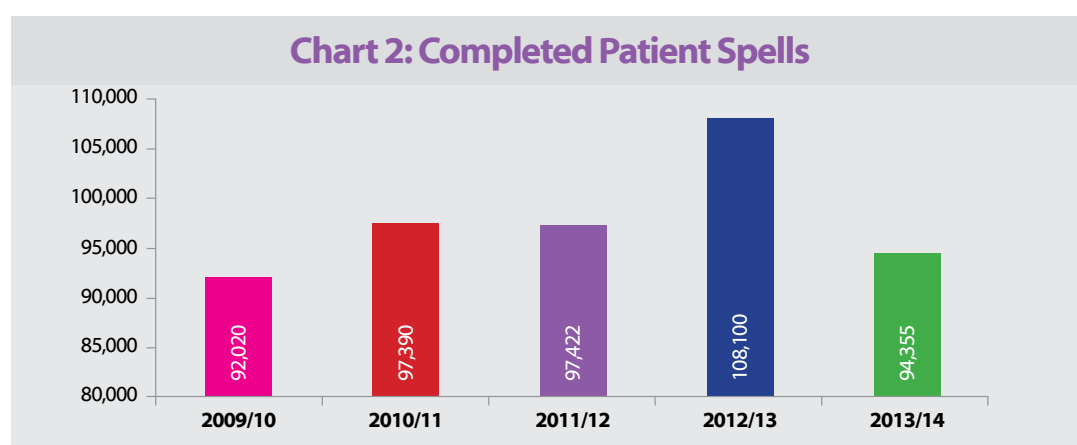
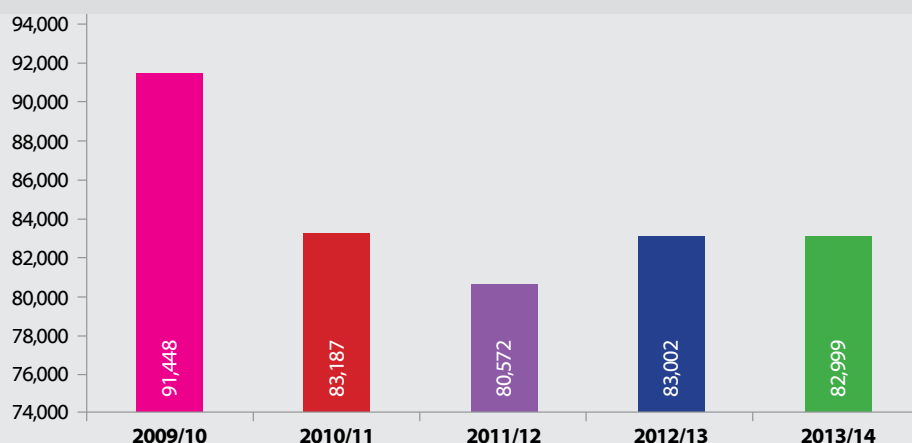


Chart 4: A&E Attendances

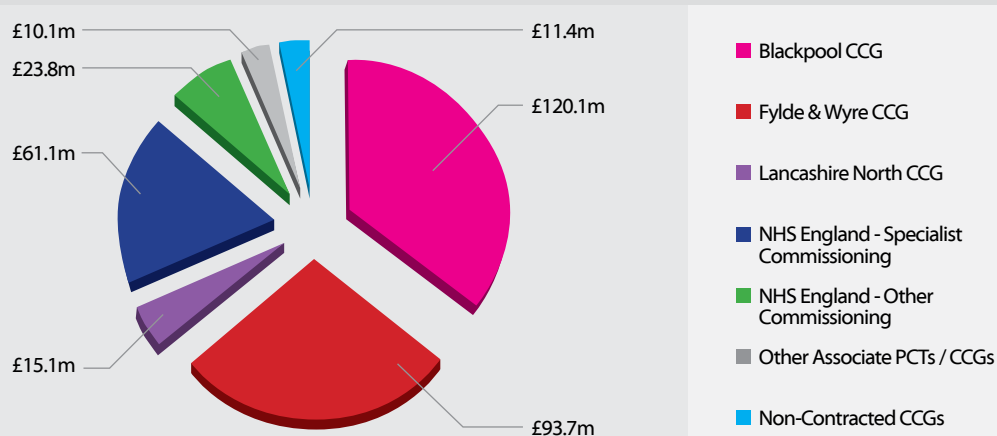


Income from providing clinical services to NHS patients, as below, represents the majority of the Trust's income (2013/14: £335.3m or 91%; 2012/13: £325.7m or 90%). The provision of these services

is covered by contracts with Clinical Commissioning Groups and other NHS commissioners. The terms of these contracts are agreed locally between the Trust and commissioners based on

the national contract published by the DoH and priced using the National Tariff or locally agreed prices as appropriate.

Chart 5: Clinical Income Recovery by Commissioners



In addition to the NHS Clinical income described above, the Trust receives a number of other income streams. The trend in this income is summarised in Chart 6 and performance in 2013/14 is summarised in Chart 7. Performance in 2013/14 is broadly in line with previous years with the most significant variation relating to predominately exceptional items as set out below.

A full asset revaluation was carried out in March 2014 this resulted in upward valuation of previously impaired assets as a result of a combination of re use and change in indices.

“...Performance in 2013/14 is broadly in line with previous years with the most significant variation relating to predominately exceptional items...”

Chart 6: Non-NHS Clinical/Non-Clinical Income 2009/10 to 2013/14

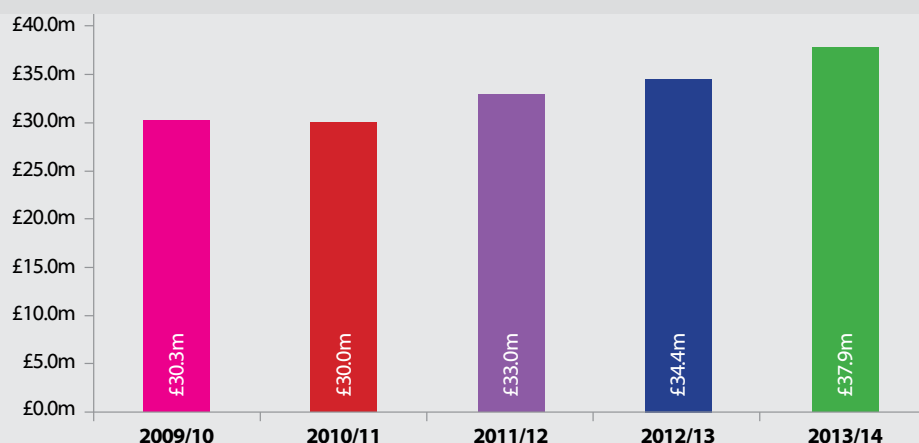
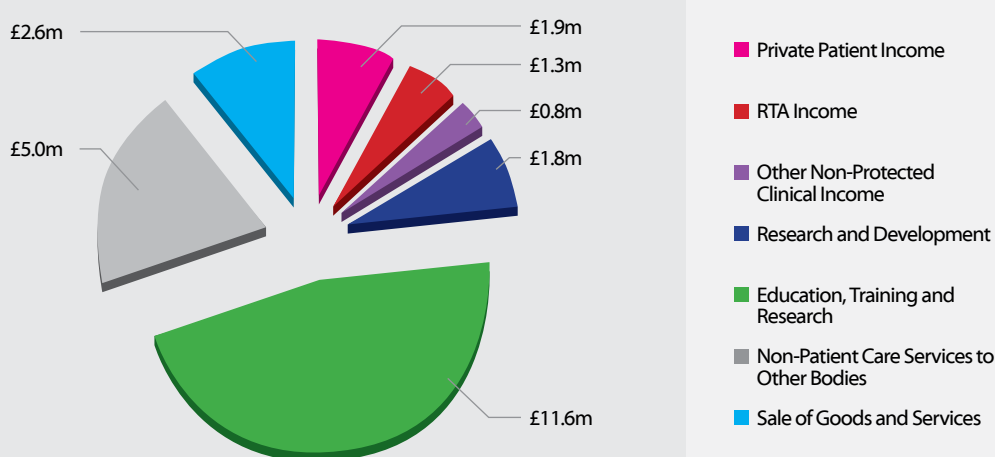


Chart 7: Non-NHS Clinical / Non-Clinical Income by Type



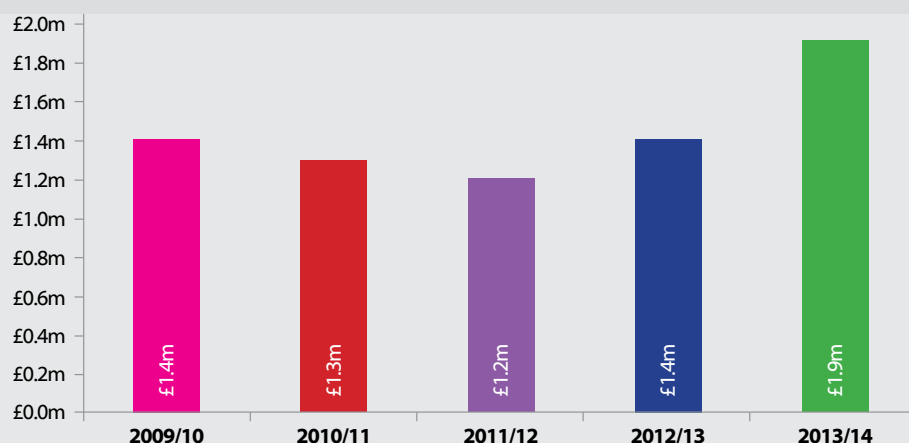
These income streams equated to £37.9m or 10.2% of the total income earned for the year. Of this £26.0m or 7% relates to the provision of other services not directly related to healthcare, including catering and car park income. Any surplus from these

services help reduce the cost of patient related activities.

With effect from 1st October 2012, the statutory limitation on private patient income earned by NHS Foundation Trusts under section 44 of the National Health Service

Act 2006 was repealed by the Health and Social Care Act 2012. Consequently the Trust is no longer required to disclose private patient income against the base year (2002/03).

Chart 8: Private Patient Income 2009/10 – 2013/14

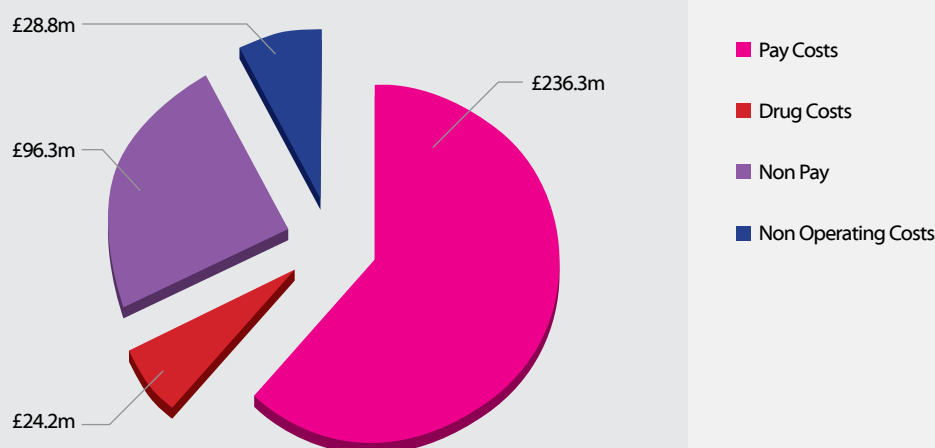


The level of private patient income is decreasing as a proportion of total patient income, reflecting

the improvement in waiting times and the reduction in private healthcare insurance in the

current economic climate.

Chart 9: Expenditure for 2013/14 broken down by expenditure type



The above expenditure reflects the higher than planned activity delivered, additional CCG funding for developments and winter, additional expenditure to meet the Keogh Action Plan and the achievement of £12.7m of Quality, Innovation, Productivity and Prevention (QuIPP). In addition, the Trust has also accounted for an impairment charge as a result of downward valuation of £17.2m which has a significant impact on non- operating costs.

The Trust has in place a

Programme Management Office (PMO) to scrutinise QuIPP planning and delivery. In addition, the Trust is utilising external support to identify areas of improvement and develop/ implement action plans to deliver the required efficiency. During the last three years the Trust has delivered savings of £15.5m in 2011/12, £19.2m in 2012/13 and £12.7m in 2013/14.

Significant progress has already been made in the identification and delivery of efficiencies for 2014/15

with the full £20.6m identified. During the year the Trust spent £5.3m on management costs which represents 1.45% of turnover. By comparison, in 2012/13, management costs as a percentage of turnover were 1.57%.

The definition of management costs used by the Trust is any one in non-clinical posts at band 8b and above.

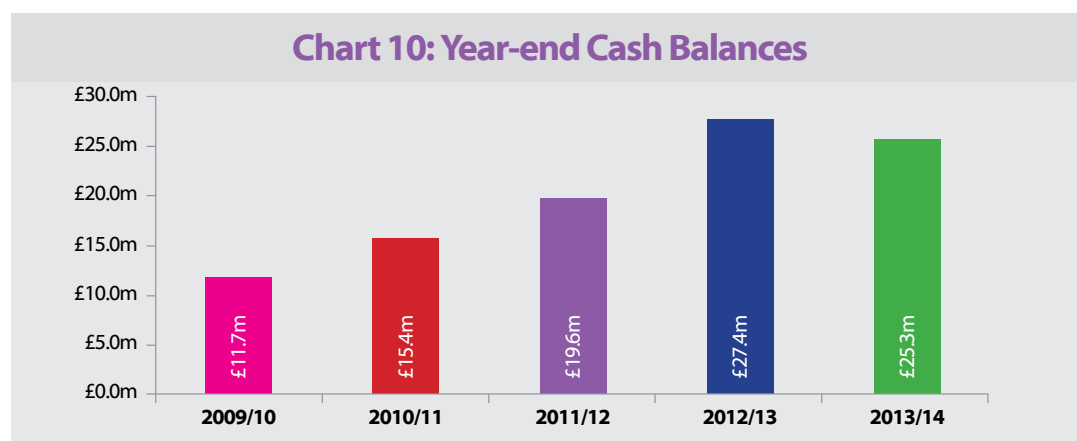
Senior employees remuneration is set out in the Remuneration Report section of this report.

Cash Flow and Balance Sheet

The Trust's cash balance at the end of the financial year was £25.3m against a reforecast balance of £13.6m. The cash balance was £11.7m above the reforecast primarily driven by capital cash slippage of £2.8m,

deferred income above plan by £1.0m primarily relating to the North West Leadership Academy, an increase in provisions above plan of £4.5m and active management of working capital balances £3.4m.

Chart 10 summarises the Trust's year end cash balances across the last five years. Note that this reflects the Trust's ability, as a Foundation Trust, to retain cash balances at year-end.



As a Foundation Trust, the Trust is required to ensure that it has enough liquidity to support its working capital requirements. The Trust has worked hard to maintain

sufficient cash and liquidity to support ongoing demands.

To comply with best practice the Trust is required to pay 95% of

undisputed invoices within 30 days of receipt. The table below summarises the performance for 2013/14.

Chart 11: Better Payment Practice Code

Subject	Number 2013/14	£'000 2013/14	Number 2012/13	£'000 2012/13
Total Non-NHS trade invoices paid in the year	97,021	136,233	82,529	111,042
Total Non-NHS trade invoices paid within target	34,042	61,080	25,991	43,691
Percentage of Non-NHS trade invoices paid within target	35.1%	44.8%	31.5%	39.3%
Total NHS trade invoices paid in the year	2,698	32,937	2,851	29,159
Total NHS trade invoices paid within target	1,183	18,302	1,140	16,046
Percentage of NHS trade invoices paid within target	43.8%	55.6%	40.0%	55.0%

The deterioration of payment performance in line with the Prompt Payment Code is reflective of a planned slowdown in the payment of trade suppliers to improve cash balances.

The Trust is continuing to work with its suppliers in a climate where a key target is to preserve and improve cash balances following a period of intensive capital investment.

No interest was paid to suppliers under the late payment of Commercial Debts (Interest) Act 1998.

The Trust invested over £18.8m in capital schemes during 2013/14. Expenditure during the period included the following investments;

	£m
Main Entrance / Multi Storey Car Park	11.6
Stroke Unit	0.9
A&E upgrade	3.3
Other Schemes	3.0

Financial assistance for the 13/14 capital programme was sourced from the Independent Trust Financing Facility (ITFF) (£6.1m) and Public Dividend Capital (PDC) drawdown of £2.6m, the remainder being internally funded.

The Trust has a capital programme of £9.6m for 2014/15. A significant element of this spend £5.6m relates to the on-going clinical equipment replacement programme which will be financed by ITFF loan drawdown. The Women's and Children's and Main entrance Multi Storey Car Park schemes were completed and commissioned in 2013/14.

As a NHS Foundation Trust, the Trust has greater freedoms to borrow money in order to finance capital investment as described above.

Performance Against Monitor's Compliance Framework

Monitor is the Independent Regulator of Foundation Trusts. Monitor has devised a system of regulation described in its Compliance Framework, which is available from the Monitor web site: <http://www.monitor-nhsft.gov.uk/home/>

[our-publications?id=932](#). A brief description of Monitor's regulatory ratings is provided below. Monitor takes a proportionate, risk based approach to regulation. The assessment of risk by Foundation Trusts and by Monitor was articulated during 2013/14 by the application of two risk ratings which are updated each quarter in relation to:

- Continuity of Service Rating (COS) rated 1-5, where 1 represents the highest risk and 5 the lowest); and
- Governance risk rating (rated red, amber-red, amber-green or green).

These results are shown in the table below.

Financial Risk Rating

In August 2013 Monitor the independent regulator of Foundation Trust's released the Risk Assessment Framework 2013/14 which replaced the Compliance Framework 2013/14. The Risk Assessment Framework 2013/14 introduced a revised financial risk rating the Continuity of Services Risk Rating.

Continuity of Service Risk Ratings are allocated using a scorecard which compares key financial information across all Foundation Trusts. A rating of 4 reflects the lowest level of financial risk and a rating of 1 the highest. When

assessing financial risk, Monitor will assign quarterly and annual risk ratings using a system which looks at two common measures of financial robustness:-

- Liquidity:
 - days of operating costs held in cash or cash equivalent forms, including wholly committed lines of credit available for drawdown;
- and;
- Capital servicing capacity:
 - the degree to which the organisation's generated income covers its financial obligations.

The risk rating is forward-looking and is intended to reflect the likelihood of an actual or potential financial breach of the Foundation Trust's Terms of Authorisation. The Continuity of Service Risk Rating system is on a scale of 1-4 as follows:

1. Highest risk – For licence holders demonstrating a significant level of financial risk and could result in Monitor taking formal enforcement action.
2. Material level of financial risk and Monitor may subsequently investigate whether the organisation is in breach of the continuity of services licence which may result in further regulatory action including monthly monitoring.
3. Regulatory concerns in one or more components the licence

holder may be asked to provide a limited amount of financial information on a monthly basis,
4. No regulatory concerns

Governance Risk Rating

Monitor uses the term governance to describe the effectiveness of an NHS Foundation Trust's leadership. They use performance measures such as whether Foundation Trusts are meeting national targets and standards, e.g. a reduction in Clostridium Difficile rates, as an indication of this, together with a range of other governance measures described below. Monitor consider these areas when assessing governance risk at Foundation Trusts, as

reflected in the risk ratings which they publish for each Trust:

- Legality of constitution
- Growing a representative membership
- Appropriate board roles and structures
- Cooperation with NHS bodies and local authorities
- Clinical quality
- Service performance (healthcare targets and standards)
- Other risk management processes
- Provision of mandatory services

The Governance Risk rating system is on a scale of Red - Green as follows:

- Red - Likely or actual significant breach of Terms of Authorisation
- Green - No material concerns

Financial Performance Against Monitor's Compliance Framework

Based on its 2013/14 Annual Plan resubmission, the planned risk rating was assessed at Continuity of Service Risk Rating 3. Actual performance for 2013/14 is a Continuity of Service Risk Rating of 3 and the table below summarises the Trust's performance against the Risk Assessment Framework (Continuity of Service Risk Ratings were not reported for 2012/13):

	Target (level 3 risk)	2013/14 plan	2013/14 Re-plan	2012/13 Annual Performance
Liquidity ratio	>-7 days	-11 days	-14 days	-12 days
Capital Service Cover	>1.75%	2.18x	1.77x	1.80x

Governance Performance – Against Monitor's Compliance Framework

Monitor has rated Blackpool Teaching Hospitals NHS Foundation Trust 'Green' for governance risk throughout 2013/14. The Trust has strengthened its performance management structure in relation to delivering the CQC quality and safety standards and has maintained progress to deliver top 10% performance for clinical quality. Over the next 12 months, the Trust will continue to focus on the quality of services that we are offering to our patients and the implementation of our Strategic Framework. The Strategic Framework sets out the approach that this will take and the measures that the Board of Directors have identified as being

key to delivering quality care and how success in these areas will be measured.

On a quarterly basis, the Trust is required to submit monitoring returns to Monitor, as the regulator, for performance regarding finance and governance. A report is submitted to the Board each quarter regarding the following key purposes:

- to set out the Trust's Monitor Governance Declaration, Governance Risk Rating and supporting documentation in accordance with its Terms of Authorisation and the Monitor Risk Assessment Framework requirements 2014/15 and;
- to provide information and assurance to the Board, and to Monitor, that the necessary

actions are being implemented to address any issues or concerns raised

Further information regarding arrangements in place to govern service quality is outlined in the Quality Report at Annex A and in the Annual Governance Statement at Annex E.



The tables below provide a summary of regulatory risk rating performance throughout the

year and a comparison to the previous year. They also provide a summary of the actual quarterly

regulatory risk rating performance compared with expectations in the annual plan.

Regulatory Ratings Report 2012/13					
Subject	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial Risk Rating	2	2	2	2	3
Governance Risk Rating	Green	Green	Green	Green	Green

Regulatory Ratings Report 2013/14					
Subject	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Continuity of Service Rating	3	3	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

During 2013/14, the Trust has achieved a surplus before exceptional items of £3.4m (and a deficit of £12.4m after exceptional items). The exceptional items impact relates to asset impairments of £14.7m and restructuring of £0.9m.

At its meeting of 26th March 2014, the Finance Committee considered the budget for 2014/15 and going concern assessment. The budget is based on activity assumptions that have been agreed with commissioners, combined with expenditure budgets that have taken into account the likely cost risks in this period and the requirement for efficiencies of £20.6m.

On the basis of these plans, "after making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts."

The Trust's main accounting policies, including policies for

pensions, that are used to prepare the accounts are set out in Annex G to this report. Details of the Directors' remuneration is included in the Remuneration Report. The format of the accounts and the supporting accounting policies were reviewed by the Trust's Audit Committee at its meeting on 30th April 2013.

In the opinion of the Directors there are no reportable events after the reporting period.

Income Disclosures

As per Section 43(2A) of the NHS Act 2006, the Board is not aware of any circumstances where market value of fixed assets is significantly different to carrying value as described in the Trust's financial statements. The Trust's auditors have provided an opinion on our 2013/14 accounts, which is outlined at Annex F.

Blackpool Teaching Hospitals NHS Foundation Trust has met the requirement for the 2013/14 Financial Year that the income from the provision of goods and services for the purposes of the health service in England is

greater than its income from the provision of goods and services for any other purposes.

Where Blackpool Teaching Hospitals NHS Foundation Trust has received income other than income from the provision of goods and services for the purposes of the health service in England, this other income and any associated expenditure has not had a detrimental impact on the provision of goods and services for the purposes of the health service in England and where appropriate has contributed to / supported the provision of goods and services for the purposes of the health service in England.

Financial Instruments

The Trust does not have any listed capital instruments and is not a financial institution. Due to the nature of the Trust's Financial Assets/Financial Liabilities, book value also equates to fair value. All Financial Assets and Financial Liabilities are held in sterling.



Credit Risk

The bulk of the Trusts commissioners are NHS organisations, which minimises the credit risk from these customers. Non-NHS customers do not represent a large proportion of income and the majority of these relate to bodies which are considered low risk - e.g. universities, local councils, insurance companies, etc.

Liquidity Risk

The Trust's net operating costs are incurred under service agreements with NHS England and local Commissioning Care Groups, which are financed from resources voted annually by Parliament. The Trust largely finances capital expenditure through internally generated funds and from loans.

Market Risk

All of the Trust's financial liabilities carry nil or fixed rate of interest. In addition, the only element of the Trust's financial assets that is currently subject to variable rate is cash held in the Trust's main bank account and therefore the Trust is not exposed to significant interest rate risk.

Cost Allocation and Charging

The Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Governance.

External Contracts

The Trust has a number of external contracts as detailed below:-

Blackpool Clinical Commissioning Group (CCG)
 Fylde and Wyre Clinical Commissioning Group (CCG)
 Lancashire North Clinical Commissioning Group (CCG)
 Cheshire, Warrington and Wirral Area Team (for specialist areas)
 Blackpool Council – Public Health
 Lancashire County Council – Public Health
 National Commissioning Board – Local Area Team

The Trust also has contractual arrangements with the following essential organisations:-

- Pricewaterhouse Coopers (PwC) - who are the Trust's External Auditors
- KMPG LLP – who are the Trust's

Internal Auditors (1st October 2012 – present)

- Hempsons Solicitors – who are the Trust’s solicitor
- Spiral
- NHS Supply Chain provider of medical consumables and capital items for general wards and theatres
- Medtronic UK provider of general medical technologies and services
- ISS Facilities Healthcare provider of facilities services
- Siemens Healthcare Diagnostics provider of general medical goods and services
- Boston Scientific provider of general medical technologies and services

External Auditors

The Council of Governors previously approved the appointment of PwC as the Trust’s external auditors until 31st March 2014. PwC were paid £50,500 in respect of statutory audit fees. A supplementary fee included £12,500 for the independent reporting work in relation to the Independent Auditor’s report in the annual quality report. A formal competitive tendering process was initiated early in 2014 to select and appoint a provider for External Audit Services for 2014/15 and beyond, under the NHS Shared Business Services Framework Agreement NHS/11/SG/ZY/6982. Based on the findings of the evaluation panel, the Trust recommended the appointment of PwC as their provider of External Audit Services until May 2017 with the option to extend the appointment for an additional year until May 2018, and this recommendation was approved

by the Council of Governors at their meeting on 17th March 2014.

The Trust limits work undertaken by the external auditors outside the audit code to ensure independence is not compromised. In 2013/14 PwC did not provide any other services to the Trust.

Counter Fraud


NHS Protect (formerly The NHS Counter Fraud and Security Management Service) has set out the framework within the NHS plans to minimise losses through fraud. The Trust’s local policy complements the national and regional initiatives and sets out the arguments for the reporting and the elimination of fraud.

The Finance Director is nominated to make sure that the Trust’s requirements are discharged and is aided by a local Counter Fraud specialist (LCFS). The Trust has invested in a full time in house LCFS who has developed a Counter Fraud Plan that is aimed to proactively reduce

fraud and create an anti-fraud culture supported by appropriate deterrence and prevention measures. Progress against the plan is regularly reported to the Audit Committee.

Principal Risks and Uncertainties

The NHS is changing rapidly and for the Trust this gives many opportunities as well as risk and uncertainty. The Board of Directors has identified the strategic risks facing the Trust. These risks are formally reviewed on a quarterly basis by the Board of Directors. Current strategic risks are identified in the Annual Governance Statement in the table at section 4.4 and appropriate risk management and mitigation plans are in place for each.



“...The Board of Directors has identified the strategic risks facing the Trust. These risks are formally reviewed on a quarterly basis by the Board of Directors’...”

Our Future Business Plans

The Board of Directors recognise that the changing environment and external factors, such as The Operating Framework 2014/15, the current financial climate, patient choice and the quality improvement agenda impact on our future business plans.

We believe that our Vision and continued implementation of the Quality Innovation Productivity and Prevention agenda will ensure that our future business plans accommodate the impact of these factors and are aligned with the direction of travel for the wider NHS.

The Trust's Strategic Direction, as set out in the Annual Plan 2014/15, and our Vision and Values, as reviewed and agreed by the Board of Directors in 2013, underpin the work programme for 2014/15. Over the last 12 months we have undertaken a great deal of work to develop our approach to delivering our future Vision.

Whole Health Community Vision

The vision for the local health economy is to introduce new models of care that will see our approach change to be more holistic, focused on continuous and proactive care provision instead of the reactive, episodic approach that has traditionally been used by the NHS.

The Trust's strategic plan, which is supported by our local Clinical Commissioning Groups, is to

improve joint working across its acute and community services to provide integrated care that is safe, effective and caring. Our models of delivering care will change so that we can better support improvements in the health and well-being of the population through partnership working with health and social care, focusing on ill-health prevention, management of long term conditions, and timely access to treatment. We will ensure that as much care as possible is provided in community settings, preventing unnecessary admissions to hospital by providing better support to the most needy and frail patients. Our people-centred workforce will provide safe, high quality care, with patients and their carers involved in decisions about their care.

Our vision is based on three key themes:

Community-centred models of care

The elderly and those living with long term conditions will be better supported by an holistic health and social care system that provides coordinated care in a domiciliary setting or community health centre. Patients will have well-defined care plans that allow health and social care professionals to maintain continuity of care and follow appropriate treatment plans that prevent unnecessary acute admissions. The use of telehealth to support monitoring of patients in their own homes will be introduced, along with the use of electronic patient records

that allow professionals to share records more readily. The use of early supported discharge schemes and 'prehabilitation' models across therapy services will mean shorter lengths of stay for those patients who do require a hospital admission.

In-hospital care

Admission to hospital will only occur when acute care is necessary, and standardised care pathways will be used across the diagnostic, treatment, recovery and rehabilitation stages of patient care. The management of emergency admissions will be streamlined to deliver care in an appropriate setting, with improved integration between in-hospital and community-centred services to ensure that patients do not stay in hospital any longer than is necessary. Operating theatres and diagnostic services will be used efficiently and effectively, with support from community health and social care services pre- and post-surgery to ensure that length of stay in an acute setting is optimised, with no unnecessary delays at discharge.

Lancashire partnerships

The Trust will be a key partner in the planning and delivery of safe, high quality, sustainable care across Lancashire and South Cumbria through its willingness to participate in the federation of services and to share resources across local public sector providers.



Plans for the use of Information Technology

During 2013/14 the Trust has rolled out a clinical portal to overlay existing clinical and administrative systems to enable clinical staff to access patient level information through one interface, this includes radiology results, pathology results, clinical correspondence, patient related activity, theatres information, existing co-morbidities and access GP information through the Medical Interoperability Gateway (MIG).

The Trust also rolled out order communications functionality to all inpatient wards covering all pathology and radiology plain film x-rays, allowing clinicians to order tests and view reports electronically negating delays

associated with paper referrals and results reporting. During 2014/15 the Trust is bringing all aspects of Information Management and Technology back under one directorate to ensure efficiency and consistency in the road map to delivering a fully integrated Electronic Patient Record (EPR). The aim over the next three years is to deliver a fully integrated community administrative and clinical system, electronic prescribing, electronic documentation storage, electronic referrals and a fully integrated acute patient administration and clinical system.

Contracting

The Trust's contract to provide services during 2013/14 was co-ordinated by Blackpool CCG on behalf of the associate commissioners with each agreeing their respective activity baselines. All parties have worked

together to ensure that the range of services and activity levels within the contract are adequate to meet the needs of the population. As previously, part of the contracting process included the agreement of a range of schemes against which the Trust will receive CQUIN (quality incentive) monies. These schemes have been targeted to areas which will benefit patients through a focus on improving outcomes.

During the year the Trust worked with commissioners to understand the emerging national health care agenda and impact of the reorganisations of local commissioning teams. Relationships with Clinical Commissioning Groups have been developed and strengthened to support contract discussions for 2014/15.

Environmental Development

The financial year 2014/15, will see further improvements in our environmental management and performance. We will continue to explore third party funding opportunities, such as, Salix finance, to support energy efficiency projects and seek innovative technologies to deliver cost savings to the Trust.

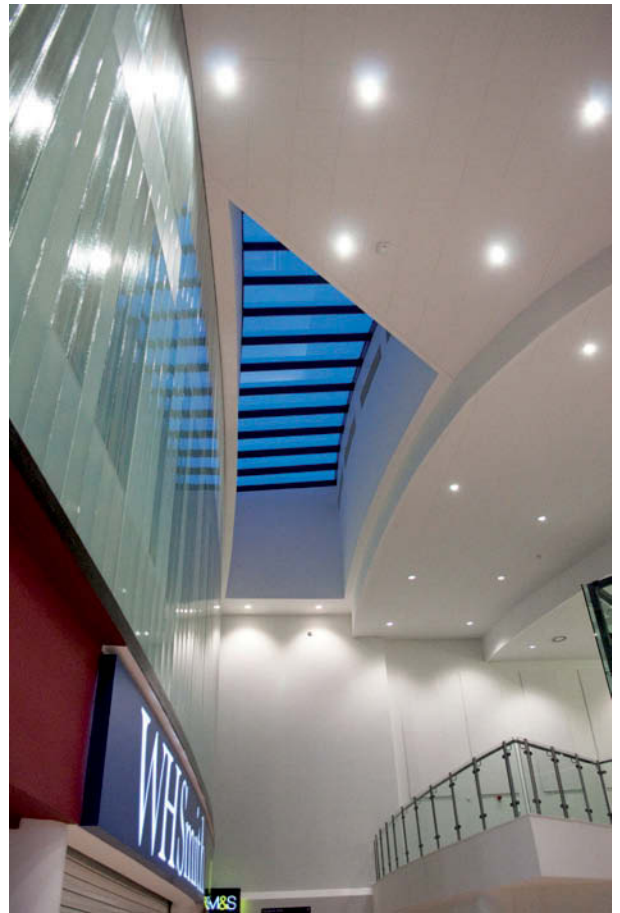
Continued improvements to our building management system will be a key focus for 2014/15 to ensure all plant is operating as efficiently and economically as possible, while maintaining a safe and comfortable patient environment. Developments in lighting technology will allow for the installation of automatically controlled lighting, via PIR sensors, in non-patient areas alongside further utilisation of LED technology. The later stage of 2014/15 will see the implementation of an Energy Campaign to engage with staff and visitors focusing on energy awareness and reducing consumption throughout the estate.

These measures should allow

us to continue to reduce our direct CO2 emissions, however with wholesale energy prices forecast to rise by between 5% and 10%; it is unlikely that we will be able to achieve an overall reduction in energy cost.

In 2014/15, we will continue to work with contractors and suppliers to identify alternative products and systems to improve compliance and reduce costs. Our key focus will be on the reduction of Clinical Waste for Incineration. As these changes are implemented within more areas, we should see an improvement in compliance rates and cost reductions in clinical waste disposal.

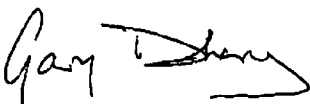
We will look to further extending our partnership with ISS Mediclean within Waste Management through 2013/14 with improvements in waste compound operations and investigations into waste storage



at production level through to on site waste movement and collection systems.

Further work over the next year will look to achieve 100% landfill diversion and on reducing disposal and processing costs by segregating food and organic waste. Work with all our disposal and recovery contractors' means we will exceed our target of 41% for recycling in 2014/15.

This Strategic report was approved by the Board of Directors on 21st May 2014.

Signed: 

Date: 21st May 2014

Gary Doherty
CHIEF EXECUTIVE

Blackpool Victoria



"Express our thanks to the staff in the Orthopaedic Department for the excellent care and treatment we received yesterday. We were delighted with the super-efficient way in which all aspects of the process were carried out."

Mr D & Mrs J Barber, Blackpool

Directors' Report

Profile of the Board

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Ian Johnson

CHAIRMAN

Term of Office from 16.4.12 to 15.4.15 (First Term)

Experience:

- Former Chief Counsel and Member of the Management Board of Alstom Power-Gas

- 30 years experience as a qualified solicitor
- Non Executive Director of the University of Cumbria
- Former Trustee of the Crossfield Housing (Arnside) Society Limited, Lancashire
- Member of the Law Society and Institute of Directors
- Director of WennLaw Limited Legal Consultancy
- Master of Laws (LL.M).

Qualifications:

- Master of Arts (M.A)

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Paul Olive

NON-EXECUTIVE DIRECTOR AND DEPUTY CHAIRMAN

Term of Office from 20.5.10 to 31.5.13 (Extended Third Term) (Resigned 31.5.13)

Experience:

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

Qualifications:

- Chartered Accountant – Fellow of the Institute of Chartered Accountants

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Karen Crowshaw

NON-EXECUTIVE DIRECTOR AND DEPUTY CHAIRMAN

Term of Office from 1.6.11 to 31.5.14 (First Term)

- Former Managing Director (Regulated Sales), Lloyds Banking Group
- Former Regional Director, HBOS PLC
- Former Project Manager, National Sales Conference
- Former HR Director, Halifax Retail
- Post Graduate Diploma in Personnel (CIPD)
- Chartered Institute of Bankers (CIB)

Experience:

- Director, Crowshaw Consulting Limited

Qualifications:

- Masters in Business Administration (MBA)

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Tony Shaw

NON-EXECUTIVE DIRECTOR & SENIOR INDEPENDENT DIRECTOR

Term of Office from 1.7.10 to 30.6.13 (First Term)

and from 30.6.13 to 29.6.16 (Second Term)

- Former General Manager at Blackpool Gazette and Herald
- Former Managing Director at Blackpool Gazette and Herald
- Former Director of United Provincial Newspapers
- Former Non-Executive Director of Blackpool, Wyre and Fylde Community Health Services NHS Trust
- Former Chairman of Blackpool PCT
- Chair of Trustees of the Blackpool Ladies Sick Poor Association
- Trustee/Director/Treasurer of Age UK, Blackpool and District

Qualifications:

- Certified Accountant (Retired)

Experience:

- Former Managing Director Business Link Fylde Coast

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Doug Garrett

NON-EXECUTIVE DIRECTOR

Term of Office from 1.6.11 to 31.5.14 (First Term)

Experience:

- Current CEO/Director - private businesses
- Current national and international trade in antiques, sport and leisure, property investment via companies

- Regeneration in Blackpool and Belfast - £1.5 billion of investment and 25,000 jobs
- Operations management, marketing and advertising
- Company Director – R & Z Houses of Fashion
- Company Director - Closelink
- Company Director – House of Roma
- Company Director – Rackhall Ltd
- Chairman/Trustee of Groundwork Trust North West
- Trustee/Trustee of the St Annes Community Trust
- Trustee Curious Minds (Arts Charity)

- Chairman of Blackpool Enterprise Board

Qualifications:

- Post Graduate Diploma in Marketing
- International Business Degree, BA (Honours)
- Fellow of the Royal Society for the Arts
- Fellow of the Chartered Institute of Marketing
- Fellow of the Institute of Direct Marketing
- Member of Real Estate body CORENET Global

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Alan Roff

NON-EXECUTIVE DIRECTOR

Term of Office from 1.12.11 to 30.11.14 (First Term)

Experience:

- Former Deputy Vice Chancellor, University of Central Lancashire

- Former Chair of North West Regional Action Plan (ERDF)
- Former Chair of Lancashire Economic Partnership Board
- Former Chair of Preston Strategic Partnership Executive
- Former Council Member of North West Region Learning and Skills Council
- Former Board Member of North West Business Link
- Former Head of Computing Services, UCLAN

- Higher Education and IT Consultant
- Honorary Doctorate from University of Central Lancashire

Qualifications:

- BA (Hons) Mathematics
- MA Quantitative Social Science
- Fellow of Royal Statistical Society

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Jim Edney

NON-EXECUTIVE DIRECTOR

Term of Office from 01.06.2013 to 31.05.16 (First Term)

- Board Member of University of Central Lancashire (UCLAN)
- Former Deputy Chief Executive and Executive Director of Resources at Lancashire County Council
- Former Chief Financial Officer at Essex County Council
- Former Deputy County Treasurer at Lincolnshire County Council

Qualifications:

- CPFA (Chartered Institute of Public Finance & Accountancy)
- BA (Hons) History

Experience:

- Director of Coleridge Interim Limited

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Michele Ibbs

NON-EXECUTIVE DIRECTOR

Term of Office from 01.09.2013 to 31.08.16 (First Term)

- Former Board Director/Pro-Vice Chancellor (Marketing, Commercial & International) - Liverpool John Moores University
- Former Marketing Director - Princes Limited, Mitsubishi Corporation
- Former Marketing Director UK - Waterford Wedgwood plc

- PGDip Marketing & Market Research
- Diploma of the Market Research Society

Experience:

- Non-Executive Director – Marsden Building Society

Qualifications:

- B.A (Hons) English Language & Literature

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Gary Doherty

CHIEF EXECUTIVE

Appointed in April 2013

- Over 20 years general management experience in the NHS including senior posts at Central Manchester & Manchester Children's University Hospital and North Cheshire Hospitals NHS Trust
- Joined NHS as Management Trainee

Experience:

- Former Chief Operating Officer/Deputy Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust

Qualifications:

- B.A. (Hons) – Politics & Economics

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Pat Oliver

DIRECTOR OF OPERATIONS

Appointed in April 2011

- Former Associate Director of Operations (Surgery) at Blackpool Teaching Hospitals NHS Foundation Trust
- Former General Manager of the Musculo-Skeletal Division at Wrightington, Wigan & Leigh NHS Trust
- Former General Manager of Rehabilitation and Elderly Care at Wrightington, Wigan & Leigh NHS Trust
- Former Acting Deputy Director of Nursing and Patient Services at Wrightington, Wigan & Leigh NHS Trust
- Former Acting Director of

Nursing and Patient Services at Wrightington, Wigan & Leigh NHS Trust

Qualifications:

- Registered General Nurse
- Diploma in Nursing Studies
- BSc (Hons) (incorporating management module)
- LLB (Hons)
- PRINCE 2
- Chartered Institute of Marketing Certificate

Experience:

- Former Interim General Manager for the Surgical Division at the University Hospitals of South Manchester NHS Foundation Trust (seconded from the Trust)

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Dr Mark O'Donnell

MEDICAL DIRECTOR

Appointed in April 2012

Experience:

- Consultant Physician in Stroke Medicine at Blackpool, Fylde and Wyre Hospitals NHS Trust since 2007

- Consultant Geriatrician at Blackpool, Fylde and Wyre Hospitals NHS Trust from 1994
- Private Medical Practice
- Medical Director of Lancaster Diocese Lourdes Pilgrimage

Qualifications:

- MB ChB 1980 University of Liverpool
- MD 1993 University of Birmingham
- Diploma in Rehabilitation Medicine 1993 RCP London
- FRCP London 1998

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Marie Thompson

DIRECTOR OF NURSING AND QUALITY

Appointed in February 2009

Experience:

- Registered General Nurse
- Over 20 years experience in a variety of clinical, practice development and managerial roles
- Responsibility for the Trust's

- Nursing and Midwifery Workforce and delivery of the Trust's Quality Improvement Objectives
- Responsibility for Nursing standards, Patient Experience, Infection Prevention, Safeguarding Children, Young People and Adults, and Emergency Planning
- Former Deputy Director of Nursing and Governance for Wrightington, Wigan and Leigh Hospitals NHS Trust
- Former Deputy Director of Nursing North East Lancashire Hospitals

Qualifications:

- Registered General Nurse
- MSc Human Resource Leadership
- BSc Hons Nursing Studies
- Post Graduate Certificate in Education
- Post Graduate Diploma Management Studies

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Feroz Patel

ACTING DIRECTOR OF FINANCE

Appointed in November 2012 (until November 2013)

Experience:

- Former Associate Director of Finance at Blackpool Teaching Hospitals NHS Foundation Trust
- Former Contract Manager at Wrightington, Wigan and Leigh PCT.
- Former Clinical Financial Advisor at Countess of Chester

- Former National Finance Management Trainee

Qualifications:

- BA (Hons) – Economics
- Chartered Public Finance Accountant

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Janet Benson

ACTING DIRECTOR OF HUMAN RESOURCES AND ORGANISATION DEVELOPMENT

Appointed in January 2013 (until June 2013)

- Former Head of Employee Relations, Policy of HR Strategy at AEGON UK
- Former Senior HR Business Partner at AEGON UK
- Former HR Manager at Guardian Royal Exchange

- Associate of Chartered Insurance Institute

Qualifications:

- BA (Hons) English Language & Literature
- Chartered Institute of Personnel & Development

Experience:

- Former interim Head of Employee Relations at Greater Manchester Police

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Tim Bennett

DIRECTOR OF FINANCE

Appointed in November 2013

Experience:

- Former Director of Finance

and Deputy Chief Executive at University Hospitals of Morecambe Bay NHS Foundation Trust

- Former Director in a Primary Care Trust
- Former Director in a large Health Authority.
- Former chair of the Healthcare Financial Management Association (North West)

- Former Chairman of the student conference of the Finance Skills Development Association
- Non-Executive Board Member of a local cancer charity.

Qualifications:

- Qualified Accountant with an MBA

VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Nicky Ingham

DIRECTOR OF WORKFORCE & ORGANISATIONAL DEVELOPMENT

Appointed in November 2013

Experience:

- Former Director of Workforce & OD and Acting Deputy

Chief Executive at Bolton NHS Foundation Trust.

- Former Director of HR & OD at Alder Hey Children's Hospital
- Chair of Cumbria and Lancashire HRD Forum
- Member of the North West Social Partnership Forum
- Member of the Cumbria and Lancashire LWEG
- Member of the HENW LETB
- HPMA HR Director of the Year in 2010

Qualifications:

- Fellow of the Chartered Institute of Personnel and Development
- MSc HR Leadership
- BA (Hons) Business Studies
- NLP Practitioner

NON-VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Robert Bell

DIRECTOR OF FACILITIES AND CLINICAL SUPPORT

Appointed in March 2009 (formerly Director of Facilities and Estates from March 2009) (Resigned 22.11.13)

Experience:

- Former Director of Facilities and Estates at Blackpool Teaching Hospitals NHS

Foundation Trust

- Former Head of Technical Services for Ocado (Waitrose) Ltd
- Former Technical Services Director for Tibbett & Britten Ltd
- Former Principal Technical Officer for Merseyside Police Authority
- Non-Executive Director of Spiral Health CIC

Qualifications:

- Bachelor of Science Degree in Mechanical Engineering
- Chartered Engineer
- Member of the Chartered Institute of Building Services Engineers
- Associate Member of the Institute of Mechanical Engineers

NON-VOTING MEMBER OF THE BOARD OF DIRECTORS:-



Wendy Swift

DIRECTOR OF STRATEGY/DEPUTY CHIEF EXECUTIVE

Appointed in December 2013 (formerly Managing Director of Community Services and Transformation from November 2011)

Experience:

- Former Chief Executive of Blackpool Primary Care Trust
- Chair of the NHS North West 111 Programme Board
- Lead commissioner role for the North West Ambulance Service

- Former Deputy Chief Executive of Blackpool Wyre and Fylde Community Health Services Trust
- Former Director of Planning and Operations in East Lancashire Hospitals
- 32 years extensive experience of working in Acute, Community and Primary Care services
- Trustee of Collegiate High School National Challenge Trust
- Governor of Collegiate High School

- Trustee of Palatine High School National Challenge Trust
- Chairman of Spiral Health CIC
- Trustee of Rock Centre (Learning Disabilities)
- Trustee of Blackpool Football Club Community Trust
- Trustee of Lancashire Community Foundation

Qualifications:

- Diploma in Health Service Management (Dip HSM)
- B.A. (Hons) – Business Studies

In addition Jacqui Bate was appointed as the Interim Director of HR & OD from June 2013 until December 2013. All Board members have declared their relevant and material interests and the Register of Directors' Interests is available for inspection by members of the public via the Foundation Trust Secretary at the following address:-

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

Telephone: 01253 306856

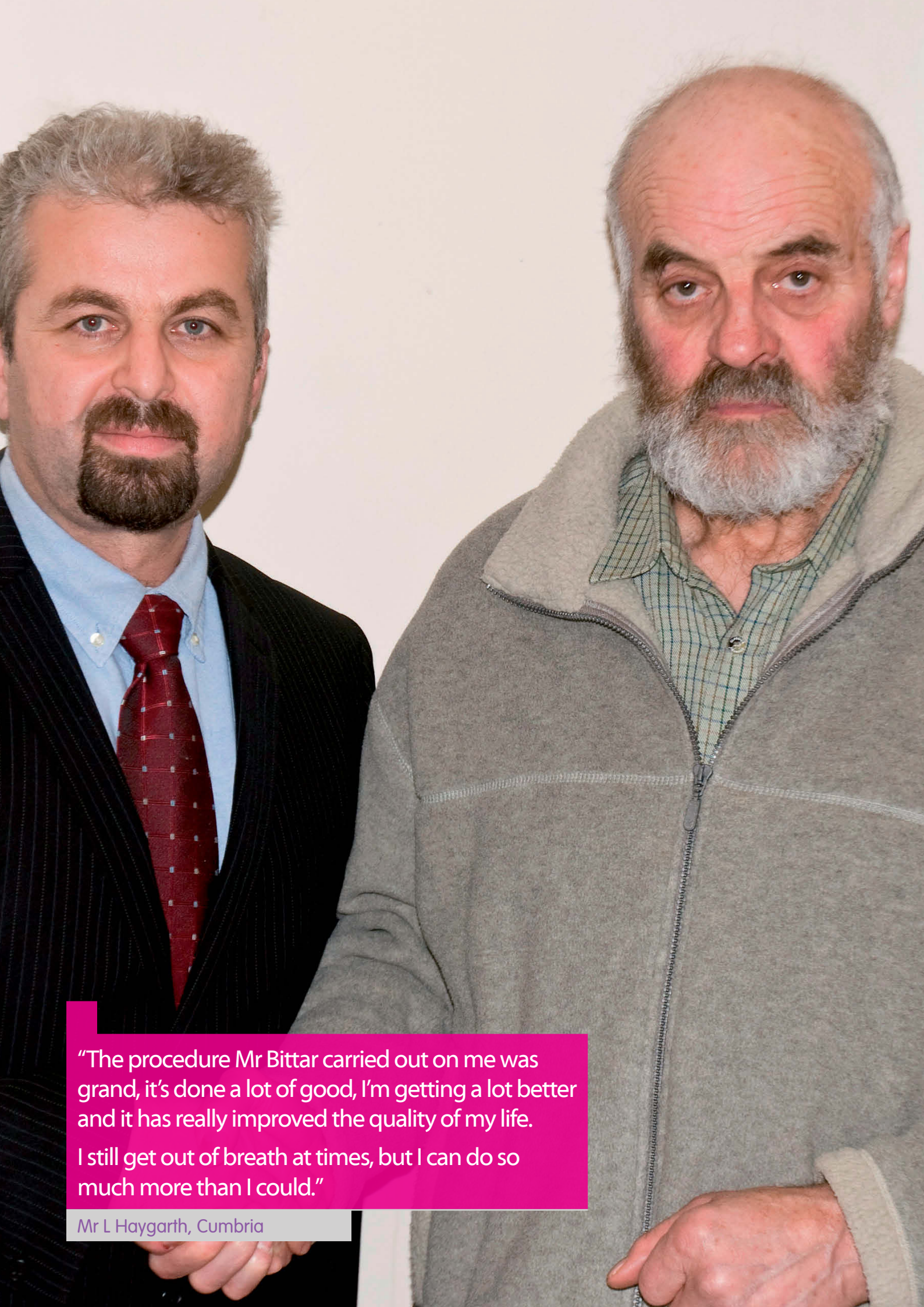
Email: judith.oates@bfwhospitals.nhs.uk

Disclosures included in Strategic Report

A number of the disclosures, detailed in the table below, required to be made in the Directors' Report have instead been included in the Strategic Report. This is because they relate to our staff, our performance and our future business plans and the Strategic Report includes a comprehensive section in respect of all these sections and the disclosures can therefore be considered in the context of each section.

Table 1: Disclosure Requirements for inclusion in the Director's Report

Disclosure requirement
Any important events since the end of the financial year affecting the NHS foundation trust.
An indication of likely future developments at the NHS foundation trust.
An indication of any significant activities in the field of research and development.
An indication of the existence of branches outside the UK.
Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities.
Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.
Policies applied during the financial year for the training, career development and promotion of disabled employees.
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.
Actions taken in the financial year to consult employees or their representatives on a regular basis so that the views of employees can be taken into account in making decisions which are likely to affect their interests.
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance.
Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the NHS foundation trust.
In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the NHS foundation trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the



"The procedure Mr Bittar carried out on me was grand, it's done a lot of good, I'm getting a lot better and it has really improved the quality of my life. I still get out of breath at times, but I can do so much more than I could."

Mr L Haygarth, Cumbria

Board of Directors' Report

The business of the Foundation Trust is managed by the Board of Directors which is collectively responsible for the exercise of the powers and the performance of the NHS Foundation Trust subject to any contrary provisions of the NHS Act 2006 as given effect by the Trust's Constitution. These have changed slightly following the introduction of the Health and Social Care Act in March 2012.

Management Commentary and Principal Activities

The Board of Directors is responsible for providing strong leadership to the Trust. Responsibilities include:

- Setting strategic aims and objectives, taking into account the views of the Council of Governors.
- Ensuring that robust assurance, governance and performance management arrangements are in place to deliver identified objectives.
- Ensuring the quality and safety of healthcare services, education, training and research and applying the principles and standards of robust clinical governance.
- Ensuring that the Trust complies with its Terms of Authorisation, its Constitution, mandatory guidance as laid down by Monitor and other relevant contractual or statutory obligations.
- Ensuring compliance with

the Trust's Constitution which sets out the types of decisions that are required to be taken by the Board of Directors. The assurance framework identifies those decisions that are reserved by the Board of Directors and those that can be delegated to its Trust Managers. The Constitution also describes which decisions are to be reserved for the Council of Governors.

The Board of Directors comprises seven Non-Executive Directors (including the Chairman) and six Executive Directors (including the Chief Executive). In addition, there is one non-voting Executive Director. The names of the Board members during the financial year are outlined in the "Profile of the Board" section. Each director has a shared and equal responsibility for the corporate affairs of the Trust in strategic terms and for promoting the success of the Trust.

There were a number of changes to the membership of the Board of Directors during 2013/14 as

detailed under 'Board Roles and Structures'.

As a self-governing Foundation Trust, the Board of Directors has ultimate responsibility for the management of the Trust, but is accountable for its stewardship to the Trust's Council of Governors and Foundation Trust Members. In addition, the Trust's performance is scrutinised by Monitor and the Care Quality Commission.

In order to understand the roles and views of the Council of Governors and the Foundation Trust Members, members of the Board of Directors undertake the following:

- Attend Council of Governors meetings – the Chairman, Chief Executive, Director of Strategy, Director of Finance and Director of Operations attend all meetings and two Non-Executive Directors attend on a rotational basis. Attendance was extended in 2013 to include at least one of the remaining Executive Directors from amongst the Director of

Nursing, Medical Director and Director of Workforce & OD.

- Attend meetings of the Membership Committee - one nominated Non-Executive Director attends meetings of the Membership Committee.

In addition, in order for the Council of Governors to understand the views of the Board of Directors, Governors undertake the following:-

- Attend, as observers, Board of Directors meetings which have been held in public since July 2013.
- Attend, as observers, Board sub-committees, for example, Finance Committee, Quality Committee.
- Attend monthly service visits and monthly formal patient safety walkabouts.

The Non-Executive Directors are appointed by the Trust's Council of Governors and, under the terms of the Trust's Constitution, they must form the majority of the Directors.

The Chairman is committed to spend a minimum of three days per week on Trust business. The Chairman's other significant commitments are outlined in the "Profile of the Board" section. The Non-Executive Directors are committed to spend a minimum of four days per month on Trust business. Both the Chairman and the Non-Executive Directors routinely spend in excess of their commitment of three days per week and four days per month respectively on Trust business.

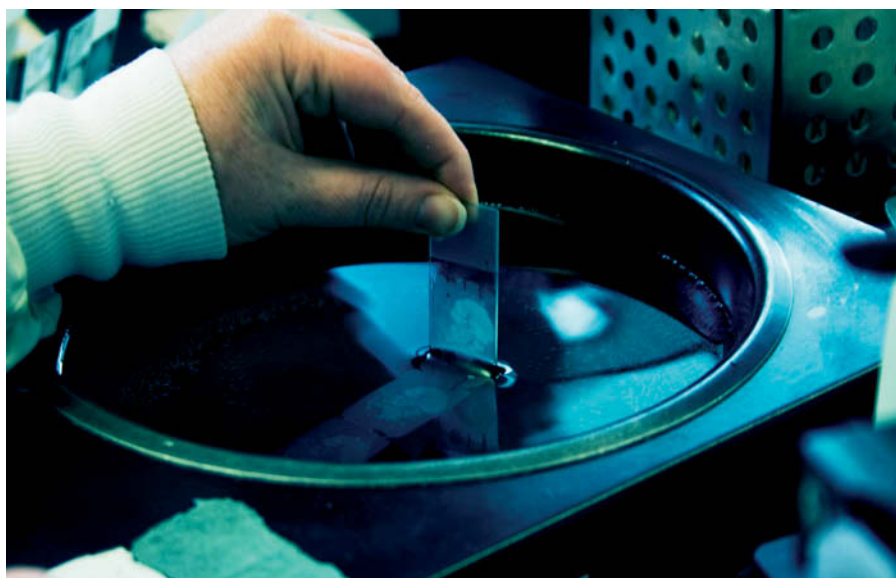
The Board of Directors meets in public a minimum of eight times per year and the Board Agenda is

produced to ensure that sufficient time is devoted to matters relating to patient safety and quality, finance and workforce. The Board takes strategic decisions and monitors the operational performance of the Trust, holding the Executive Directors to account for the Trust's achievements. In addition, Board Development Events are held on a monthly basis to ensure that sufficient time is devoted to strategic issues and to consider specific issues in depth.

There is a clear division of responsibilities between the Chairman and the Chief Executive. The Chairman ensures that the Board has a strategy which delivers a service which meets and exceeds the expectations of its served communities and an Executive Team with the ability to execute

the strategy. The Chairman facilitates the contribution of the Non-Executive Directors and facilitates the constructive relationships between Executive and Non Executive Directors. The Chairman also leads the Council of Governors and facilitates its effective working. The effectiveness of both the Board and the Council, and the relationships between the Board and Council, are reviewed by the Chairman. The Chief Executive is responsible for executing the Board's strategy for the Trust and the delivery of key targets, for allocating resources and for management decision-making.

On a day to day basis the Chief Executive is responsible for the effective running of the hospital. Specific responsibilities, for example operational performance, are delegated



“...The Board takes strategic decisions and monitors the operational performance of the Trust...”

by the Chief Executive to the Executive Directors, comprising the Director of Finance, the Director of Operations; the Medical Director, the Director of Nursing & Quality and the Director of Workforce and Organisation Development. The Director of Strategy also reports directly to the Chief Executive.

The composition of the Board of Directors is regularly reviewed and, following the recent changes, it is considered to be balanced and appropriate to the requirements of the Trust.

The Board recognises that a regular evaluation of its collective and individual director performance is critical to continuous development and high performance. The performance of the Board of Directors in its entirety has been regularly reviewed during the past few years. Following the Board Effectiveness Review in 2010/11, the purpose of which was to review the Board's performance and governance arrangements to ensure that the Board was appropriate and effective in undertaking its role, both KPMG and Deloitte issued a detailed report and action plan. During 2011/12, the Board of Directors implemented the recommendations from the KPMG and Deloitte reports which were monitored on a monthly, and subsequently quarterly, basis to ensure compliance. A follow-up review was undertaken by Deloitte in December 2011/ January 2012 to ascertain whether the recommendations contained in Deloitte's detailed action plan had been implemented. The outcome of the follow-up review was that "the Board



has responded positively and promptly to the points raised and significant improvements in the effectiveness of the Board have been made and that decision making is effective with no material concerns noted."

In October 2012 the Board commissioned KPMG to undertake a Quality Governance Review which commenced in January 2013 and the outcome was reported to the Board in February 2013. An action plan was developed and all recommendations were implemented by 31st July 2013. More recently, a Risk Management Review and a Governance Arrangements Review have been undertaken with positive outcomes. Action plans have been developed to ensure that all recommendations are implemented within agreed timescales.

More information about the evaluation of the Board in 2013/14 can be found in "Our Finances" section under the heading "Performance Against Monitor's Compliance Framework" and in the "Board of Directors' Report" section under the heading "Compliance with

the NHS Foundation Trust Code of Governance."

Board of Directors' meetings have taken place as follows in 2013/14:-

- Formal Board Meetings – 7
- Extraordinary Board Meeting – 1
- Confidential Board Meetings – 7
- Corporate Trustee Meetings – 4
- Board Seminars – 7
- Away Days - 1

Following a review of the committee structure early in 2013, there are three statutory committees of the Board and three sub-committees of the Board.

The statutory committees are as follows:

- Nominations Committee
- Remuneration Committee
- Audit Committee

The sub-committees are as follows:

- Quality Committee
- Finance Committee
- Strategy & Assurance Committee

Attendance at the Board of Directors' meetings, Board statutory committee meetings and Board sub-committee meetings (former structure) is summarised in the following table:-

Board Members	Board of Directors	Extraordinary Board of Directors	Finance & Business Monitoring Committee	Audit Committee	Charitable Funds Committee	Healthcare Governance Committee	HR, OD & Teaching Governance Committee*	Remuneration Committee
Number of Meetings	7	1	2	6	4	2	1	7
Ian Johnson	7	1	2	N/A	1	1	N/A	7
Paul Olive (until 31.5.13)	2	1	2	2	N/A	N/A	N/A	1
Tony Shaw	7	1	2	N/A	N/A	N/A	N/A	7
Doug Garrett	7	1	2	6	4	N/A	N/A	6
Karen Crowshaw	6	1	2	N/A	N/A	N/A	1	7
Alan Roff	6	1	2	6	3	N/A	N/A	7
Jim Edney (from 1.6.13)	5	N/A	N/A	4	N/A	N/A	N/A	5
Michele Ibbs (from 1.9.13)	4	N/A	N/A	N/A	N/A	N/A	N/A	3
Marie Thompson	7	1	1	N/A	0	2	1	N/A
Dr Mark O'Donnell	7	1	2	N/A	1	2	N/A	N/A
Robert Bell ** (until 22.11.13)	0	0	0	N/A	N/A	N/A	N/A	N/A
Pat Oliver	7	1	2	N/A	N/A	2	1	N/A
Wendy Swift **	7	1	2	N/A	1	0	N/A	N/A
Feroz Patel (5.11.12 – 25.11.13)	5	1	2	5	1	0	1	N/A
Janet Benson (1.1.13 to 2.6.13)	2	1	2	N/A	N/A	0	1	1
Jacqui Bate (3.6.13 - 19.12.13)	1	N/A	1	N/A	N/A	N/A	N/A	N/A
Gary Doherty	7	1	2	1 (by invitation)	N/A	N/A	1	N/A
Nicky Ingham (from 1.11.13)	3	N/A	N/A	1	N/A	N/A	N/A	1
Tim Bennett (from 25.11.13)	3	N/A	N/A	1	1	N/A	N/A	N/A

* Human Resources and Organisational Development

** Non-voting members of the Board of Directors

Attendance at the Board of Directors' meetings, Board statutory committee meetings and Board sub-committee meetings (existing structure) is summarised in the following table:-

Board Members	Board of Directors	Extraordinary Board of Directors	Strategy & Assurance Committee	Finance Committee	Audit Committee	Quality Committee	Remuneration Committee
Number of Meetings	7	1	4	11	6	3	7
Ian Johnson	7	1	4	11	N/A	3	7
Paul Olive (until 31.5.13)	2	1	N/A	N/A	2	N/A	1
Tony Shaw	7	1	4	10	N/A	N/A	7
Doug Garrett	7	1	3	3*	6	N/A	6
Karen Crowshaw	6	1	4	9	N/A	N/A	7
Alan Roff	6	1	4	3*	6	N/A	7
Jim Edney (from 1.6.13)	5	N/A	4	9*	4	N/A	5
Michele Ibbs (from 1.9.13)	4	N/A	2	7	N/A	3	3
Marie Thompson	7	1	3	1	N/A	3	N/A
Dr Mark O'Donnell	7	1	3	0	N/A	3	N/A
Robert Bell ** (until 22.11.13)	0	0	0	0	N/A	N/A	N/A
Pat Oliver	7	1	3	9	N/A	N/A	N/A
Wendy Swift **	7	1	4	10	N/A	N/A	N/A
Feroz Patel (5.11.12 – 25.11.13)	5	1	3	8	5	N/A	N/A
Janet Benson (1.1.13 to 2.6.13)	2	1	0	N/A	N/A	N/A	1
Jacqui Bate (3.6.13 - 19.12.13)	1	N/A	2	N/A	N/A	N/A	N/A
Gary Doherty	7	1	4	10	1	3	N/A
Nicky Ingham (from 1.11.13)	3	N/A	1	5	1	1	1
Tim Bennett (from 25.11.13)	3	N/A	1	6	1	N/A	N/A

*These Non-Executive Directors are not members of the Finance Committee.

** Non-voting members of the Board of Directors

The work of the Board statutory committees and sub-committees is evaluated on an annual basis against agreed work programmes with assurance reports and minutes provided to the Board of Directors.

Compliance with the NHS Foundation Trust Code of Governance

The creation of Foundation Trusts has led to the requirement for a framework for corporate governance, applicable across the Foundation Trust Network. This is to ensure that standards of probity prevail and that Boards operate to the highest levels of corporate governance.

Monitor has produced the NHS Foundation Trust Code of Governance (updated in December 2013). This code consists of a set of Principles and Provisions and may be viewed on Monitor's website at: www.monitor.nhsft.gov.uk/publications.php?id=930.

The Board of Directors has previously established governance policies in the light of the main and supporting principles of the Code of Governance.

Foundation Trusts are required to report against this Code each year in their Annual Report on the basis of either compliance with the Code provisions or an explanation where there is non-compliance. The compliance statement below reflects the Trust's declaration regarding compliance with the Code as stated in the latest Annual Report 2013/14.

The Board of Directors and Council of Governors of the Trust are committed to the principles of good corporate governance. The Trust is fully supportive of the new Code and the 'comply or explain' approach it requires. The Audit Committee, at its meeting on 29th April 2014, requested a review and will obtain external (audited) assurance in benchmarking the Trust's performance against a standard of full compliance with the Code.

Statement as to Disclosure to Auditors

The Board of Directors is not aware of any relevant audit information that has been withheld from the Trust's auditors. Each individual member of the Board has taken all necessary steps they ought to have taken, as a director, in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of said information, by making such enquiries of their fellow directors and the Trust's auditors for said purpose and exercising reasonable care, skills and diligence.





Blackpool

Lancashire C

"The work done at the Cardiac Centre is really unbelievable. I wouldn't be here today if it wasn't for everyone involved. From the intensive care staff to the people on the Cardiac Ward and the Doctor who put right the condition that caused this in the first place. I can't thank everyone involved enough from the ambulance crew to the nurses and doctors who treated me. They were all fantastic."

Mr L Shields, Blackpool

Council of Governors

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

The Council has the following three main roles:-

- i) Advisory – to communicate with the Board of Directors the wishes of members of the Trust and the wider community;
- ii) Guardianship – to ensure that the Trust is operating in accordance with its Constitution and is compliant with its authorisation; and
- iii) Strategic – to advise on a longer-term direction to help the Board effectively determine its policies.

The essence of these roles is elaborated on within Monitor's document entitled "Your Statutory Duties – A reference guide for NHS Foundation Trusts Governors". This document is provided to all Governors.

The specific statutory powers and duties of the Council of Governors, which are to be carried out in accordance with the Trust's Constitution and the Foundation Trust's Terms of Authorisation, are as follows:-

- To appoint or remove the Chairman and other Non-Executive Directors.
This duty was exercised during 2013/14.
- To approve the appointment (by the Non-Executive Directors) of the Chief Executive.
This duty was not exercised during 2013/14, however, it was exercised in 2012/13 resulting in a newly appointed chief Executive with effect from 1st April 2013.
- To decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.
This duty was exercised during 2013/14.
- To appoint or remove the Foundation Trust's External Auditor.
This duty was exercised during 2013/14 resulting in the appointment of PwC following a robust evaluation process and involvement/approval by the Council of Governors.
- To appoint or remove any other External Auditor appointed to review and publish a report on any other aspect of the Foundation Trust's affairs.
This duty was not exercised during 2013/14, however, the appointment of the Trust's External Auditor in 2013/14 has been agreed by the Council.
- To be presented with the Annual Accounts, any report of the External Auditor on the Annual Accounts and the Annual Report.
This duty was exercised during 2013/14.
- To provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Foundation Trust's forward planning.
This duty was exercised during 2013/14.
- To respond as appropriate when consulted by the Board of Directors in accordance with the Constitution.
This duty was exercised during 2013/14.
- To undertake such functions as the Board of Directors shall from time to time request.
This duty was exercised during 2013/14.
- To prepare and, from time to time review the Foundation Trust's Membership Strategy and its policy for the composition of the Council



of Governors and of the Non-Executive Directors and, when appropriate, to make recommendations for the revision of the Trust's Constitution.

This duty was not exercised during 2013/14.

The Council of Governors and the Board of Directors continue to work together to develop an effective working relationship. Board members regularly attend Council of Governors Meetings to ensure that members of the Board develop and gain an understanding of the Governors' and Members' views about the Trust.

The Council of Governors comprises a total of 34 Governors, including 18 Public Governors (elected from the constituencies of Blackpool, Fylde, Wyre, Lancashire and South Cumbria and the North of England), six Staff Governors (elected from the staff groups of Medical & Dental, Nursing & Midwifery, Clinical Support, Non-Clinical Support and Community Health Services) and 10 Appointed Governors (from a range of key stakeholder organisations).

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

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

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

Appointed Governors	Role
Principal Local Councils – 2: Blackpool Council (1) Lancashire County Council (1)	To represent key local non-NHS Local Health Economy partners.
Principal University – 1: University of Central Lancashire	To ensure strong teaching and research partnership and to represent other University interests.
Voluntary Sector – 1: Council for Voluntary Services	To engage and assist the Trust in identifying the needs of the local community.
Lancashire Care Foundation Trust - 1	To engage and assist the Trust in identifying needs of local community.
Blackpool Youth Council – 1	To engage and assist the Trust in dialogue with the younger catchment population.
University of Liverpool – 1	To ensure strong teaching and research partnership and to represent other University interests.
Institute of Directors (Lancashire Branch) – 1	To engage and assist the Trust in dialogue with the wider catchment population of Lancashire.
Citizens Advice Bureau (Blackpool Branch) – 1	To engage and assist the Trust in identifying the needs of the local community.
VACANCY – 1	TO BE CONFIRMED
Total Appointed Governors – 10	
Elected Staff Governors	Role
Class 1 – Medical Practitioners – 1	To assist the Trust in developing its services and ensure active representation from those who deliver the services.
Class 2 - Nursing and Midwifery – 2	As above.
Class 3 - Clinical Support Staff – 1	As above.
Class 4 - Non-Clinical Staff – 1	As above.
Class 5 – Community Health Services – 1	As above.
Total Elected Staff Governors – 6	
Elected Public And Patient Governors To Represent:-	Role
Area 1 - Blackpool – 8	To represent patients who are resident in Blackpool.
Area 2 - Wyre – 4	To represent patients who are resident in Wyre.
Area 3 - Fylde – 3	To represent patients who are resident in Fylde.
Area 4 - Lancashire & South Cumbria – 2	To represent of patients who are resident in the wider environs of South Cumbria and Lancashire.
Area 6 – North of England – 1	To represent patients who are resident in the wider environs of the North of England.
Total Elected Public and Patient Governors – 18	
Total Membership Of Council Of Governors	
Appointed Governors (nominated) – 10 (currently one vacancy)	
Staff Governors (elected) – 6	
Public Governors (elected) - 18 (currently three vacancies)	
Total membership of Council of Governors – 34	

There were elections to the Council of Governors during 2013/14 as follows:-

Public Governors:-		
Blackpool Constituency	Fylde Constituency	North of England Constituency
Carol Measures	Clive Barley	Sam Wallace *
Neal Brookes	Gillian Wood	
Zacky Hameed	Sheila Jefferson	
Robert Hudson		

Staff Governors:-		
Nursing and Midwifery	Clinical Support	Community Health Services
Sharon Vickers	Ashok Khandelwal	Mike Phillips
Janet Briers		

Appointed Governors:-		
Blackpool Council	Lancashire County Council	University of Liverpool
Councillor Martin Mitchell	County Councillor Ron Shewan	Ceri Coulby

* Resigned from the Council of Governors (6th November 2013).

The next elections to the Council of Governors will take place in July 2014 for the following vacancies:-

Blackpool - 4
Fylde - 2
Wyre - 2
Lancashire & South Cumbria - 2
North of England - 1

Nursing & Midwifery - 1
Non Clinical Support - 1
Medical & Dental - 1

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

“...The Council of Governors comprises a total of 34 Governors, including 18 Public Governors (elected from the constituencies of Blackpool, Fylde, Wyre, Lancashire and South Cumbria and the North of England), six Staff Governors (elected from the staff groups of Medical & Dental, Nursing & Midwifery, Clinical Support, Non-Clinical Support and Community Health Services) and 10 Appointed Governors (from a range of key stakeholder organisations)...”

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

Name	Constituency/Organisation	Term of Office
Public Governors		
John Butler (from September 2011) **	Blackpool	3 years
Clifford Chivers (from September 2011) **	Blackpool	3 years
Hannah Harte (from December 2010) *	Blackpool	3 years
Chris Thornton (from December 2010) *	Blackpool	3 years
Eric Allcock (from September 2010) *	Blackpool	3 years
Mark Chapman (from December 2010) *	Blackpool	3 years
Chris Smith (from September 2011) **	Blackpool	3 years
George Holden (from September 2011) **	Blackpool	3 years
Anne Smith, OBE (from September 2011) *	Fylde	3 years
John Longstaff (from September 2011) *	Fylde	3 years
Tony Winter (from September 2010) *	Fylde	3 years
Peter Askew (from September 2011) **	Wyre	3 years
Ramesh Gandhi, JP. DL. OBE. FRCS. (from December 2010)	Wyre	3 years
John Bamford (from December 2010)	Wyre	3 years
Lynden Walthew (from September 2011) **	Wyre	3 years
Vacant	Lancashire and South Cumbria	3 years
Vacant	North Lancashire (until August 2013)	3 years
Vacant	Lancashire & South Cumbria (from August 2013)	3 years
Staff Governors		
Dr Tom Kane (from September 2011) **	Medical and Dental	3 years
Sam Woodhouse (from September 2011) *	Nursing and Midwifery	3 years
Andrew Goacher (from September 2010) *	Nursing and Midwifery	3 years
Tina Daniels (from September 2011) **	Non-Clinical Support	3 years
Cherith Haythornthwaite (from September 2010) *	Clinical Support	3 years
Claire Lewis (from April 2012) *	Community Health Services	3 years
Appointed Governors		
Councillor John Boughton (from September 2011) *	Blackpool Council	3 years
Councillor Martin Mitchell (from May 2013)	Blackpool Council	3 years
County Councillor Paul Rigby (from September 2011) *	Lancashire County Council	3 years
County Councillor Ron Shewan (from July 2013)	Lancashire County Council	3 years
Mike Bullock	Council for Voluntary Service	3 years
Susan Rigg **	Lancashire Care Trust	3 years
Jean Taylor **	University of Central Lancashire	3 years
Ceri Coulby (from September 2013)	University of Liverpool	3 years
James Morrison-Eaves *	Blackpool Youth Council	3 years
Phillip Hargreaves (from April 2014)	Institute of Directors (Lancashire Branch)	3 years
Tony Winter (from April 2014)	Citizens Advice Bureau (Blackpool)	3 years
Vacant	To Be Confirmed	3 years

* Resigned / Not Re-Elected or Re-Appointed in 2013

** Due for re-election / re-appointment in 2014

Meetings of the Council of Governors took place on the following dates in 2013/14:-

- 21st May 2013
- 16th August 2013
- 15th November 2013
- 17th March 2014 (rescheduled from 14th February 2014)

Attendance at Council of Governors Meetings:

Governor Attendance

Governors	Number of Meetings (4)	Governors	Number of Meetings (4)
John Butler	4	John Bamford	2
Clifford Chivers	3	Lynden Walthew	4
Hannah Harte *	1	Sam Wallace **	0
Chris Thornton *	1	Dr Tom Kane	3
Eric Allcock *	1	Andrew Goacher *	2
Mark Chapman *	0	Tina Daniels	3
Chris Smith	3	Sharon Vickers **	2
George Holden	4	Janet Briers **	1
Carol Measures **	1	Ashok Khandelwal **	1
Neal Brookes **	1	Mike Phillips **	2
Zacky Hameed **	1	Councillor John Boughton *	0
Robert Hudson **	1	Councillor Martin Mitchell **	2
Anne Smith *	2	County Councillor Paul Rigby *	0
Tony Winter *	0	County Councillor Ron Shewan **	2
Clive Barley **	2	Jean Taylor	2
Gillian Wood **	1	Susan Rigg	3
Sheila Jefferson **	1	Ceri Coulby **	0
Peter Askew	3	Mike Bullock	2
Ramesh Gandhi	4		

* Resigned / Not Re-Elected or Re-Appointed in 2013

** Elected / Appointed during 2013/14

Governor sub-groups were established in respect of the following:-

- The Annual Report and Accounts and the Quality Report 2013/14.
- The Annual Plan 2014/15.
- Membership Sub-Groups
- Membership Task & Finish Groups

With regard to the Annual Plan,

a Governors' sub-group meeting took place in March 2014 which included a detailed presentation by the Director of Strategy and the Director of Finance followed by useful feedback from the Governors and an overview at the subsequent Council of Governors meeting. The Annual Plan was approved in principle at the Council of Governors meeting in March 2014 and signed-off by the Lead Governor on behalf of the

Governors by the deadline of the 4th April 2014.

The Chief Executive, Director of Strategy, Director of Finance and Director of Operations routinely attend meetings of the Council of Governors. Two Non-Executive Directors attend the Council of Governors Meetings on a rotational basis. Attendance of Executive Directors was extended in 2012 to include one additional

Executive Director from amongst the Director of Nursing and Quality, Medical Director, and Director of Workforce and OD.

During 2013/14, the Council of Governors received regular assurance reports/updates from the Chief Executive plus regular strategic, finance, performance and membership reports.

Presentations/reports were also given to the Council in respect of the following:-

- Voluntary Services
- Board Processes
- Fylde Coast Public Consultation
- Review into the Care and Quality of Treatment Provided by 14 Hospital Trusts in England
- Mortality Reduction Action Plan
- Nurse Staffing Levels
- Annual Report & Accounts and Quality Accounts
- Finance Statements Audit
- Quality Accounts Review
- Multi Storey Car Park and Main Entrance Project
- Provision of External Audit Services
- Keogh Review/Berwick Report
- Fleetwood Hospital/Rossall Hospital Developments
- Annual Plan
- Governors Development Programme

Other items discussed at the Council of Governors Meetings included the Compliance Monitoring Assurance Report, Serious Untoward Incidents, Chairman's and Non-Executive Directors' Appraisals/Objectives/Remuneration, Declarations of Interests, Trust Constitution,

Governor Elections, Membership of the Foundation Trust Governors' Association, Patient Experience, Clinical Audit, Board Assurance Framework, Corporate Risk Register and Lead Governor Role.

Following the resignation of Anne Smith, Public Governor (Fylde Constituency) / Lead Governor, in September 2013, Peter Askew, Public Governor (Wyre Constituency), was appointed Lead Governor. The duties of the Lead Governor include acting as the point of contact between the Council of Governors and the Trust, playing a pivotal role in the relationship with the Chairman, the Board of Directors and External Agencies as well as the community served by the Trust, acting as the point of contact between the Council of Governors and Monitor (should this be necessary) and meeting routinely with the Chairman of the Board of Directors and the Council of Governors and with the Foundation Trust Secretary to plan and prepare the agenda for Council of Governor meetings.

Following the Governor elections in September 2013, a Governors' Introductory Meeting took place in October 2013 which included the following:-

Welcome and Introductions / Role of the Governor / Presentation on Current & Future Challenges for the Trust / Feedback from Election Process / Question and Answer Session / Networking Opportunities / Tour of the BVH site.

Governors have also been involved in the following meetings/events:-

- Board Sub-Committees.
- Governors' Patient Experience Committee (including visits)
- Formal Patient Safety Walkabouts.
- Attendance at Board Meetings, initially as observers at private meetings and, subsequently, as observers at meetings held in public.
- Governors' Sub-Group Meetings.

In addition, Governors have participated in external events as follows:-

- Foundation Trust Governors Association National Development Day.
- North West Governors' Forum.
- GovernWell Events.

There are currently two Governor Sub-committees, namely the Nominations Committee and the Membership Committee, comprising three and nine Governors respectively, details of which are identified in the tables on the next page:



Governor Attendance at Nominations Committee Meetings:

Committee Members (4)	Number of Meetings (2)	Committee Members (4)	Number of Meetings (2)
Ian Johnson (Chairman)	2	Eric Allcock (until September 2013)	2
Peter Askew	1	Jean Taylor	1

Governor Attendance at Membership Committee Meetings:

Committee Members (9)	Number of Meetings (4)	Committee Members (9)	Number of Meetings (4)
Anne Smith** (Chairman) (until September 2013)	2	Hannah Harte** (until September 2013)	2
Chris Smith (Chairman) (from October 2013)	4	George Holden	4
Peter Askew (from October 2013)	1	Sheila Jefferson* (from January 2014)	1
Clive Barley* (from January 2014)	1	Sharon Vickers* (from October 2013)	1
John Boughton** (until May 2013)	0	Lynden Walthew	3
John Butler	4	Gillian Wood* (from January 2014)	1
Clifford Chivers (until January 2014)	4		

* Elected in 2013/14

** Resigned in 2013/14

Governors are also involved in a number of Trust Committees, namely the Health Informatics Committee, Charitable Funds Committee, Patient Led Assessments of the Care Environment (PLACE), Healthy Transport Committee, Waste Management Committee, Equality, Diversity and Human Rights Committee, Staff Car Parking Working Group and Fire Committee.

Committee and will continue to have the opportunity to visit wards/departments/clinics on a monthly rather than a quarterly basis.

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

The Governors' Patient Experience Committee, which was established during 2011/12, continued to meet on a quarterly basis until it was disbanded in February 2014. Governors will be involved in the Patient & Carer Experience & Involvement

Governor Expenses* 2013/14

Name and title	Apr 2013	May 2013	June 2013	July 2013	Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
Andrew Goacher									375.87			
Anne Smith												
Brian Rowe												
Clive Barley												
Cherith Haythornthwaite												
Chris Lamb												
Chris Smith												
Chris Thornton												
Claire Lewis		15.00			62.07							
Clifford Chivers												
Councillor John Boughton												
County Councillor Paul Rigby												
Denys Smith-Hart												
Dr Tom Kane		170.01	31.86			15.52	21.11					
Dr Tom Kennedy												
Eric Allcock												
George Holden							95.94					
Gillian Wood											37.80	
Hannah Harte							45.00					
James Morrison-Eaves												
Janet Briers												59.70
Jean Taylor												
Joanne MacDonald												
John Bamford												
John Butler												
John Longstaff			30.00									
Lynden Walthew			100.85						67.00			
Mark Chapman												
Mike Bullock												
Nicole Burke												
Peter Askew												
Ramesh Gandhi												
Roy Fisher												
Sam Woodhouse	57.95	57.95	57.95	64.58							290.11	
Sheila Jefferson												102.60
Susan Rigg							41.80					
Tina Daniels			124.84		168.84				292.26	153.41		
Tony Winter												

*Governor expense claims relate to travel expenses.

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

All Governors have declared their relevant and material interests and the Register of Interests is available for inspection by members of the public via the Trust's website www.bfwhospitals.nhs.uk or the Foundation Trust Secretary at the following address:-

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

Telephone: 01253 306856

Email: judith.oates@bfwhospitals.nhs.uk

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



"My foot is now pretty much all sorted. I've been discharged from the scheme after four months of treatment.

I can't thank the doctor and nurses more."

Mr S Aspden, Staining

Membership Report

Over the past 12 months, the Trust's membership has slightly decreased.

Public Members

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

Staff Members

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

- Staff who are employed by the Foundation Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months, and
- Staff who have been continuously employed by the Foundation Trust under a contract of employment.

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

Growth of Public Members

The number of public members has slightly decreased over the last 12 months. The Trust's public membership currently stands at 5,642.

Membership Report for Blackpool Teaching Hospitals from 01/04/2013 to 31/03/14

Public constituency	Last year (2013/2014)
As at start (1 April 2014)	5,715
New Members	316
Members leaving	389
At year end (31 March 2014)	5,642

Staff constituency	Last year (2013/2014)
As at start (1 April 2014)	6,585
New Members	1,208
Members leaving	1,763
At year end (31 March 2014)	6,030

Public constituency	Number of members
Age(years):	
0 - 16	37
17 - 21	146
22+	4,637

Ethnicity:	
White	4,499
Mixed	13
Asian	64
Black	15
Other	12

Socio-economic groupings:	
AB	701
C1	3,815
C2	691
DE	389

Gender analysis:	
Male	2,825
Female	2,762

Recruitment of Members

In order to maintain our membership level and in order to recruit new public members, we have implemented various initiatives over the past year. These include:

- Membership information displayed at entrances to hospitals and in outpatient departments.
- Recruitment stands at events for the public and community meetings, such as Area Forums in conjunction with Blackpool Council.
- Distribution of recruitment posters and leaflets to GP surgeries throughout the Fylde Coast.
- Continue to liaise with public health organisers from Primary Care in order to attend health road shows held within local companies.
- Continue to use the Trust's Face book social network site to engage and inform members and the wider public of developments and events at the Trust.
- Continue to use the Trust's Twitter social network page to attract new members, in particular target young members. Currently the Trust has over 1,116 followers.
- The Membership Volunteer continues to come in two afternoons a week and help out in recruitment, engagement of members and administration.
- The Trust has a dedicated Membership and Governors Officer who acts as link between the members, Council of Governors and the Trust.

- The Trust has dedicated membership telephone line on 01253 306673 and email address:- members@bfwhospitals.nhs.uk

Over the next 12 months we will continue to look at new and fresh ways of promoting the benefits of membership in order to maintain and increase our total membership.

Retention of Members

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

It is particularly important to the Trust to not only build its

membership, but to ensure that the membership is being fully utilised.

Numerous and varied initiatives have taken place over the last year to retain our existing members.

- Continue to make members' seminars more interactive by involving patients/members to relay their experiences of the treatment/services provided by the Trust.
- Introduced Chief Executive's Public Question Time so that members can engage with the Executive Team.
- Continue to produce the newsletter 'Your Hospitals', which keeps members informed on current developments within the Trust, keeps members up-to-date with Fundraising activities and asks members their opinions on a wide range of topics through consultations. The newsletter also gives details of a wide variety of local services and businesses that provide discounts for members, on production of their membership card. Copies of 'Your Hospitals' are also available on the Trust's website from Issue 1 to Issue 16. In January 2013 the Trust changed the name of the member's newsletter to reflect the integration of community services to 'Your Health'.
- Continue to use the 'Consultation Corner' section of the newsletter to gain valuable opinions from members on a variety of topics. The information is collated and used to influence decisions that are made about the Trust services. The most recent consultation has been on 'Improving the

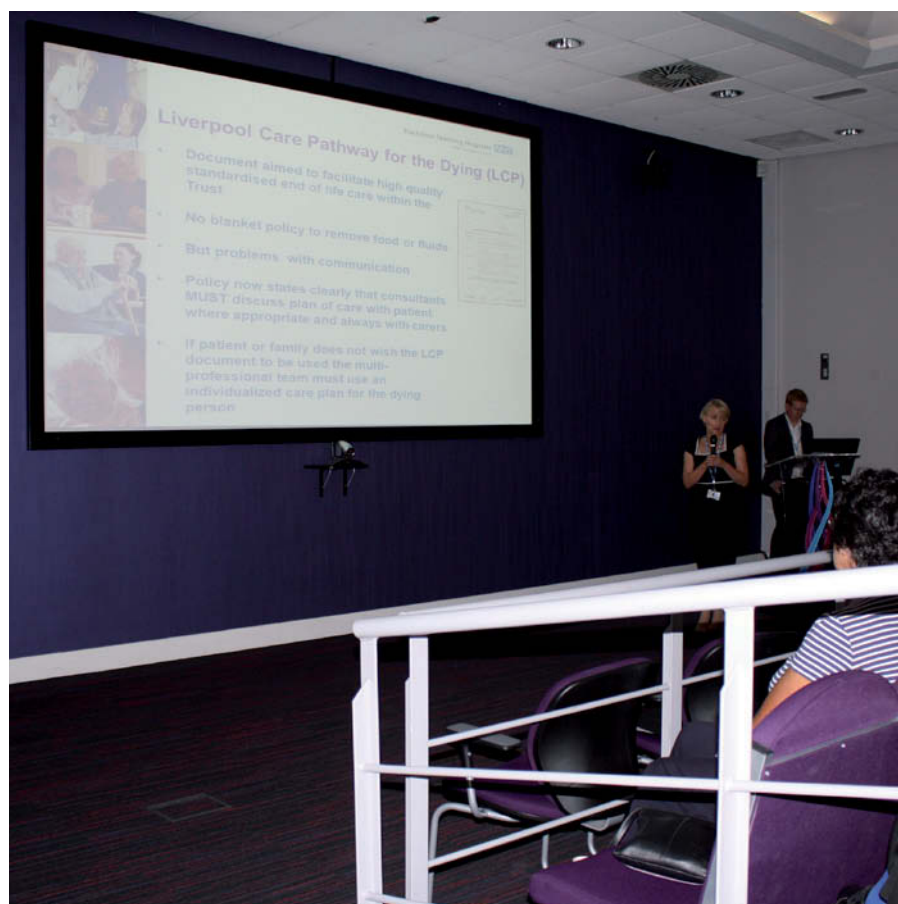
WiFi Experience' for inpatients and visitors.

- Membership seminars continue to be held monthly and are well attended, with a range of topics from 'Diabetes', 'Chief Executive's Public Question Time' and 'The Role of a Governor'.
- Members are able to contact the Membership Office with any queries or ideas via a dedicated membership hotline and email address.
- All members were invited to the Annual Members' and Public Meeting in September 2012, a formal meeting to discuss the Trust, its developments, future services and membership. This was attended by around 300 staff and public members.
- Following the monthly health seminars, Governors have made themselves available to members to deal with any queries or issues members may have.

- Continue to keep members up-to-date with events at the hospital, such as the health seminars, official openings of new facilities and fundraising activities via email.

In October 2012, a revised Membership Strategy was ratified by the Board of Directors. The Board requested that a two-page summary document be produced identifying the delivery of the Membership Strategy. A document entitled 'Implementation of the Key Elements of the Membership Development Strategy 2012-2015' was produced. This has continued to be implemented during 2013/14.

The document sets out a summary of the Trust's strategic objectives for membership and identifies the key aims of delivery of these objectives.





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

Membership Committee Sub Groups

The Trust recognises the importance of having a membership that is informed and representative of the community it serves.

The Membership Committee agreed in January 2014 that any future projects would be progressed by establishing Task and Finish Groups, the

membership of which would be extended to all Governors enabling those with relevant experience to become involved.

Two Task and Finish Groups have been established to review the following: -

- Key membership messages and promotional material
- Proposal for engagement with members

Both groups are progressing this work and will be providing feedback to the Membership Committee on a regular basis. The Trust recognises the need to understand the level of involvement members wish to have and link this to member activities. This ensures that we fully harness the experience, knowledge and skills of our members, recognising and using them to add value to the decision

making process and supporting effective governance and delivery of the Trusts objectives. We wish to encourage a partnership approach between the Trust, its membership and other like-minded organisations, working together for the benefit of our organisations, our members and the community served.

Membership Representation

One of the key elements that we want to bring to our membership is that it is representative of the community that we serve. We have been focussing on ways of growing our young membership, as this remains under-represented. We shall also be concentrating on recruiting from ethnic minority groups, which also remains under-represented, by attending community groups. Another key element we want to bring to our membership is that we are actively engaging our members, and using their skills and expertise to add value to the services the Trust offers for the benefit of the whole community which it serves.



"The physios came to see me nearly every day, but they never pushed me to do anything. They listened to me, they took things at my pace, if I started to get in pain they stopped, they let my body decide how far we went.

"They were amazing people, they explained everything to me and gave me belief in myself and that I could achieve my dream to walk again."

Mr M Foster, Blackpool

Audit Committee Report

The prime function of the Audit Committee is to provide the Board of Directors with an independent assurance over 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) with the aim of supporting the achievement of the Trust's objectives.

Role of Audit Committee

It provides assurance on the independence and effectiveness of both external and internal audit. It ensures that standards are set and that compliance is monitored in all areas of the Trust that fall within the remit of the Committee. The Audit Committee takes the lead in reviewing the integrity of the Annual Financial and Quality Accounts and the related External Auditor's Reports. In addition it reviews the Annual Governance Statement prepared by the Chief Executive in his role as the Accountable Officer.

External Auditors

The Council of Governors, on 16th August 2013, approved the continued appointment of PwC as the Trust's external auditors for a further year (2013/14). Payment of £50,500 (excluding VAT) was paid to PwC in respect of statutory audit fees. A supplementary fee included £12,500 for the independent reporting work in relation to the Independent Auditor's Report in the Annual Quality Report.

The Trust limits work undertaken by the external auditors outside the audit code to ensure independence is not compromised. In 2013/14 PwC did not provide any other services to the Trust.

The Board maintains a policy on the engagement of the external auditor for the provision of non-audit services, which was approved by the Audit Committee and Board of Directors in July 2011 and August 2011 respectively. The effect of the policy is that if the Executive Team retains the external auditor for the supply of non-audit services with a value of more than the annual external audit fee, the express approval of the Council of Governors would need to be sought and obtained for any further work.

A formal competitive tendering process was initiated early in 2014 to select and appoint a provider for External Audit Services for 2014/15 and beyond, under the NHS Shared Business Services Framework Agreement NHS/11/SG/ZY/6982. Based on the findings

of the evaluation panel, the Trust recommended the appointment of PwC as their provider of External Audit Services until May 2017 with the option to extend the appointment for an additional year until May 2018, and this recommendation was approved by the Council of Governors at their meeting on 17th March 2014.

Composition of the Audit Committee

The Committee operates in accordance with the revised Terms of Reference (as per the new Audit Committee Handbook) agreed by the Board of Directors on 31st July 2013 and has met on six occasions during the year ended 31st March 2014. Since June 2013 the Committee's membership has consisted of three Non-Executive Directors (NEDs). Each member's attendance at these meetings complied with the criterion for frequency of attendance as set out in the Audit Committee's Terms of Reference. All meetings since June 2013 were attended by all three NEDs.

The Committee is chaired by Mr Jim Edney (CPFA), who joined the Trust in June 2013. The Board considers Mr Edney to have relevant financial experience following his role as a qualified accountant and former Finance Director of two large local authorities. In addition to the Committee members, standing invitations are extended to the Finance Director, External and Internal Audit representatives, the Local Counter Fraud Officer, the Interim Associate Director of Corporate Affairs and Governance and the Assistant Finance Director (and Acting Finance Director). In addition other officers have been invited to attend the Audit Committee where it was felt that to do so would assist the Committee to effectively fulfil its responsibilities; these included the Chief Executive, the Managing Director for Community Development and Transformation, the Director of Workforce and Organisational Development, the Financial Accountant, the Head of Procurement and the Assistant Director, Clinical Support & Facilities Management.

Administrative support has been provided by Miss Kayleigh Briggs and Mrs Paula Clark, former and current PA to the Finance Director.

Audit Committee Financial Activities

The Committee reviewed the Draft Annual Report and Accounts and Quality Report for the year ended 31st March 2013 at its meeting on 30th April 2013 and the final Audited Accounts and Quality Report at its subsequent meeting on 23rd May 2013 and formally recommended to the Board of Directors that the Accounts be approved at the

Board meeting also held on 23rd May 2013. The initial draft of the Annual Report and Quality Accounts for the year ending 31st March 2014 was discussed at the Committee meeting held on 28th January 2014. The continuing development and improvement of the Quality Accounts was also considered at a number of meetings and presentations made thereon by the External Auditors.

As stated in last year's Audit Committee report the Trust is continuing to monitor its performance against the Key Lines of Enquiry for Auditors Local Evaluation (KLOE) standards and the progress of this review was considered throughout the current year.

Internal Control and Risk Management Systems

Throughout the year the Committee has received regular reports from both Internal and External Auditors in relation to the adequacy of the systems of internal control and also received regular reports from the Interim Associate Director of Corporate Affairs and Governance on the robustness of risk management and governance arrangements throughout the Trust. Specifically, the Committee gained assurance by reviewing the Governance Briefing Report, Standing Orders and Delegated Powers of Authority, the reporting Framework for the Trust's new committees, the Procurement Assurance Report, Divisional Risk Registers, the Corporate Risk Register and the Board Assurance Framework. The Trust Annual Governance Statement was considered at the meeting held on 30th April 2013 and was recommended to the Board for approval.

External Audit

The Committee has reviewed the work and findings of the External Auditors by:-

- Discussing and agreeing the scope and cost of the audit detailed in the Annual Plan for 2013/14.
- Considering the extent of co-ordination with, and reliance on, Internal Audit.
- Consideration of mechanisms regarding self-assessment of the Audit Committee's effectiveness.
- Consideration of a number of accounting treatments under International Financial Reporting Standards (IFRS) and the impact thereon in relation to the Annual Accounts.
- Presentations on Quality Update and Commercial Assurance.
- Consideration of matters in relation to Fraud Responsibilities and Raising Awareness.
- Receiving and considering the Annual Audit Letter at its meeting on 23rd May 2013 which was presented to the Board of Directors at its meeting also on 23rd May 2013.
- The accounting treatment of Charitable Funds and their relationship with the Trust's accounts

Internal Audit

With effect from 1st October 2012 the Trust appointed new internal auditors having been serviced for a considerable time by Audit North West. Formal tendering procedures took place and the contract was awarded to KPMG LLP.

The Committee has reviewed and considered the work and findings of Internal Audit by:

- Discussing and agreeing the nature and scope of the Annual Internal Audit Plan.

- Receiving and considering progress against the plan presented by the Chief Internal Auditor and Internal Audit Manager.
- Receiving reports on the Assurance Framework, Risk Management System and CQC Quality and Safety Standards. At its meetings on 30th April 2013 and 23rd May 2013, the Committee received the Head of Internal Audit Opinion which gave "significant assurance" that there was a generally sound system of internal control for the year ended 31st March 2014.

The Committee also met in private with Internal Audit representatives so as to allow discussion of matters in the absence of Executive Offices.

Other Matters

In addition to the matters outlined in this report, the following areas/ issues were discussed and reviewed by the Committee during the year:

- The Trust's approach to procurement and its Annual Procurement Plan.
- Storage and Disposal of Personal data
- The 2012/13 Audit Committee Annual Report and matters arising.
- Local Counter Fraud Specialist Reports and Annual Report, together with a formal review of the Local Counter Fraud Service.
- The Role of the Audit Committee itself, particularly in the light of the Trust's revised Committee structure and membership,

responsibilities, ways of working and delegations.

- Progress of the implementation of the Trust electronic rostering system.
- Progress on the review of Managed Equipment Services.
- Quality Governance and latest trends in Quality Reporting.
- The working of the PMO regarding QulPP or CIP.
- The Trust's approach to waivers to standing orders and the finalisation of a revised approval system.
- The actions taken to reduce the level of overpayments made to staff.
- The implications for the Trust of the Bribery Act.
- Updates on current legal issues.
- The continuous review of training and development needs for Audit Committee members and attendance at relevant courses.
- The identification and agreement of matters for consideration by the Board.
- Further information regarding financial risks, including QulPP or CIP and liquidity is detailed in Section 4.4 of the Annual Governance Statement

Conclusion

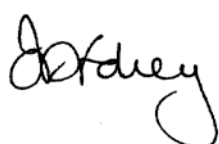
2013/14 has been another year of progress and change. The Trust's governance arrangements were substantially re-designed with a view to making accountability or actions sharper and to reduce duplication of committee and Board effort. The Board has begun to meet in public for

the first time. There has been significant turnover at Executive level, which has meant a certain amount of discontinuity. June 2013 saw the Keogh review team "inspect" the Trust's performance in caring for patients as well as its wider performance in serving its communities on the Fylde Coast and other parts of Lancashire. The Trust was one of fourteen reviewed and one of the three Trusts not put into special measures as a result. A detailed improvement action plan was adopted as a consequence of the review and was largely implemented over the remainder of the year.

Looking Ahead

The Committee will be looking at how the new governance arrangements settle down and will offer constructive advice where necessary. Pressure will continue to improve the experience of and outcomes for patients and growing demand for services is likely in the year ahead. The Trust's finances remain in a healthy but delicate state and good resource management will be essential. The Committee will play its part in promoting service review and improvement, together with greater integration of services and value for money. At all times these will need to be done to the highest standards and within the agreed policies of the Trust. The year ahead therefore looks challenging and I take this opportunity to thank my fellow Audit Committee Members for their help and assistance during the year covered by this report.

Signed:



Date: 21st May 2014

Jim Edney

AUDIT COMMITTEE CHAIRMAN



"I wish to thank you and your staff at the hospital and commend all departments. My mother is a regular user of the hospital. We have always been treated with the utmost courtesy, we have always had all options explained clearly and been given choices."

Ms G Bancroft, Cheshire

Remuneration Committee Report

The membership of the Trust's Remuneration Committee comprises all six Non-Executive Directors, plus the Chairman.

Membership of the Remuneration Committee is as follows:-

Mr Doug Garrett – Chairman of the Committee
Mr Ian Johnson
Mr Paul Olive (until 31st May 2013)

Mr Tony Shaw
Mrs Karen Crowshaw
Mr Alan Roff
Mr Jim Edney (from 1st June 2013)
Mrs Michele Ibbs (from 1st September 2013)
Miss Judith Oates/Mrs Nicky Ingham – Secretary

Seven meetings of the Committee took place during 2013/14 as follows: - 24th April 2013, 29th May 2013, 26th June 2013, 31st July 2013, 25th September 2013, 30th October 2013 and 16th December 2013 with attendance as follows:-

Committee Members (7)	Number of Meetings (7)
Mr Doug Garrett (Chairman)	6
Mr Ian Johnson	7
Mr Tony Shaw	7
Mrs Karen Crowshaw	7
Mr Alan Roff	7
Mr Paul Olive (until 31st May 2013)	1
Mr Jim Edney (from 1st June 2013)	5
Mrs Michele Ibbs (from 1st September 2013)	3
Mrs Janet Benson – Secretary (April 2013)	1
Miss Judith Oates – Secretary (May/June/July 2013)	3
Mr Richie Siziba – Secretary (September/October 2013)	2
Mrs Nicky Ingham – Secretary (December 2013)	1

The Committee establishes pay ranges, progression and pay uplifts for the Chief Executive, Executive Directors and other Senior Manager posts.

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 independent specialists in pay and labour market research. Any increments to pay would be subject to satisfactory performance,

evidenced by performance appraisal and monitoring and evaluation through the Chairman or Chief Executive.

At the meeting in April 2013, the Committee agreed that, in line with national pay uplifts for the

nationally agreed staff groups, a 1% increase would be applied to Directors and other senior posts that are reviewed by the Committee.

During the course of the year, the Committee has also formally ratified the appointment of Mrs Nicky Ingham as the Director

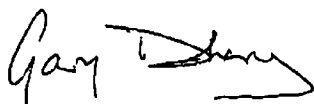
of Workforce & OD and Mr Tim Bennett as the Director of Finance.

All Executive Directors are on permanent contracts. Notice and 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. There were no early termination payments made in the year.

The following tables provide details of the remuneration and pension benefits for senior managers for the period 1st April 2013 to 31st March 2014. These tables are subject to audit review

Signed:



Date: 21st May 2014

Gary Doherty

CHIEF EXECUTIVE



A) Remuneration

Name and title	2013/14						
	Salary & Fees (bands of £5,000)	Taxable benefits £'00	Annual Performance Related bonuses (bands of £5,000)	Long-term performance- related bonuses (bands of £5,000)	Pension-related benefits (bands of £2,500)	Loss of Office (bands of £5,000)	Total (bands of £5,000)
I Johnson - Chairman	45 - 50						45 - 50
G Doherty - Chief Executive (from 01/04/13)	160 - 165				255 - 257.5		415 - 420
T Bennett - Director of Finance (from 25/11/13)	45 - 50				35 - 37.5*		80 - 85
F Patel - Acting Director of Finance (to 24/11/13)	70 - 75				135 - 137.5*		205 - 210
P Oliver - Director of Operations	110 - 115				(15) - (12.5)**		95 - 100
M O'Donnell - Medical Director	215 - 220				2.5 - 5		220 - 225
M Thompson - Director of Nursing and Quality	110 - 115				5 - 7.5		115 - 120
W Swift - Managing Director of Community Development and Transformation	130 - 135				2.5 - 5		135 - 140
R Bell - Director of Facilities (to 22/11/13)	35 - 40				12.5 - 15	90 - 95	140 - 145
J Benson - Acting Director of Human Resources (to 30/06/13)	15 - 20						15 - 20
N Ingham - Director of Human Resources (from 01/11/2013)	40 - 45				40 - 42.5*		85 - 90
PA Olive - Non Executive (to 31/05/13)	0 - 5						0 - 5
J Edney - Non Executive (from 01/06/13)	15 - 20						15 - 20
RA Shaw - Non Executive	10 - 15						10 - 15
K Crowshaw - Non Executive	10 - 15						10 - 15
D Garrett - Non Executive	10 - 15						10 - 15
A Roff - Non Executive	10 - 15						10 - 15
M Ibbs - Non Executive (from 01/09/13)	5 - 10						5 - 10

Band of Highest Paid Directors Total Remuneration (£'000)	215 - 220
Median Total Remuneration (£)	24,799
Ratio (times)	8.8

Name and title	2012/13						
	Salary & Fees (bands of £5,000)	Taxable benefits £'00	Annual Performance Related bonuses (bands of £5,000)	Long-term performance- related bonuses (bands of £5,000)	Pension-related benefits (bands of £2,500)	Loss of Office (bands of £5,000)	Total (bands of £5,000)
I Johnson - Chairman	45 - 50						45 - 50
A Kehoe - Chief Executive (to 04/11/12)	95 - 100				15 - 17.5		115 - 120
T Welch - Deputy Chief Executive (to 04/11/12) Acting Chief Executive (05/11/12 to 31/03/2013)	135 - 140				25 - 27.5		160 - 165
F Patel - Acting Director of Finance (from 05/11/12)	35 - 40				25 - 27.5		60 - 65
P Oliver - Director of Operations	110 - 115				(10)-(7.5)**		100 - 105
M O'Donnell - Medical Director	215 - 220				620 -622.5*		835 - 840
M Thompson - Director of Nursing and Quality	105 - 110				(22.5)-(20)**		85 - 90
W Swift - Managing Director of Community Development and Transformation	130 - 135				5 - 7.5		135 - 140
R Bell - Director of Facilities	105 - 110				17.5 - 20		125 - 130
N Grimshaw - Director of Human Resources (to 31/03/12)	80 - 85				(25) -(22.5)**		55 - 60
J Benson - Acting Director of Human Resources (from 01/01/2013)	20 - 25						20 - 25
PA Olive - Non Executive	15 - 20						15 - 20
MG Faulkner - Non Executive (to 17/12/12)	5 - 10						5 - 10
RA Shaw - Non Executive	10 - 15						10 - 15
K Crowshaw - Non Executive	10 - 15						10 - 15
D Garrett - Non Executive	10 - 15						10 - 15
A Roff - Non Executive	10 - 15						10 - 15

Band of Highest Paid Directors Total Remuneration (£'000)	215 - 220
Median Total Remuneration (£)	24,799
Ratio (times)	8.8

The remuneration report table as above has been prepared in line with 2013/14 ARM for FT's. The 2013/14 guidance requires new basis for calculation of pension related benefits. As a result prior year comparatives have been restated in line with new guidance.

As explained in more detail below, the basis of calculation shows the pension accrued in year multiplied by a factor of 20. This has resulted in large pension related benefits being shown in the remuneration report table above.

The basis of calculation for pension related benefits is in line with section 7.62 of the ARM, and follows the 'HMRC method' which is derived from the Finance Act 2004 and modified by Statutory Instrument 2013/1981. The calculation required is:

$$\text{Pension Benefit Increase} = ((20 \times \text{PE}) + \text{LSE}) - ((20 \times \text{PB}) + \text{LSB}) - \text{EC}$$

Where:

PE is the annual rate of pension that would be payable to the director if they became entitled to it at the end of the financial year;

PB is the annual rate of pension, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year;

LSE is the amount of lump sum that would be payable to the director if they became entitled to it at the end of the financial year;

LSB is the amount of lump sum, adjusted for inflation, that would be payable to the director if they became entitled to it at the beginning of the financial year; and,

EC is the employee's contribution paid during the year.

In summary the new basis of calculation as above, shows the pension accrued in year multiplied by a factor of 20. This has resulted in large pension related benefits as shown in the remuneration report table as above.

**The pension related benefits are especially large for new directors in post in year, these being the Chief Executive, Director of Finance and the Director of HR, who have received pay increases in year in line with their new office.*

*** Where the actual increase in an individual's pension entitlement during the year is less than the CPI percentage assumed in the calculation (2013/14: 2.2%) a negative real pension increase can arise. In practice this would be limited to cases where the individual has a minimal (or nil) salary increase and/or only a few months' contributions (e.g. where they left early in the year). Such a negative real increase could in turn lead to a negative amount in the "pension related benefits" column in the above table.*

No directors or senior managers of the Trust have received non cash benefits as part of their remuneration package in 2013/14.

During 2013/14 compensation payments of £92,155 were paid to R Bell for loss of office, comprising payment of £55,293 in lieu of notice for termination of employment, and £36,982 in respect of the employee's statutory and contractual redundancy payment. Both elements of the compensation payment have been calculated in accordance with the employee's terms and conditions of employment.

No executive directors of the Trust hold external non-executive director appointments.



Pension Benefits - Values subject to audit review

Salary and Pension Entitlements of Senior Managers

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31st March 2014 (bands of £5000)	Real increase in pension lump sum at age 60 (bands of £2500)	Lump sum at age 60 related to accrued pension at 31st March 2014 (bands of £5000)	Cash Equivalent Transfer Value at 1st April 2013	Cash Equivalent Transfer Value at 31st March 2014	Real Increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
G Doherty Chief Executive (from 01/04/2013)	10 - 12.5	40 - 45	35 - 37.5	125 - 130	425	625	191
T Bennett Director of Finance (from 25/11/2013)	0 - 2.5	45 - 50	0 - 2.5	135 - 140	708	775	18
F Patel Acting Finance Director (from 05/11/2012 to 30/01/2014)	2.5 - 5	15 - 20	12.5 - 15	55 - 60	160	251	57
M O'Donnell Medical Director	0 - 2.5	80 - 85	2.5 - 5	240 - 245	1,668	1,782	78
W Swift Managing Director of Community Development and Transformation	0 - 2.5	55 - 60	2.5 - 5.0	170 - 175	1,177	1,261	58
P Oliver Director of Operations	0 - 2.5	35 - 40	0 - 2.5	110 - 115	626	820	179
M Thompson Director of Nursing and Quality	0 - 2.5	35 - 40	2.5 - 5	115 - 120	591	635	32
N Ingham Director of Human Resources (from 01/11/2013)	0 - 2.5	20 - 25	2.5 - 5	60 - 65	253	296	16
R Bell Director of Facilities (to 22/11/2013)	0 - 2.5	5 - 10	0 - 2.5	0 - 5	117	140	13

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 and any other contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. the pension figures shown relate to the

benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - this reflects the increase in CETV effectively funded by the employer. It takes account of the increase

in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with effect from April 2011. As a result the Government Actuaries Department undertook a review of all transfers factors.



Executive Director Expenses

Reporting related to the Review of Tax Arrangements of Public Sector Appointees

C) Executive Director Expenses

Name and title	Apr 2013 (£)	May 2013 (£)	June 2013 (£)	July 2013 (£)	Aug 2013 (£)	Sept 2013 (£)	Oct 2013 (£)	Nov 2013 (£)	Dec 2013 (£)	Jan 2014 (£)	Feb 2014 (£)	Mar 2014 (£)
G Doherty Chief Executive from 01/14/2013						7.00	41.52	45.67	66.39	8.40	8.81	
F Patel Acting Finance Director to 24/11/2013	4.80		49.84				12.00	9.70				
T Bennett Finance Director from 25/11/2013										21.83	46.32	
M O'Donnell Medical Director*	10.69	10.70	10.69	10.69	10.69	10.69	10.69	10.69	10.69	10.69	10.69	10.69
P Oliver Director of Operations			74.98						129.25			
M Thompson Director of Nursing and Quality							155.61	185.98	125.65		80.97	
J Benson Acting Director of HR to 30/06/2013	196.97		53.73									
N Ingham Director of HR from 01/11/2013									22.10		136.75	
W Swift Managing Director of Community Development and Transformation												
R Bell Director of Clinical Support and Facilities Management to 22/11/2013												

*Expense claims for M O'Donnell are for telephone allowances. All other claims relate to travel expense claims.

Off-Payroll Engagements

As part of the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, Foundation Trusts are required to publish information in relation to the number of off-payroll engagements.

Table 1: For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than 6 months

No. of existing engagements as of 31 March 2014	0
-------------------------------------------------	---

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than 6 months

No. of new engagements	3
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	2
Of which:	
No. for whom assurance has been accepted and received	2
No. for whom assurance has been accepted and not received	0
No. that have been terminated as a result of assurance not being received	0
Total	3

Table 3: For any off-payroll engagements or board members, and/or, senior officials with significant financial responsibility, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than 6 months

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year.	1



"I would like to say a huge and heartfelt thank you to my midwife's for my second pregnancy. Thank you for your patience and caring nature. Thank you for your support and making me feel special. I will never be able to thank you enough for what you have done."

Mrs C Davis, Blackpool

Nominations Committee

The Nominations Committee is a formally constituted sub-committee of the Council of Governors and comprises the Trust Chairman (Chair of the Committee) and three Governors.

Membership of the Nominations Committee:-

Mr Ian Johnson – Trust Chairman (Chairman)
Mr Peter Askew – Elected Governor (Wyre Constituency)
Mr Eric Allcock – Elected Governor (Blackpool Constituency) (until September 2013)
Mrs Jean Taylor – Appointed Governor (UCLAN)

There have been two meetings of the Nominations Committee during 2013/14.

The Nominations Committee has the following responsibilities:-

Recruitment and Appointment of Non-Executive Directors:-

- To agree the skill mix and process for the appointment of Non-Executive Directors, in accordance with the Trust's Terms of Authorisation and Monitor's requirements.
- To draw up person

specifications for each of these posts to take account of general and specific requirements in terms of roles and responsibilities.

- To determine a schedule for advertising, shortlisting, interview and appointment of candidates with requisite skills and experience. This will include identification of appropriate independent assessors for appointment panels.
- To recommend suitable people for appointments to be ratified by the Council of Governors.

Terms and Conditions – Chair and Non-Executive Directors:-

- To recommend salary arrangements and related terms and conditions for the Chairman and Non-Executive Directors for agreement by the Council of Governors.

Performance Management and Appraisal:-

- To agree a process for the setting of objectives for Non-Executive Directors, subsequent appraisal by the Trust Chairman

and feedback to the Council of Governors.

- To agree a mechanism for the evaluation of the Trust Chairman, led by the Senior Independent Director.
- To address issues related to Board development and to ensure that plans are in place for succession to posts as they become vacant so that a balance of skills and experience is maintained.

Board Recruitment:-

- The recruitment process to appoint one replacement Non-Executive Director and one additional Non-Executive Director was undertaken by an external company in conjunction with the Nominations Committee. Jim Edney and Michele Ibbs were appointed and took up post on the 1st June 2013 and 1st September 2013 respectively.
- The recruitment process for an additional Non-Executive Director with a clinical background will take place in 2014/15



"A huge thank you to all the staff on the Surgical Day Unit. The care and consideration by all was first class. I know folk are quick to grumble, but I feel I must say a genuine thank you when it is deserved.

My wife had an operation a couple of years ago and the care shown from surgeons to cleaners could not have been better."

Mr & Mrs J Howarth, Preston

Annex A: Quality Account

Part 1: Statement on Quality from the Chief Executive

Blackpool Teaching Hospitals NHS Foundation Trust aims to be the safest organisation within the NHS. This means that patient safety and quality are at the heart of everything that we do. As Chief Executive, I am incredibly proud of what we, at the Trust have achieved so far. We hope that you find that this Quality Account describes our achievements to date and our plans for the future.

Our staff are committed to providing safe, high quality care to every patient every time. We believe that staff who enjoy their work and have pride in it, will provide patients with better care.

I am delighted to introduce our fourth Quality Account which highlights the excellent progress we have made over the past 12 months in ensuring our patients receive the highest quality care possible.

Each year NHS Foundation Trusts are required to include a report within their annual report on quality standards within their organisation.

Ensuring patients receive high quality and safe care is our Trust's key priority. Our services are constantly changing and improving to meet the needs of the community and we have introduced new initiatives to improve the quality of care and patient experience.

The Quality Account for the 2013/14 period highlights the

work we have been doing over the past 12 months to ensure our patients receive the highest quality and safest care possible. It includes a detailed overview of the improvements we have made during 2013/14 and sets out our key priorities for the next year 2014/15.

In last year's Quality Account we set ourselves a number of specific quality objectives and I am pleased to report that we have made significant progress against these objectives.

Infection rates have continued to fall and are now at their lowest levels with a 91% reduction in incidents of clostridium difficile over the last six years and 89% in Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia when compared to 2007/08. We have also seen significant reductions in pressure ulcers and patient falls.

Ensuring our patients receive a positive experience of care was another priority and we are pleased that we have made improvements

in our local results of the national patient survey in areas such as; privacy and dignity, cleanliness, waiting times and communication between staff and patients.

Once again we received national recognition for our work to improve patient safety and quality and the Trust's Maternity Substance Misuse team was recognised nationally, winning the Women's Health category at the National Care Integration Awards for its Integrated Care Pathway for Pregnant Women who misuse substances. The team has developed and improved the care and support given to pregnant women who misuse substances and this good practice has been recognised both inside and outside the Trust.

In June 2013 the Trust was selected for a review of Quality of Care and Treatment led by Sir Bruce Keogh, Medical Director, NHS England. We welcomed this review and the opportunity to demonstrate the quality of care and treatment provided by the organisation and to highlight many areas of improvement being undertaken.

This visit linked well with our ongoing work to improve service quality and reduce mortality, which has seen average standardised mortality ratios for the Trust decreasing since July 2012.

We have continued to make progress on reducing mortality rates and this is something the Trust is totally committed to achieving. During the past 12 months our Summary Hospital – Level Mortality Indicator (SHMI) and Risk Adjusted Mortality Index (RAMI) have reduced significantly (SHMI 118-109 and RAMI from 102-87) and we confidently expect the data to be within the expected range by April 2014. On all (HSMR) mortality metrics the Trust's relative risk has reduced year-on-year following a number of operational and clinical quality initiatives which have now resulted in substantial improvements in mortality figures. Our Better Care Now scheme has developed a number of clinical pathways that impact most on mortality and morbidity figures and are focusing particularly on the first 24-36 hours of patient care to standardise and improve the treatments they receive and this is providing excellent results.

Please note: SHMI and RAMI data taken from CHKS information website and is the 12 month rolling average figure taken as at 18.05.2014).

The Trust has also invested more than £1.5M in clinical staff with more than 180 qualified nurses and more than 40 doctors joining the organisation.

We have also been undertaking intensive work to deliver High Quality care within the community and developed a number of initiatives to provide care outside the hospital setting in particular for the frail elderly and those with long term conditions.

For example we are now able to offer intravenous therapy treatments in the home or community setting which allow long-term recipients of intravenous drugs to be allowed home from a hospital ward to continue their treatment.

Our Rapid Response Plus multi-disciplinary team, which is able to respond within two hours to an urgent health or social care need which does not require immediate hospitalisation, is also a great example of providing fast and efficient care in a safe and controlled way.

The Trust is also piloting a dedicated team working with 15 care homes across Blackpool. The team has worked with care home staff and other professionals to develop individual care plans for each resident which ensure they always receive appropriate treatment when needing medical intervention.

This is just a flavour of some of the excellent progress that has been made over the past 12 months. The full report contains many more facts and figures and I would encourage you to read about the numerous initiatives and measures that are in place to improve quality and reduce avoidable harm.

Our plans for 2014/15 aim to build on the progress we have made as well as new improvement targets in relation to patient care. In 2013 we launched our five strategic aims for 2020: 100% patients and carers included in decisions about their care, 100% compliance with agreed patient pathways, Zero inappropriate admissions, Zero patient harms and Zero delays. Whilst these targets are ambitious they will underpin everything we do.

Looking forward to the year ahead, we intend to increase our efforts even further towards driving quality and safety improvements across

the organisation. Although we are pleased with our achievements we strive continuously to improve both the quality and safety of our care and want to share with you our story of continuous improvement in our annual Quality Account. I hope that you will see that we care about, and are improving, the things that you would wish to see improved at our Trust

We aim to be responsive to patients needs and will continue to listen to patients, staff, stakeholders, partners and Foundation Trust members and your views are extremely important to us. We are pleased that Governors and other local stakeholders have played a part in shaping our priorities for the future. They have shared their ideas and comments so that we can continue to improve the quality of care and patient experience in areas when needed.

To the best of my knowledge the information in the Quality Account 1st April 2013 – 31st March 2014 is a balanced and accurate account of the quality of services we provide.



A handwritten signature in black ink that reads "Gary Doherty".

Gary Doherty
CHIEF EXECUTIVE
21st May 2014

Part 2: Our Quality Achievements

In this section the Trust's performance in 2013/14 is reviewed and compared to the priorities that were published in the Trust's Quality Account in 2012/13. Priorities for improving the quality of services in 2014/15 that were agreed by the Board in consultation with stakeholders are also set out in this section. Legislated statements of assurance from the Board of Directors complete Section 2.

2.1 How we performed on Quality in 2013/14 against Priorities in 2012/13 Quality Account

This section tells you about some of the quality initiatives we progressed during 2013/14 and how we performed against the quality improvement priorities and aims we set ourselves last year.

A programme of work has been established that corresponds to each of the quality improvement areas we are targeting. Each individual scheme within the programme has contributed to one, or more, of the overall performance targets we have set. Considerable progress and improvements have been delivered through staff engagement and the commitment of staff to make improvements.

Wherever applicable, the report will refer to performance in previous years and comparative performance benchmarked data with other similar organisations. This will enable the reader to understand progress over time and as a means of demonstrating performance compared to other Trusts. This will also enable the reader to understand whether










































a particular number represents good or poor performance. Wherever possible, references of the data sources for the quality improvement indicators will be stated, within the body of the report or within the Glossary of Terms, including whether the data is governed by national definitions.

The following symbols will tell you how we are performing and whether we met our aims. When we set our aims these were either set in year or to cover a three-year period. This was part of our quality journey. We are therefore pleased to report the significant progress made against our aims. An overview of performance in relation to the priorities for quality improvement that were
































detailed in the 2012/13 Quality Account is provided in Table 1. A more detailed description of performance against these priorities for clinical effectiveness of care, quality of the patient experience and patient safety will be reported on in detail in Part 3, section 3.4.

Table 1: Performance Against Trust Priorities

Key:  Target Achieved/ On Plan  Close to Target  Behind Plan

Priority 1: Clinical Effectiveness of Care	2011/12	2012/13	2013/14	Actual Target 2013/14	Expected Score 2013/14
Reduce premature mortality from the major causes of death - Reduce 'preventable' mortality by reducing the Trust's Hospital Mortality Rates / Summary Hospital Mortality Indicators				< 1.18	Provisional 1.16 Results due October 2014
- The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust (See section 2.3.7 Core Clinical Indicators for results)	Not reported in 2011/12			1	1
- The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. (See section 2.3.7 Core Clinical Indicators for results)	Not reported in 2011/12			18.90%	10.57%
North West Advancing Quality initiative that seeks compliance with best practice to improve patient experience in six clinical areas:	2011/12	2012/13	2013/14	CQS Target 2012/13	Result Achieved 2012/13
- Acute Myocardial Infarction			Data not available until Sept 2014	95%	98.54%
- Hip and Knee Surgery				95%	95.54%
- Coronary Artery Bypass Graft Surgery				95%	98.19%
- Heart Failure				82.84%	91.14%
- Community Acquired Pneumonia				87.39%	90.77%
- Stroke				90% / 50%	89.34% / 57.74%
Enhancing quality of life for people with dementia:					
Improve the outcome for older people with dementia by ensuring 90% of patients aged 75 and over are screened on admission	Not reported in 2011/12			68%	90%
Medical Care Indicators used to assess and measure standards of clinical care and patient experience				82%	95%
Nursing Care Indicators used to assess and measure standards of clinical care and patient experience				Acute 95%	95%
	N/A	N/A		ALTC 58%	95%
				Trust 87%	95%
Improving outcomes from planned procedures by Improving Patient Reported Outcomes Measure (PROMs) scores for the following elective procedures:		Provisional data			
i Groin hernia surgery			Data not available until Sept 2014	0.085	0.089
ii Varicose veins surgery				0.091	0.097
iii Hip replacement surgery				0.405	0.366
iv Knee replacement surgery				0.298	0.297
Reduce emergency readmissions to hospital (for the same condition) within 28 days of discharge (See section 2.3.7 Core Clinical Indicators for results)	Not reported in 2011/12	12.04	Data not available	16+ -16.77%	Not available at this time
		10.73		< 16 -16.77%	Not available at this time

Priority 2: Quality of the Patient Experience	2011/12	2012/13	2013/14	2013/14	2013/14
Improve hospitals' responsiveness to inpatients' personal needs by improving the CQC National Inpatient Survey results in the following five areas:				National Picker average	BTHFT actual
• Were you involved as much as you wanted to be in decisions about your care and treatment?				88%	85% said definitely or to some extent
• Did you find someone on the hospital staff to talk to about your worries and fears?				44%	47.9% said definitely or to some extent
• Were you given enough privacy when discussing your condition or treatment?				91%	90% said always/sometimes
• Did a member of staff tell you about medication side effects to watch for when you went home?				45%	44% said yes completely or yes to some extent
• Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?				70%	73.7% said ye
Improve staff survey results in the following area:				National average	BTHFT actual
• Percentage of staff who would recommend their friends or family needing care	Not reported in 2011/12	Not reported in 2012/13	Not reported in 2013/14	To be the Best 20% of Trusts	Not yet reporting starts April 2014
• Report on Friend and Family Test and achieve above national target	Not reported in 2011/12	Not reported in 2012/13	Not reported in 2013/14	To be above national average	Not yet reporting starts April 2014
Improving the experience of care for people at the end of their lives:	2011/12	2012/13	2013/14	2013/14	2013/14
• Seeking patients and carers views to improve End of Life Care				Patient views to be sought	Patient questionnaire in place
• Ensure that patients who are known to be at the end of their lives are able to spend their last days in their preferred place across all services.				Facilitate preferred place	Identification of preferences for future care
Patient Led Assessment of the Care Environment (PLACE) Survey				Actual 2013/14	Expected Score 2013/14
• To improve PLACE survey results/standards				Excellent	Excellent
Priority 3: Patient Safety	2011/12	2012/13	2013/14	Actual 2013/14	Expected Score 2013/14
Achieve 95% Harm Free care to our patients by 2016 through the following strands of work:					
Risk-assessment for Thrombo-Embolicism (VTE) - Improve the percentage of admitted patients who were risk-assessed for VTE; and - Compare the national average for the above percentage - (See section 2.3.7 Core Clinical Indicators for results)	97.50% 	99.40% 		96%	99.5%
- Achieve a 10% reduction on the previous year in all VTE				10%	49.5%
Table 1: Performance Against Trust Priorities	2011/12	2012/13	2013/14	Actual Performance 2013/14	Expected Score 2013/14
Rates of Clostridium Difficile and MRSA					
- Reduce the incidence of Clostridium Difficile infection rates in the Trust as reflected by national targets				29	26
- Reduce the incidence of MRSA infection rates in the Trust as reflected by national targets				0	1

Priority 3: Patient Safety	2011/12	2012/13	2013/14	Actual 2013/14	Expected Score 2013/14
Reported Patient Safety Incidents - To monitor the rate of patient safety incidents and reduce the percentage resulting in severe harm or death				38	18
• Reduce the incidence of inpatient Falls by 30% resulting in moderate or major harm				25	39
• Reduce the incidence of Medication Errors by 50% resulting in moderate or major harm				17	15
- Reduce the incidence of new hospital acquired pressure ulcers stage 2 by 30%, stage 3 by 40% and stage 4 by 100%; and				Stage 2 – 30%	25%
				Stage 3-40%	60%
				Stage 4 -100%	100%
- Reduce stage 2, 3 and 4 community acquired pressure ulcers by 10% (see page 60 for definitions)				Stage 2 -10%	12%
				Stage 3-10%	59%
				Stage 4 -10%	0%
- Overall reduction in Hospital Acquired pressure Ulcers-				33%	33%
- Introduce the Think Glucose Programme	Not reported in 2011/12	Not reported in 2012/13		Pilot in progress	Pilot in progress



2.2 Selected Priorities for Quality Improvement in 2014/15

This section tells you about how we prioritised our quality improvements for 2014/15. This section also includes a rationale for the selection of those priorities and how the views of patients, the wider public and staff were taken into account. Information on how progress to achieve the priorities will be monitored, measured and reported is also outlined in this section.

2.2.1 How we Prioritised our Quality Improvements in 2014/15

The Board of Directors has developed an organisational Strategic Framework which underpins the quality programme set out in this Quality Account for 2013/14. We believe the quality programme will enable us to maintain a focus on the quality and safety agenda, whilst delivering our Strategic Framework to improve the health and outcomes of our local population based on the values and principles set by the Board of Directors.

2.2.2 Rationale for the Selection of Priorities in 2014/15

The Trusts priorities for 2014/15 in relation to the key elements of the quality of care for clinical effectiveness, quality of the patient experience and patient safety, and the initiatives chosen to deliver these priorities were established as a result of consultation with patients,



governors, managers and clinical staff. The Trust has shared its proposed priorities for 2014/15 with our Clinical Commissioning Groups, Blackpool Healthwatch, Lancashire Healthwatch, Blackpool Overview and Scrutiny Committee, Lancashire Overview and Scrutiny Committee and a sub group of the Council of Governors.

The Trust has taken the feedback received into account when developing its priorities for quality improvement for 2014/15 and after consultation at Board level, the following quality improvement priorities outlined in Table 2 were proposed and agreed by the Board of Directors which it believes will have maximum benefits for our patients. These quality improvement priorities are also reinforced by the standards outlined in the NHS

Outcomes Framework 2014/15 which set out the high-level national outcomes that the NHS should be aiming to improve. The priorities focus on 3 key elements in the quality of care. These are:

- Clinical Effectiveness of Care
- Quality of the Patient Experience
- Patient Safety

Four additional quality improvement priorities have also been selected by the Board of Directors as a priority in 2014/15 and are detailed in Table 2 in bold italics.

Table 2: Priorities for Quality Improvement

National Level NHS Outcomes Framework (DH 2014/15) Quality Domain(s)	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2014/15
<p>Domain 1: Preventing people from dying prematurely.</p> <p>Domain 2: Enhancing quality of life for people with long-term conditions.</p>	<p>To provide and maintain high quality and safe services. To deliver consistent best-practice NHS care which is evidence based.</p> <p>To actively work in the prevention of ill health as well as its treatment.</p>	Clinical Effectiveness of Care	<p>Reduce premature mortality from the major causes of death</p> <ul style="list-style-type: none"> - Reduce 'preventable' mortality by reducing the Trust's hospital mortality rates - The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust - The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.
Domain 1: Preventing people from dying prematurely.	To provide patient centred care across integrated pathways with primary/ community/ secondary and social care.	Clinical Effectiveness of Care	<p>Our strategic aim is 100% compliance with agreed pathways by 2016 through the following strands of work:</p> <ul style="list-style-type: none"> - Sepsis - Pneumonia - Stroke - Cardiac Chest Pain - Acute Kidney Injury <p>North West Advancing Quality initiative that seeks compliance with best practice to improve patient outcomes in eight clinical pathway programmes:</p> <ul style="list-style-type: none"> - Acute Myocardial Infarction - Hip and Knee Surgery - Coronary Artery bypass graft surgery - Heart Failure - Pneumonia - Stroke - Patient Experience Measures - Acute Kidney Injury
Domain 2: Enhancing quality of life for people with long-term conditions.	<p>To provide and maintain high quality and safe services</p> <p>To deliver consistent best-practice NHS care which is evidence based</p>	Clinical Effectiveness of Care	<p>Enhancing quality of life for people with dementia</p> <ul style="list-style-type: none"> - Improve the outcome for older people with dementia by ensuring 90% of patients aged 75 and over are screened on admission

Table 2: Priorities for Quality Improvement

National Level NHS Outcomes Framework 2013/14 Domains of Quality	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2014/15
Domain 3: Helping people to recover from episodes of ill health or following injury.	<p>To provide and maintain high quality and safe services</p> <p>To deliver consistent best-practice NHS care which is evidence based.</p> <p>To actively work in the prevention of ill health as well as its treatment.</p>	Clinical Effectiveness of Care	<p>Medical Care Indicators and Nursing Care Indicators used to assess and measure standards of clinical care.</p> <ul style="list-style-type: none"> - Improving outcomes from planned procedures - Improve Patient Reported Outcomes Measure (PROMs) scores for the following elective procedures: <ul style="list-style-type: none"> i Groin hernia surgery ii Varicose veins surgery iii Hip replacement surgery iv Knee replacement surgery <p>Emergency readmissions to hospitals within 28 days of discharge (Quality Accounts January 2014 DH)</p> <ul style="list-style-type: none"> - The percentage of patients' of all ages and genders (aged 0 to 14) and (15 or over) readmitted to a hospital which forms part of the Trust within 28 days of being discharged from hospital; and - Compare the National Average for the above percentage
Domain 4 Ensuring that people have a positive experience of care.	<p>To provide and maintain high quality and safe services</p> <p>To deliver consistent best-practice NHS care which is evidence based.</p>	Quality of The Patient Experience	<p>Improve hospitals' responsiveness to inpatients' personal needs by improving the CQC National Inpatient Survey results in the following five questions:</p> <ul style="list-style-type: none"> - Were you involved as much as you wanted to be in decisions about your care and treatment? - Did you find someone on the hospital staff to talk to about your worries and fears? - Were you given enough privacy when discussing your condition or treatment? - Did a member of staff tell you about medication side effects to watch for when you went home? - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? <p>Improve staff survey results in the following area:</p> <ul style="list-style-type: none"> - Percentage of staff who would recommend the Trust to friends or family needing care. <p>- Report on Friends and Family Test</p>

Table 2: Priorities for Quality Improvement

National Level NHS Outcomes Framework 2013/14 Domains of Quality	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2014/15
Domain 4 Ensuring that people have a positive experience of care.	<p>To provide and maintain high quality and safe services</p> <p>To deliver consistent best-practice NHS care which is evidence based.</p>	Quality of The Patient Experience	<p>Improving the experience of care for people at the end of their lives</p> <ul style="list-style-type: none"> - Seeking patients and carers views to improve End of Life Care - Ensure that patients who are known to be at the end of their lives are able to spend their last days in their preferred place across all services.
Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm.	<p>To provide and maintain high quality and safe services</p> <p>To deliver consistent best-practice NHS care which is evidence based.</p> <p>To actively work in the prevention of ill health as well as its treatment.</p>	Patient Safety	<p>Achieve 95% Harm Free Care to our patients by 2016 through the following strands of work:</p> <p>Risk-assessment for Thrombo-Embolism (VTE)</p> <ul style="list-style-type: none"> - Improve the percentage of admitted patients who were risk- assessed for VTE; and - Compare the national average for the above percentage - Achieve a 10% reduction on the previous year in all VTE <p>Rates of Clostridium Difficile and MRSA</p> <ul style="list-style-type: none"> - The rate of Clostridium Difficile infections per 100,000 bed days amongst patients aged two years and over apportioned to the Trust; and - Compare the national average for the above rate. - Reduce the incidence of MRSA infection rates in the Trust as reflected by national targets <p>Reported patient safety incidents</p> <ul style="list-style-type: none"> - To monitor the rate of patient safety incidents the Trust have reported per 100 admissions; and - The proportion of patient safety incidents the Trust has reported that resulted in severe harm or death - Reduce the incidence of Falls resulting in patient harm by 30% at low, minor moderate and serious impact levels - Reduce the incidence of medication errors resulting in moderate or severe harm by 30% - Reduce the incidence of new hospital acquired pressure ulcers stage 2 by 50%, stage 3 by 100% and stage 4 by 100%; and - reduce stage 2, 3 and 4 community acquired pressure ulcers by 30% <p>Continue to introduce the plan Think Glucose Programme</p>

The Priority Indicators for Quality Improvement will be measured through the objectives and Strategic Aims that are identified within the Organisational Strategic Framework. The Priority Indicators for Quality Improvement will be monitored by the Board at each of its meetings through the Chief Executive Assurance Report, and a number of committees within the Board Committee Structure. Further information can be found in section 2.2.5 and in the Glossary of Terms

2.2.3 Rationale for the Selection of Priorities to be removed in 2014/15

This section includes a list of priorities that have been chosen to be removed by the Board of Directors from the quality improvements priorities for 2014/15. The rationale for the de-selection of the following priorities is that considerable progress and improvements have been delivered or put in place and other improvements have become a priority.

Information regarding the improvements made to demonstrate evidence for their removal is outlined in Part 3. It has been agreed to remove the following quality improvement priority used in 2013/14. Although this will continue to be monitored by the relevant committee's detailed below, this will not be reported in the 2014/15 Quality Accounts:

- The one priority removed is in relation to improving Patient Led assessments of the Care Environment (PLACE) as the Trust constantly achieves high standards, and this will be continued to be monitored at the PLACE Committee.

2.2.4 Engagement with Patients, Public, Staff and Governors

The Trust has taken the views of patients, relatives, carers and the wider public into account for the selection of priorities for quality improvement through the completion of feedback forms which are available from the Trust's website.

Other methods of obtaining the

views of patients, public, staff and governors has been through feedback from local and national patient surveys, information gathered from formal complaints, comments received through the Patient Relations Team and various local stakeholder meetings and forums.

Listening to what our staff, governors, patients, their families and carers tell us, and using this information to improve their experiences, is a key part of the Trust's work to increase the quality of our services.

The Trust wants to make sure that staff, governors, patients, their families and carers have the best possible experience when using our services.

2.2.5 How we will Monitor, Measure and Report ongoing Progress to Achieve our Priorities for Quality Improvement 2014/15

We use a number of tools to measure our progress on improving quality and these tools inform the reports we present to the Board and its Sub-Committees. The priorities for quality improvement in 2014/15 will continue to be monitored and measured and progress reported to the Board of Directors at each of its meetings as part of the Board Business Monitoring Report and the Quality and Safety Assurance Report. For priorities that are calculated less frequently, these will be monitored by the Board of Directors by the submission of an individual report. The Trust has well-embedded delivery strategies already in place for all the quality priorities, and

will track performance against improvement targets at all levels from ward level to Board level on a monthly basis using the ward quality boards and the integrated divisional quality monitoring reports. The priorities for quality improvement will also be monitored through the high level Risk Register and Divisional Risk Register process and by the Sub-Committees of the Board.

The Trust will also report ongoing progress regarding implementation of the quality improvements for 2014/15 to our staff, patients and the public via the performance section of our website. You can visit our website and find up-to-date information about how your local hospitals are performing in key areas: infections, death rates, patient falls and medication errors. Improving patient safety and delivering the highest quality care to our patients is our top priority. We believe that the public have a right to know about how their local hospitals are performing in these areas that are important to them. As well as information on key patient outcomes, the website also includes data on our waiting times, length of stay, complaints, patient harms, cleanliness, hospital food, and patients and staff opinion of our hospitals.

We are keen to build on the amount of data we publish but we want to make sure that the information is what you want to see and that it is easy to understand. Please have a look at these web pages and let us know if there are any areas that could be improved by completing this feedback form or alternatively visit the website: <http://www.bfwh.nhs.uk/about/performance/>

2.3 Statements of Assurance from the Board of Directors

The information in this section is mandatory text that all NHS Foundation Trusts must include in their Quality Account. We have added an explanation of the key terms and explanations where applicable.

2.3.1 Review of Services

During 2013/14 the Blackpool Teaching Hospitals NHS Foundation Trust provided and/or subcontracted 49 relevant Health Services.

The Blackpool Teaching Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 49 of these relevant Health services.

The income generated by the relevant Health services reviewed in 2013/14 represents 88 per cent of the total income generated from the provision of relevant Health services by the Blackpool Teaching Hospitals NHS Foundation Trust for 2013/14.

The quality aspirations and objectives outlined for 2013/14 reached into all care services provided by the Trust and therefore will have had impact on the quality of all services.

The data reviewed on various activities enables assurance that the three dimensions of quality improvement for clinical effectiveness, patient experience and patient safety is being achieved including:



- Divisional monthly performance reports
- Quality Boards based in our wards and departments
- Clinical audit activities and reports

The informal patient safety walkabout visits undertaken by the Executive Directors on a weekly basis and the formal patient safety walkabouts visit, undertaken by Executive Directors and Non-Executive Directors on a monthly basis have been a powerful tool in making the Trust's quality and safety agenda tangible to ward staff, prompting us to take ownership of our services in a new way. This initiative has been of great value in assisting clinical staff in achieving the highest quality environment in a very visible way.

2.3.2 Participation in Clinical Audits and National Confidential Enquiries

During 2013/14, 46 national clinical audits and 3 national confidential enquiries covered

relevant Health services that Blackpool Teaching Hospitals NHS Foundation Trust provides.

During 2013/14 Blackpool Teaching Hospitals NHS Foundation Trust participated in 86% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries for which it was eligible. These are detailed in Column A of Tables 3 and 4.

The national clinical audits and national confidential enquiries that Blackpool Teaching Hospitals NHS Foundation Trust participated in during 2013/14, and for which data collection was completed during 2013/14, are listed in Column B of Tables 3 and 4 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry identified in Column C and D of Tables 3 and 4.

Table 3: National Clinical Audits

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2013/14

Number	National Clinical Audit Title	Column A Eligible to participate in	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
1	NNAP: neonatal intensive care	✓	✓	322	100%
2	ICNARC CMPD: adult critical care units	✓	✓	1048	100%
4	NJR: hip and knee replacements	✓	✓	440	100%
5	DAHNO: head and neck cancer	✓	✓	81	100%
6	MINAP (inc ambulance care): AMI & other Acute Coronary Syndrome	✓	✓	1448/1598	91%
7	Heart Failure Audit	✓	✓	334	115%
8	NHFD: hip fracture		X Not required for 13/14 QA		
9	TARN: severe trauma	✓	✓	158	100%
10	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	358	100%
11	National Audit of Dementia: dementia care	NA	X Not required for 13/14 QA		
12	British Thoracic Society: National Bronchiectasis Audit	NA	BTS Not running this period 2013/14		
13	RCP: National Care of the Dying Audit	NA	X Not required for 13/14 QA		
14	National comparative audit of blood transfusion in adult cardiac surgery	✓	✓	309	100%
15	Coronary angioplasty	✓	✓	Awaiting confirmation	
16	Oesophago-gastric cancer (National O-G Cancer Audit)	✓	✓	130	100%
17	CCAD: Adult Carotid interventions	✓	✓	1223	100%
18	CCAD: Heart rhythm management (pacing and implantable cardiac defibrillators (ICDS)	✓	✓	861	100%
19	CCAD: Congenital Heart Disease Paediatric Cardiac surgery	✓	✓	5	100%
20	Adult cardiac surgery: CABG and valvular surgery	✓	✓	1223	100%
22	NBOCAP: bowel cancer	✓	✓	219	100%
23	NLCA: lung cancer	✓	✓	293	100%
24	RCP: Audit to assess and improve service for people with inflammatory bowel disease	✓	✓	9/100	9%

Table 3: National Clinical Audits

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2013/14

Number	National Clinical Audit Title	Column A Eligible to participate in	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
25	Adult community acquired pneumonia (British Thoracic Society)	NA	BTS Not running this period 2013/14		
26	Emergency use of oxygen (British Thoracic Society)	✓	✓	29	100%
27	Renal colic (College of Emergency Medicine)	NA	X Not required for 13/14 QA		
28	Non-invasive ventilation - adults (British Thoracic Society)	NA	BTS Not running this period 2013/14		
29	Potential donor audit (NHS Blood & Transplant)	NA	X Not required for 13/14 QA	326	100%
30	National Cardiac Arrest Audit (NCAA)	✓	✓	388	100%
31	National Vascular Registry (elements include CIA, peripheral vascular surgery, VSGBI Vascular Surgery Database, AAA, NVD)	✓	✓		
32	Pulmonary hypertension (Pulmonary Hypertension Audit)	NA	X Not required for 13/14 QA		
33	Adult asthma (British Thoracic Society)	NA	BTS Not running this period 2013/14		
34	Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	✓	✓	108	100%
35	Diabetes (Paediatric) (NPDA)	✓	✓	69	100%
36	National Review of Asthma Deaths (NRAD)	✓	✓	1	100%
37	Pain database	✓		Awaiting Confirmation	
38	Fractured neck of femur	NA	X Not required for 13/14 QA		
39	Elective surgery (National PROMs Programme)	✓	✓	NA	67.7
41	Epilepsy 12 audit (Childhood Epilepsy)	✓	NA	39	100%

Table 3: National Clinical Audits

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2013/14

Number	National Clinical Audit Title	Column A Eligible to participate in	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
42	<p>"Maternal, infant and newborn programme (MBRRACE-UK)*</p> <p>(Also known as Maternal, Newborn and Infant Clinical Outcome Review Programme)</p> <p>*This programme was previously also listed as Perinatal Mortality (in 2010/11, 2011/12 quality accounts)"</p>	✓	✓	43	100%
43	Paediatric asthma (British Thoracic Society)	✓	✓	22	100%
44	Paediatric fever (College of Emergency Medicine)	NA	X Not required for 13/14 QA		
45	Paediatric intensive care (PICANet)	Not eligible at this Trust	X		
46	Paediatric pneumonia (British Thoracic Society)	✓	✓	10	100%
47	National audit of seizure management in Hospitals	✓	✓	30	100%
48	National emergency laparotomy audit (NELA)	✓	✓	54	100%
49	Paracetamol overdose (care provided in Emergency Departments - College of Emergency Medicine)	✓	✓	Awaiting confirmation	
50	Pleural procedures	Not eligible at this Trust	X		
51	Severe sepsis & septic shock (College of Emergency Medicine)	✓	Suspended due to Sepsis Pathway March 14		
52	Vital signs	NA	X Not required for 13/14 QA		
53	Intra thoracic transplantation (NHSVT UK transplant registry)	Not eligible at this Trust	x		
54	Liver transplantation (NHSVT UK transplant Registry)	Not eligible at this Trust	x		
55	Prostate Cancer	NA	X Not required for 13/14 QA		

Table 3: National Clinical Audits

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2013/14

Number	National Clinical Audit Title	Column A Eligible to participate in	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
56	COPD Discharge Audit	NA	X Not required for 13/14 QA		
57	National COPD Audit Programme (RCP)	✓		Awaiting confirmation	
58	Paediatric Bronchiectasis	✓	✓	Awaiting confirmation	
59	Renal Registry	Not eligible at this Trust	x		
60	Renal transplantation (NHSVT Transplant Registry)	Not eligible at this Trust	x		
61	Rheumatoid and early inflammatory arthritis	✓		Awaiting confirmation	
62	Learning disabilities/feasibility study	Not eligible at this Trust	X		
63	Mental health clinical outcome review programme NCEPOD into suicide and homicide with people with mental illness	Not eligible at this Trust	x		
64	National audit of psychological therapies	Not eligible at this Trust	x		
65	National audit of schizophrenia	Not eligible at this Trust	x		
66	Prescribing observatory for mental health	Not eligible at this Trust	x		
67	Falls and fragility fractures audit programme	✓		Awaiting confirmation	
68	National audit of memory clinics	Not eligible at this Trust	X		
69	Parkinson's Disease (Nationals Parkinson's audit)	NA	X Not required for 13/14 QA		
70	Familial Hypercholesterolaemia (National clinical audit management of FH)	NA	X Not required for 13/14 QA		
71	National audit of intermediate care	NA	X Not required for 13/14 QA		
72	National health promotion in hospitals audit	NA	X Not required for 13/14 QA		
73	Patient transport (National kidney care audit)	Not eligible at this Trust	X		

Table 3: National Clinical Audits

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2013/14

Number	National Clinical Audit Title	Column A Eligible to participate in	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
74	Fitting childcare in emergency departments	NA	X Not required for 13/14 QA		
75	Mental health care in emergency departments	NA	X Not required for 13/14 QA		
76	Older people care in emergency departments	NA	X Not required for 13/14 QA		
77	Speciality rehabilitation for patients with complex needs	NA	X Not required for 13/14 QA		
78	Child health clinical outcome review programme (CHR/UK)	NA	X Not required for 13/14 QA		
79	Heavy menstrual bleeding	NA	X Not required for 13/14 QA		
80	Paediatric Asthma audit	✓	✓	Awaiting confirmation	
81	Pain management (College of emergency medicine)	NA	X Not required for 13/14 QA		

✓ – Eligible to participate or actively participating

NA – Eligible to participate however not required for QA (Data collection dependent upon individual audit) or stage of audit with managing body for this time period

Not eligible at this Trust – The service to which this service relates to is not undertaken within the Trust

Table 4: National Confidential Enquiries

List of National Confidential Enquiries that Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2013/14.

Number	National Confidential Enquiries	Column A Eligible to Participate In	Column B Participated In	Column C Number of cases submitted	Column D Number of cases submitted as a percentage of the number of registered cases required
1	Tracheostomy Care Study	Yes	Yes	17	100%
2	Lower Limb Amputation Study	Yes	Yes	7 Data collection not due to complete at time of report	100%
3	Gastro Intestinal Haemorrhage Study	Yes	Yes	Data collection not due to complete at time of report	100%
4	Alcohol Related Liver Disease	Yes	Yes	7	100%

Data source: Clinical Audit Programme and final reports. This data is governed by standard national definitions



The reports of 2 National Clinical Audits (Confidential Enquiries) were reviewed by the provider in 2013/14 and Blackpool Teaching Hospitals NHS Foundation Trust intends to take or has taken the following actions to improve the quality of healthcare provided as shown in Table 5.

Table 5: National Clinical Audits (Confidential Enquiries)	
National Clinical Audits (Confidential Enquiries) presented for assurance to the Board of Directors	Details of actions taken or being taken to improve the quality of local services and the outcomes of care.
<p>Sub Arachnoid Haemorrhage Study –</p> <p>Report issued Nov 2013</p> <p>Managing the Flow?</p> <p>A review of the care received by patients who were diagnosed with an aneurysmal subarachnoid haemorrhage.</p>	<p>All patients presenting with acute severe headache in a secondary care hospital should have a thorough neurological examination performed and documented.</p> <ul style="list-style-type: none"> • All patients presenting to the emergency department with acute severe headache have a GCS recorded in the observations section of the electronic patient record by the initial assessment nurse. Documentation of full neurological assessment by a doctor is recorded in the hospital notes • A full audit of all patients admitted with a suspected subarachnoid haemorrhage will be part of a clinical audit undertaken by the Lead Consultant to determine neurological assessment in A&E <p>A CT- scan should be performed immediately in this group of patients as defined by the 'National Clinical Guideline for Stroke'.</p> <ul style="list-style-type: none"> • The Trust provides 24 hr CT scanning In hours, • The PACS system at Blackpool Teaching Hospitals NHS Trust is linked directly to the PACS system at Central Lancashire Teaching Hospitals NHS Trust. The images are therefore immediately available for review by the neurosurgical on call at Royal Preston Hospital prior to transfer. <p>The nationally-agreed standard ('National Clinical Guideline for Stroke') of securing ruptured aneurysms within 48 hours should be met consistently and comprehensively by healthcare professionals who treat this group of patients. This will require providers to assess the service they deliver and move towards a seven-day-service.</p> <ul style="list-style-type: none"> • Neurosurgical services at Royal Preston Hospital conveniently located within 15 minutes of a "blue light" ambulance transfer. • Critical care support is provided for transfer of patients intubated or with airway concerns. <p>Organ donor policy in place within the Trust with appointed Specialist Nurse – Organ Donation (BVH)</p>
<p>Alcohol Related Liver Disease Study</p> <p>Report issued June 2013</p> <p>Measuring the Units</p> <p>A review of patients who died with alcohol-related liver disease</p>	<ul style="list-style-type: none"> • The Trust has appointed a multi disciplinary Alcohol Care Team that is led by a Consultant. • The Alcohol Specialist Nurse Service offers a 7 day service. • Policies are in place re the identification and management of alcohol misuse. • All patients are assessed on admission using an approved tool – (Audit – C) • Antibiotics and terlipressin are offered to all patients with a history of alcohol abuse and gastro intestinal haemorrhage until the results of endoscopy are reviewed. • Escalation of care is actively pursued based on renal function of individuals and need.

Data source: Clinical Audit Programme and final reports. This data is governed by standard national definitions

Local clinical audit is important in measuring and benchmarking clinical practice against agreed markers of good professional practice, stimulating changes to improve practice and re-measuring to determine any service improvements.

During 2013/14, 90 % (215) of audits were completed or are running according to schedule for

completion. The number of audits being monitored by the Clinical Audit Department is 53 % (127). This includes all audits that have not been fully completed at end of Q4.

The reports of 113 local clinical audits were reviewed by the provider in 2013/14 and Blackpool Teaching Hospitals NHS Foundation Trust intends

to take the following actions to improve the quality of healthcare provided (see Table 6 below). Additional information can be found in the Annual Clinical Audit Report 2013/14 which is published on the Trusts website and is available via the following link: <http://www.bfwh.nhs.uk/about/performance/>. A copy of the Annual Clinical Audit report of is available on request.

Table 6: Local Clinical Audits

Local Clinical Audits presented for assurance to the Board of Directors	Details of actions taken to improve the quality of local services and the outcomes of care.
Ventilatory Associated Pneumonia (VAP) care bundles in ICU	CC1202 - Daily Ward Round Chart to check VAP / CPIS scores have been completed Bedside Nurses to complete VAP bundle on ICU day chart
Management of basal cell carcinoma with topical immiquimod	DER1101 The use of immiquimod in treatment of BCC will be constantly monitored.
Secondary prevention of Osteoporosis in patients with low trauma fracture neck of femur	GM092 - Size A4 flow chart developed. Discharge check list developed. Regular education to junior doctors ongoing.
Audit of diagnosis and management of inflammatory arthritis against NICE guidance	GM1032 - No change to MDT referral & assessment as better than regional ones but continuing to monitor. Recruitment of 2 specialist nurses underway for specific Early Arthritis Clinic incorporating urgent new patient slots & monthly follow up for newly diagnosed patients according to agreed protocols.
Drug errors in adult patients with diabetes	GM1118 - Plan to take up the 'Think Glucose' campaign is underway. Plans to make a separate insulin prescription with electronic prescribing tool can only be implemented when Vision is active.
30 day mortality and 8 day complications	GM1217 Patient leaflet has been updated. Coding problems have been addressed. Feedback process has been introduced for contact clinicians.
Colonic Biopsies for chronic diarrhoea	GM1210 - Action plan implemented. Ongoing education and information disseminated to all colonoscopists.
BTS National Emergency Oxygen Audit 2011 Continued from 12/13	GM1218 - Ongoing education of junior doctors, ward staff, and other Allied Health Professionals in drug chart inspection and importance of oxygen prescription. Oxygen therapy to be part of ward level indicators.
National Care of the Dying Acute Hospitals Audit (NCDAH) Interim audit Continued from 12/13	GM1219 - Continued rolling programme of training on all EOLC tools. Increased ward based training on LCP, communication, symptom management and best EOLC. Unable to implement recommendation of changing questions on NCI as request for this has been rejected at this time.
Adult Community Acquired Pneumonia Continued from 12/13	GM1226 - New pathway and checklist developed with real time feedback / accountability for performance. Education and communication on pathway ongoing. Information available on intranet.
Mortality review in the acute medical unit at BVH	GM1303 Continual education to improve documentation on AMU noting times, dates and clinician performing review.
Management of acute upper gastrointestinal haemorrhage (AUGH)	GM1306 - Early referral/discussion with Gastroenterologist/SpR of all acute upper gastrointestinal haemorrhage patients. AMU and A&E staff notified. Rockall/ Blatchford score to be a mandatory field in endoscopy e-request agreed with Vision & Alert.
Re-Audit of patient casenotes who have undergone peripheral blood stem cell transplantation	GM1307 - Introduction of orange casenote stickers to ensure all notes are returned to transplant coordinator for completion of casenotes.

Table 6: Local Clinical Audits

Local Clinical Audits presented for assurance to the Board of Directors	Details of actions taken to improve the quality of local services and the outcomes of care.
Re-audit Assessment of compliance with NICE CG50 in Acutely ill patients in hospital	CC1204 - Ongoing education of nursing and medical staff regarding the need to use new POTTs charts and remove old versions. Monitor compliance with observation recording via NCI and spot checks by Matrons Full audit of 2222 calls to be undertaken in 2013
Audit of management of paediatric postoperative pain management	AN1207 - Discussed with ENT Surgeons who do not support the use of topical local anaesthetics for paediatric tonsillectomies.
Adequacy of medical records in Cardiothoracic surgical inpatients	CAR1203 - ITU round sheet introduced and in use. Medical staff more diligent to patient identifier details date and time.
The management of central venous catheter in surgical and medical wards	GS1206 Training to all staff at all levels in relation to completed daily reviews of patients being undertaken according to CVC care bundle and clear documentation on indication and on-going needs. Training to all health care professionals, junior doctors and nurses involved in the insertion and maintenance of cvc regarding central line associated infection.
NW Regional Bladder Cancer Audit	GS1204 Regular TRUS biopsy sessions introduced with extra sessions to accommodate peaks in demand. New standard letter introduced showing procedural steps. Fast track system developed for prostatic biopsies. Appointment of a further Consultant. All Consultants now have clinic slots reserved for giving positive results to cancer patients. Procedural operation note agreed that specifically requires the number of cores to be documented. Patients suitable for trials to be discussed at MDT and outcome of discussion to be documented.
DSE guided revascularisation	CAR1302 - Ongoing education/presentation to raise awareness of current ESC guidelines.
VTE prophylaxis in patients undergoing elective urological procedures	GS1302 Changes have been made to trust policy to reflect prescribing Dalteparin. Junior doctors advised in the increase in frequency of prescribing Dalteparin.
Diagnostic investigations in heart failure	CAR1306 - Ongoing education to doctors to refer all clinical suspicions of heart failure without requirement of an echo and echoes should include assessment of left ventricular diastolic function where possible.
Monitoring VTE prophylaxis in urology patients	GS1005 All surgical patients to have VTE assessment on admission Anaesthetists to consider regional anaesthesia to reduce risk of VTE Patients to be offered thromboprophylaxis to reduce VTE risk Minimise hospitalisation by considering minimal invasive procedures
Timeframe between listing for the laser treatment in Diabetic Retinopathy	OP1103 - New specific diabetic retinopathy clinic to be set up. Awaiting appointment of new consultant to oversee all ophthalmic diabetic patients.
Compliance with inpatient chart clinical verification audit	PH1215 Ensure all pharmacists obtain and have access to up to date standards
NPSA Alert - Loading Dose Audit	PH1214 - Trust policies to be amended to include critical care area procedures. Continue to educate newly qualified doctors to ensure awareness of importance of stopping the loading dose and continuing with maintenance dose. Warfarin posters on display throughout hospital to clarify policy. Disseminate policy to all nursing and medical staff.
Reducing harm from omitted and delayed medicines in hospital/ The correct use of omission codes	PH1211 Supply a critical drugs list to each ward, step by step easy to follow flow chart on how to obtain medication and the list of omission codes and what appropriate action needs to be taken to be placed in the drugs trolley on each ward.
Re-audit of Pharmaceutical Procurement Services	PH1212 - SOP116 has been reviews, policies covering how to deal with suppliers, reps and waste management have been written. Procedure for dealing with breaches of minimum and maximum specified temperatures and records reviewed. A documented training programme has been incorporated into training and competency records. A training record is now available for all staff working in procurement.
Clinical handover of care of neonates	CH1306 - Raise awareness of Baby transfer notification within Women's unit. Updated Baby Transfer Notification form to provide signature. Raise awareness of Baby transfer notification within Women's Unit.

Table 6: Local Clinical Audits	
Local Clinical Audits presented for assurance to the Board of Directors	Details of actions taken to improve the quality of local services and the outcomes of care.
Discharge of babies from the Neonatal unit	OB1217 - Review of discharge plan: Health Visitor Liaison only to be phoned if Neonatal Nursing Unit discharge occurs at weekend. Otherwise Health Visitor Liaison will visit for discharge information during the week.
Venous thromboembolism (VTE)	OB1220 - Risk assessments for every woman to be completed. Women identified as intermediate or high risk of VTE following risk assessment by the obstetrician must be informed to carry out assessment and develop a management plan. Documentation reflects the advice and care provided.
Discharge	OB1221 - Comprehensive discharge documentation developed that includes antenatal record, discharge advice, prescription as required and post discharge care of mother and baby.
Handover of care	OB1222 - SBAR communication tool promoted for use of transfer of handover and care inter department. SBAR sticker proforma now includes information from the obstetrician St3 and the anaesthetist which details plan of care recorded in birth record.
Management of postpartum haemorrhage	OB1212 - Update current guideline to include pathway. Consider consultant baton bleed and inclusion 2222.
Obesity in Pregnancy	OB1210 - Improve communication with GP & Community Midwives regarding Folic Acid and Vitamin D. Improve documentation. Ongoing training.
North West Diabetes Pregnancy Audit	OB1207 - replaced by OB1302 ongoing audit
Actions noted in Health Action Plans; audit of record of action completion	C013 Provide Mandatory Training to Clinicians; Feedback to team managers and Clinicians; Evidence of meeting KPI's
Health Promotion in Hospitals	CG1213 - Results cascaded to relevant trust members, committees and external organisations. Ongoing training of staff in brief interventions for alcohol and tobacco use. Ongoing half day training in obesity.

2.3.3 Participation in Clinical Research in 2013/14

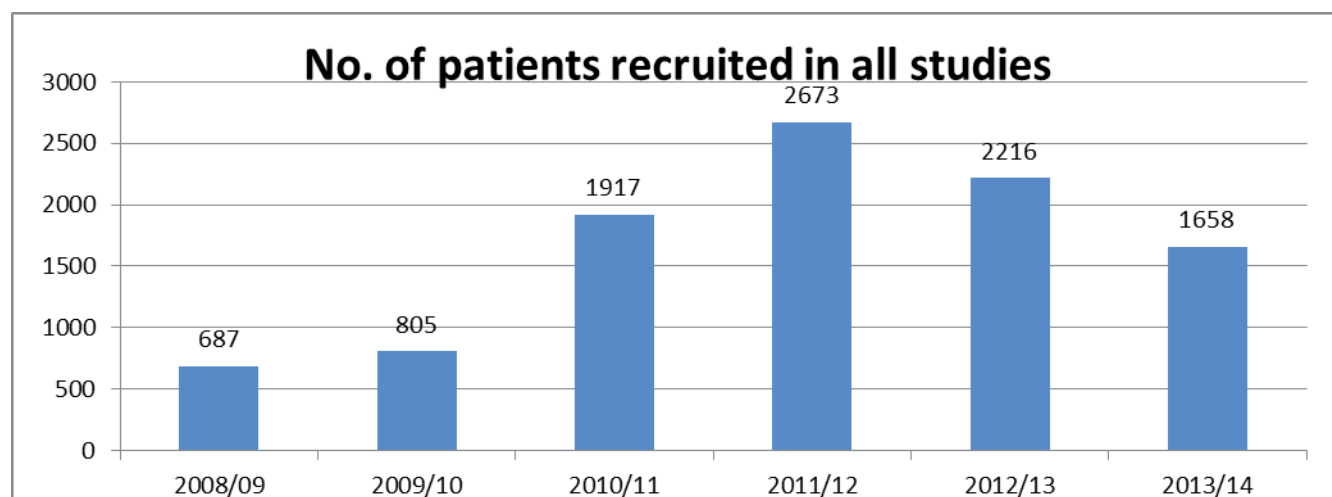
The number of patients receiving relevant health services provided or sub-contracted by Blackpool Teaching Hospitals NHS Foundation Trust in 2013/14 that were recruited during that period to participate in

research approved by a research ethics committee was 1,658*, identified in Graph 1, of which the number of patients recruited to National Institute of Health Research (NIHR) Portfolio Studies is 1,592*. This figure was less than the number recruited in 2012/13 due to a number of high recruiting studies

closing during 2013/14.

* It should be noted that 2013/14 NIHR Portfolio Study data is not signed off nationally until 30th June 2014. We therefore estimate the total patient recruitment total to be higher than currently reported (as at 31st March 2014).

Graph 1: Participation in Clinical Research



Data source: NIHR Portfolio Database of studies. This data is governed by standard national definitions.

The National Institute of Health Research (NIHR) Portfolio studies are high quality research that has had rigorous peer review conducted in the NHS. These studies form part of the NIHR Portfolio Database which is a national data resource of studies that meet specific eligibility criteria. In England, studies included in the NIHR Portfolio have access to infrastructure support via the NIHR Comprehensive Clinical Research Network. This support covers study promotion, set up,

recruitment and follow up by network staff.

Participation in clinical research demonstrates Blackpool Teaching Hospitals NHS Foundation Trust's commitment to improving the quality of care offered and to making our contribution to wider health improvement. Our clinical staff remain abreast of the latest possible treatment possibilities, and active participation in research leads to successful patient outcomes.

Blackpool Teaching Hospitals NHS Foundation Trust was involved in conducting 140 clinical research studies during 2013/14. There were over 80 clinical staff participating in research approved by a research ethics committee at Blackpool Teaching Hospitals NHS Foundation Trust during 2013/14. These staff participated in research covering 19 medical specialties as outlined in Table 7 below. Please note the data on the Table 7 is provided by the NIHR whose figures are not finalised until 30th June 2014.

Table 7: Number of patients recruited to National Institute of Health Research Portfolio studies

Specialty	No. of Patients Recruited 2009/10	No. of Patients Recruited 2010/11	No. of Patients Recruited 2011/12	No. of patients recruited 2012/13	No. of patients recruited 2013/14
Age and Ageing	0	0	0	10	17
Cancer	111	140	419	303	197
Cardiovascular	223	275	449	549	353
Critical Care	25	963	359	8	6
Dementias and Neurodegenerative Diseases	5	11	6	0	9
Dermatology	0	21	10	9	23
Diabetes	0	6	150	702	307
Genetics and Congenital Dis	0	0	171	177	29
Health Services Research	2	7	133	4	2
Infection	3	24	6	26	42
Injuries and Emergencies	0	14	4	101	47
Meds for Children	30	43	24	15	6
Musculoskeletal	31	18	1	9	11
Neurological	0	0	0	0	6
Ophthalmology	0	1	0	0	22
Oral and Gastrointestinal	67	106	67	52	85
Paediatric	0	20	223	160	128
Paediatrics (non medicines)	10	10	32	66	11
Renal and Urogenital	114	90	0	0	0
Reproductive Health	88	54	41	35	26
Respiratory	13	19	22	20	20
Stroke	83	94	116	44	33

In addition, over the last three years, 145 publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS. The improvement in patient health outcomes in Blackpool Teaching Hospitals NHS Foundation Trust demonstrates that a commitment to clinical research leads to better treatment for patients.

2.3.4 Information on the Use of the Commissioning for Quality and Innovation Framework

A proportion of Blackpool Teaching Hospitals NHS Foundation Trust's income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between Blackpool Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at: <http://www.bfwh.nhs.uk/about/performance/>

The Commissioning for Quality and Innovation (CQUIN) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services. In particular, it aims to ensure that local quality improvement priorities are discussed and agreed at board level within and between organisations. The CQUIN payment framework



is intended to embed quality at the heart of commissioner-provider discussions by making a small proportion of provider payment conditional on locally agreed goals around quality improvement and innovation.

The total planned monetary value of income of CQUIN in 2013/14 conditional upon achieving quality improvement and innovation goals is £ 7,678,469; however, it is estimated that the Trust will achieve a monetary total value of £ 7,301,025 for the associated payment in 2013/14.

The main areas of risk are the Dementia (Screening, Assessment & Referral), Patient Experience and AQ (CABG, Stroke and Heart Failure), CQUIN themes; however performance against these measures will not be confirmed until August 2014.

2.3.5 Registration with the Care Quality Commission and Periodic/Special Reviews

Statements from the Care Quality Commission

Blackpool Teaching Hospitals NHS Foundation Trust is required

to register with the Care Quality Commission (CQC) and its current registration status is compliant with no conditions.

The CQC has not taken enforcement action against Blackpool Teaching Hospitals NHS Foundation Trust during 2013/14.

Special Reviews/Investigations

In June 2013 the Trust had a visit from a team under the direction of Sir Bruce Keogh. The Trust was one of 14 Trusts identified as a persisting outlier on the national Summary Hospital Level Mortality Indicator (SHMI) measure based on data from pre 2012. We welcomed this opportunity to demonstrate the quality of care provided by the organisation and to highlight many areas of improvement being undertaken. This visit linked well with our ongoing work to improve service quality and reduce mortality, which has seen average standardised mortality ratios for the Trust decreasing since July 2012. The Trust was one of only three organisations not placed in special measures following the review.

The Trust has committed itself to improving the nurse and doctor to patient ratios over coming years and is spending over £1m new monies this year to reduce the number and severity of incidents that could result in patient harms and ensure high standards of clinical care are maintained.

Blackpool Teaching Hospitals NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013/14. The Care Quality Commission has undertaken two visits during 2013/14 in relation to an unannounced visit in June 2013 and unannounced follow up visit in November 2013 to review the Trust's Complaints Service.

Unannounced Visit – Cardiac Directorate and Trust Complaints Service

On 11th June 2013 the Care Quality Commission carried out an unannounced visit to Blackpool Teaching Hospitals NHS Foundation Trust and reviewed the following standards:

Outcome 1: Respecting and Involving People Who Use Services

Outcome 2: Consent to Care and Treatment

Outcome 4: Care and Welfare of People Who Use Services

Outcome 16: Assessing and Monitoring the Quality of Service Provision

Outcome 17: Complaints

Following this visit the final report provided overall positive feedback, however the Trust was deemed to have not met the standard in respect of Outcome 17: Complaints, with moderate

impact on patients using this service being identified.

Based on the final report the Trust developed an action plan and commenced implementation of the recommendations to address the areas for improvement detailed above.

Following a subsequent visit from the CQC in November 2013, the CQC confirmed that the Trust has demonstrated compliance with Outcome 17. This has been achieved by the following:

The Trust's Operation Procedure – Patient Relations Department (Corp/Proc/403) has been updated with regards to the investigation timescales to ensure they are manageable and fit for purpose. This has been undertaken in conjunction with a Non Executive Director. The Trust has also reviewed the Safeguard electronic system to ensure flexibility in date recording.

If a complaint is delayed a holding letter is sent to the complainant and a date identified of when the Division will have the final response mailed out to the complainant.

A Red Alert was developed by the Director of Nursing and Quality and the Medical Director. The Alert was sent out to all Ward Managers to present to staff at handover for a period of one week. An e-mail was also sent all Consultants regarding the contents of the red alert.

The completed action plan and progress report detailed above has been submitted to the Care Quality Commission in October 2013 following approval by the Board.

Unannounced Follow up Visit – Complaints Service

The Care Quality Commission carried out a second unannounced follow up visit on 26th November 2013 to review of the Trust's compliance against Outcome 17. The Trust was able to evidence that they were taking the improvement of complaints management very seriously and was found to be meeting the standard fully.

Chief Inspector of Hospitals inspection Visit

Announced visit to Blackpool Teaching Hospitals NHS



Foundation Trust by the Care Quality Commission (CQC)

In January 2014, Blackpool Teaching Hospitals acute services at Victoria Hospital, Clifton Hospital and Fleetwood Hospital were inspected as part of the Care Quality Commission's new national programme of inspections. This inspection was 6

months after the Keogh visit and subsequent report and action plan. The CQC inspected acute services covering; Accident and Emergency, Medical Care, Surgery, Intensive/critical care, Maternity and family planning, Children's care, End of Life Care and Outpatients. The CQC focused on five areas of inspection. These were: Are services safe, effective,

caring, responsive to peoples needs and are they well-led.

The CQC's final report, published on 2 April, 2014 gave an overall rating to the Trust of "requires improvement" with the following ratings for each of the 5 key inspection questions:

Are acute services at this Trust safe?	Requires Improvement
Are acute services at this Trust effective?	Requires Improvement
Are acute services at this Trust caring?	Good
Are acute services at this Trust responsive?	Requires Improvement
Are acute services at this Trust well-led?	Requires Improvement

Of the 68 individual ratings given 42 were good, 2 were outstanding, 22 were requires improvement and 2 areas were deemed inadequate. Maternity Services were rated as 'inadequate' due to the ongoing review of PPH cases that had resulted in a hysterectomy, 5 cases in a 6 month period. The expected range for our Trust is 2 cases per year. The RCOG undertook their case review on 30th April and the CQC wish to receive a copy of this report and to agree with the Trust a date for re-inspection of the Maternity Service.

Following the Quality Summit on the 28th March it was agreed to formulate one quality improvement action plan following the CQC visit. The new CQC action plan and monitoring dashboard incorporates the main areas of continued focus from the Keogh Action plan e.g. monitoring mortality reduction, patient experience, incident reporting and staffing. The high level CQC action plan has been agreed with Commissioners and shared with Monitor. A detailed draft action

plan has been developed and this has also been shared with Commissioners. The final action plan was returned to the CQC by 30th April 2014.

An action plan is currently being produced to ensure all matters requiring improvement will be attained. This plan will be agreed by the Trust Board and with our commissioners and with Monitor and will be implemented in 2014/15.

2.3.6 Information on the Quality of Data

Good quality information and data are essential for:

- The delivery of safe, effective, relevant and timely patient care, thereby minimising clinical risk
- Providing patients with the highest level of clinical and administrative information
- Providing efficient administrative and clinical processes such as communication with patients, families and other carers involved in patient treatment
- Adhering to clinical governance standards which rely on accurate patient data to identify areas for improving clinical care
- Providing a measure of our own activity and performance to allow for appropriate allocation of resources and manpower



- External recipients to have confidence in our quality data, for example, service agreements for healthcare provisions
- Improving data quality, such as ethnicity data, which will thus improve patient care and improve value for money

NHS Number and General Medical Practice Code Validity

Blackpool Teaching Hospitals NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was:
 - 99.5% for Admitted Patient Care;
 - 99.7% for Outpatient Care; and
 - 98.6% for Accident and Emergency Care.
- which included the Patient's valid General Practitioners Registration Code was:
 - 100% for Admitted Care

- 99.9% for Outpatient Care; and
- 99.9% for Accident and Emergency Care.

** based on provisional April 2013- February 2014 SUS data at the month 11 inclusion date

Information Governance Assessment Report 2013/14

Blackpool Teaching Hospitals NHS Foundation Trust's Information Governance Assessment Report overall score for 2013/14 was 82% and was graded Satisfactory (Green).

For 2013/14 the grading system is based on:

- Satisfactory - Level 2 or above achieved in all requirements
- Not Satisfactory - minimum Level 2 not achieved in all requirements

This rating links directly to the NHS Operating Framework (Informatics Planning 2010/11) which requires organisations to achieve Level 2 or above in all requirements. A list of the types of organisations included along with compliance data is available on the Connecting

for Health website (www.igt.connectingforhealth.nhs.uk).

Blackpool Teaching Hospitals NHS Foundation Trust will continue to work towards maintaining and improving compliance standards during 2014/15 monitored by the Health Informatics Committee.

The Data Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

Payment by Results (PBR) Clinical Coding Audit

Blackpool Teaching Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnosis and treatment coding (clinical coding) were 6.7%. The results are detailed in Table 8 and demonstrate better than national average performance:

Table 8: Data Published by the Audit Commission

Clinical Coding	Percentages
Primary Diagnoses Incorrect	6.0%
Secondary Diagnoses Incorrect	9.4%
Primary Procedures Incorrect	4.5%
Secondary Procedures Incorrect	46.2%

Data source: External audit carried out by an approved auditor through the Audit Commission. This data is governed by standard national definitions

The following actions were identified to improve the quality of coding in the latest audit and are detailed below:

- Provide feedback and training to the coders on the issues highlighted in this report including:
 - o Establish a method of capturing pressure ulcers information
 - o Remove the facility from the system to add and remove codes from any staff other than coding staff and other essential users

Please see explanatory note for clinical coding:

- The results should not be extrapolated further than the actual sample audited.
- The following services were reviewed within the sample as shown in Table 9

Table 9: Data Sampled

Area Audited	Specialty/ Sub-chapter/ Healthcare	
Resource Group	Sample size	
Theme	Trauma and Orthopaedic	100
Speciality	Random Sampling	100

Statements or Relevance of Data Quality and Actions to Improve Data Quality

Blackpool Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

- Data quality indicators on NHS number coverage, GP of patient, Ethnicity, Gender, national secondary users service (SUS) quality markers will continue to be monitored on a daily, weekly and monthly basis from the Trust's dedicated data quality team all the way through to the Board.
- Areas of improvement have

been identified and actioned to maintain the Trust's high quality standards.

2.3.7 Core Quality Indicators

From 2013/14 all Trusts are required to report against a core set of Quality indicators, for at least the last 2 reporting periods, using the standardised statement set out in the NHS (Quality Accounts) Amendment Regulations 2013.

Set out in Table 10 are the core quality indicators that Trusts are required to report in their Quality

Accounts. Additionally, where the necessary data is made available to the Trust by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the Trust (as applicable) are included for each of those listed in Table 10 with:

- a) the national average for the same; and
- b) with those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.



Table 10: Core Quality Indicators

The data made available to the Trust by the Information Centre is with regard to –

- (a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period; and
- (b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.

Period	SHMI				Palliative Care Coding			
	Trust	England Average	England Highest	England Lowest	Trust	England Average	England Highest	England Lowest
October 2012 to September 2013	117	100	118	63	0.86%	1.19%	14.09%	0.00%
July 2012 to June 2013	116	100	116	63	0.88%	1.23%	13.93%	0.00%
July 2011 to June 2012	126	100	126	71	0.92%	1.09%	15.51%	0.00%

***Internally calculated data suggests the Trust's SHMI score on next release will be 110.9*

**The palliative care indicator is a contextual indicator*

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has embarked on an intensive plan for reducing mortality both in hospital and within 30 days of discharge.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate/number, and so the quality of its services, by undertaking the following actions:

- The Trust has shown a significant and sustained improvement in not only Risk Adjusted Mortality Index (RAMI) over the last three years but has also since July 2012 shown marked improvements in HSMR and SHMI mortality measures that have historically portrayed the Trust in a poor light.

See section 3.4.1- For further information to Reduce the Trust's Hospital Mortality Rate / Summary Hospital Mortality Indicators (SHMI) and any actions taken to improve performance.

The data made available to the Trust by the Information Centre with regard to the Trust's patient reported outcome measures scores for:

- (i) groin hernia surgery,
 - (ii) varicose vein surgery,
 - (iii) hip replacement surgery, and
 - (iv) knee replacement surgery,
- during the reporting period.

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
	2011/12	405	0.089	0.087	0.143	-0.002
Groin Hernia	2010/11	369	0.052	0.085	0.156	-0.02
	2009/10	360	0.06	0.082	0.136	0.011

****Provisional scores for 2012/13 show Trust position as 0.089 to be verified in September 2014**

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
	2011/12	269	0.366	0.413	0.499	0.306
Hip Replacement	2010/11	238	0.267	0.405	0.503	0.264
	2009/10	236	0.353	0.411	0.514	0.287

****Provisional scores for 2012/13 show Trust position as 0.366 to be verified in September 2014**

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
	2011/12	322	0.297	0.303	0.385	0.181
Knee Replacement	2010/11	323	0.231	0.298	0.407	0.176
	2009/10	251	0.279	0.294	0.386	0.172

****Provisional scores for 2012/13 show Trust position as 0.297 to be verified in September 2014**

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
	2011/12	443	0.097	0.095	0.167	0.049
Varicose Vein	2010/11	377	0.005	0.091	0.155	-0.007
	2009/10	341	0.058	0.094	0.15	-0.002

****Provisional scores for 2012/13 show Trust position as 0.097 to be verified in September 2014**

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The comparison data for internal PROMS between Blackpool Teaching Hospitals Provisional PROMs Data 2011-12 (April 2011 - March 2012) and Provisional PROMs Data 2012-2013 (April 2012 - March 2013) shows an improvement against the national scores, but reviewing the negative scores, the Trust has improved on previous data.

The Blackpool Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by the following actions: Enhance our relationships with the provider, Capita, and work with clinicians essentially across the orthopaedic speciality to enhance the patients reported outcomes and provide greater information to clinicians on their feedback. See section 3.4.1 – For further information regarding improving outcomes from planned procedures - Patient Reported Outcome Measures (PROMS) and any actions taken to improve performance.

The data made available to the Trust by the Information Centre with regard to the percentage of patients aged -

(i) 0 to 15; and

(ii) 16 or over,

Re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

Age Group	2013/14	2012/13	2011/12	England Average
0 to 15; and	10.70	10.40	8.80	N/A
16 or over,	6.70	6.30	6.51	N/A

***Latest readmission percentages for 2013/14 show the Trust rate as – 7.00. However the English Average is not available until December 2014.*

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reason

- The data shows that the work being undertaken across the health economy has started to impact on the percentage of readmissions seen at the Trust.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services:

- A clinically led review of readmissions to identify implement actions required to reduce the number of avoidable admissions
- Joint work with Clinical Commissioning Groups to identify and implement health economy wide readmission avoidance schemes, including single point of access services to ensure patients access the most appropriate care, improvements to discharge and on-going care planning

See section 3.4.1 - For further information regarding Reduce Emergency Readmissions to Hospital within 28 days of Discharge and any actions taken to improve performance.

The data made available to the Trust by the Information Centre with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.

Year	Trust	England Average	England Highest	England Lowest
2012/13	65.6	68.1	84.4	57.4
2011/12	67	67.4	85	56.5
2010/11	68.3	67.3	82.6	56.7
2009/10	66.1	66.7	81.9	58.3

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: in that the Trust considers patients feedback to be pivotal in ensuring our services continue to develop in order for the Trust to meet individual patient needs.

The Blackpool Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by

- Developing training to assist team leaders to maximise and sustain the capacity and capability of individual team members.
- Developing a more robust Patient Relations Service and continuing to analyse concerns and complaint data to inform service improvement.
- Developing processes to gain more qualitative and quantitative feedback from patients.
- Planning services around the patient by working with the Trust's Patient Panel and local patient participation groups.
- Enhancing communication and providing treatment specific information to patients if appropriate, calling upon specialist nurses to assess patient's individual concerns around specific disease pathways.
- Encouraging patients to discuss any concerns they may have with staff at the time so they feel assured about their care plan.

See section 3.4.2 - For further information regarding Priority 3: Quality of the Patient Experience and any actions taken to improve performance.

The data made available to the Trust by the Information Centre with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

Year	Trust	England Average	England Highest	England Lowest
2012	63	63	98	35
2013	65	65	94	40
2014	72	67	100	12

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Increased activity and demand on some services seeing an increase in hospitals admissions and pressures on discharges
- Staffing levels and agency and locum use, with some staff being moved from their own work area to cover staffing shortfalls
- Levels of sickness in some areas, increased levels of work related stress which also adds to the pressure on other staff to come to work despite not feeling well
- High levels of negative press reporting linked to patient mortality statistical reporting and regulatory reviews
- Levels of staff morale, pressure and conflicting demands placed on staff

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve the standard of care provided by this organisation by undertaking the following actions:

- Significant investment has been made in nurse and doctor staffing including increased levels of international recruitments and widening access secondments to increase supply of staff
- Better Care Now project to develop best evidence based care and pathways in key priority areas such as stroke, sepsis, pneumonia and cardiac chest pain
- Roll out of Targeted Support initiative that includes Patient Experience Revolution training aimed at helping staff to be at their best more of the time and improve their resilience and wellbeing as well as compassionate care – metrics link the numbers of staff trained and increased patient satisfaction levels
- TalkSafe project continues to be implemented with training for clinical staff to have conversations about safe and unsafe acts to help embed a safety culture through increased awareness and personal responsibility
- Development and launch of the Trust values to help support a culture of compassionate care
- Continued investment in our quality assured health and wellbeing services including therapies, mindfulness, fitness programmes, and in-house physiotherapist, etc.
- Increased visibility of the senior managers and leaders of the organisation including out of hours
- Review of the Whistleblowing Policy to make it easier for staff to raise a concern
- Recognition events taking place in each division to share good practice taking place across the Trust
- Investors In People (IIP) Gold interim review in preparation for a full reaccreditation
- Pilot of Aston University Team Based Working Pilot, with a research base that predicts that effective and high performing team will improve patient outcomes and reduce mortality

The data made available to the Trust by the Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thrombo-embolism during the reporting period.

Quarter	Trust	England Average	England Highest	England Lowest
Q3 2013/14	99.81%	96%	100.00%	77.7%
Q3 2012/13	99.40%	94.10%	100.00%	84.60%
Q3 2011/12	97.50%	90.70%	100.00%	32.40%

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has aimed to implement current best practice guidelines in order to ensure that all adult inpatients receive a Venous Thrombo-Embolic Risk Assessment on their admission to the hospital, and that the most suitable prophylaxis is instituted. The Trust has embedded and improved the implementation of VTE guidelines within the Trust and has demonstrated this by achieving above the 90% compliance indicator. From 1st April 2011 to 31st August 2011 the Trust did not achieve the VTE target, however from 1st September 2011 - 31st March 2012 the Trust achieved above 90% compliance due to the hard work, commitment and the actions taken by staff. Since then we have been able to sustain this improvement as shown by latest figures from March 2012 to 31st March 2014.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this 90 percentage compliance indicator and so the quality of its services, by undertaking the following actions:

- A senior clinician and a senior nurse have been identified to provide leadership to facilitate ongoing improvements in compliance with trust processes and consequently improvements in patient care with regards VTE. The National Institute for Health and Clinical Excellence Venous Thrombo-Embolic guideline (CG 92) has been incorporated into easy to follow risk assessment forms across various specialties and is an integral part of clerking documents. This will not only ensure that VTE risk assessments are undertaken and embedded permanently in the admission pathway but also facilitates its documentation for subsequent analysis. The Thrombosis Committee monitors performance of individual clinical areas.
- Since December 2013, the clinical audit department have collected real time VTE data to give feedback to individual areas and address poor performance pro- actively.

See section 3.4.3 - For further information to Improve the percentage of admitted patients risk assessed for Venous Thrombo-Embolic (VTE).

The data made available to the Trust by the Information Centre with regard to the rate per 100,000 bed days of cases of Clostridium Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

Year	Trust	England Average	England Highest	England Lowest
2012/13	10.4	16.1	30.8	0
2011/12	20.4	21.8	51.6	0
2010/11	38.9	29.6	71.8	0

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Following the significant reductions in Clostridium Difficile Infection (91% for the last six years for the Acute Trust from 2007/2008) the Trust has continued to embed measures to reduce levels further within the organisation.
- There have been 26 cases of Clostridium Difficile Infection (CDI) attributed to the Acute Trust between April 2013 and March 2014, in comparison to 28 for the period April 2012 to March 2013, demonstrating a reduction of 7%. The Trust was required to achieve a trajectory of 29, a reduction of 24%, based on the 38 incidences of Clostridium Difficile between October 2011 and September 2012 by March 2014. Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this trajectory of 51 cases, and so the quality of its services, by undertaking the following actions:

- To mitigate the risk of breaching the Trust's infection prevention target, we continued to deliver a wide ranging programme of work which emphasises to all staff that remaining compliant with the requirements of the Code of Practice for Healthcare Associated Infections is everyone's responsibility.

See section 3.4.3 - For further information to Reduce Clostridium Difficile Infection Rates as Reflected by National Targets and any actions taken to improve performance.

The data made available to the Trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Please note that the data supplied by HSCIC is provisional.

Period	Incidents				Resulting in Severe Harm or Death			
	Trust Rate per 100	England Rate per 100 (Average)	England Rate per 100 (Highest)	England Rate per 100 (Lowest)	Percentage of Total (Trust)	Percentage of Total (England)	Percentage of Total (Highest)	Percentage of Total (Lowest)
01/04/2013 to 30/09/2013	3.99	N/A	N/A	N/A	0.347	N/A	N/A	N/A
01/04/2012 to 30/09/2012	8.3	6.7	13.61	1.99	0.1	0.7	2.5	0
01/04/2011 to 30/09/2011	5.92	5.99	10.08	2.75	0.2	0.8	2.9	0.1

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- There has been a steady increase in the number of untoward incidents reported over the past four financial years. Patient Safety Incidents account for approximately 76% of all reported untoward incidents.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this 25 percent of patient safety incidents resulting in harm, and so the quality of its services, by undertaking the following actions:

- It is essential that lessons are learned from Serious Untoward Incident's in order to mitigate the risk of reoccurrence, these lessons are fed back to staff within the Divisions through training, ward meetings, SUI reports being uploaded onto the Risk Management site of the Intranet, the bi-monthly LIRC Committee meetings and the Trust wide monthly "lessons learned" newsletter.
- Engagement with the patient and their relatives is very important to the Trust to embed an open and honest culture, and to the patient and their family as a healing tool. Patients and relatives are informed when an incident has occurred and that an investigation is to be undertaken. They are also offered feedback in relation to the investigation findings.

See section 3.4.3 For further information to monitor the rate of patient safety incidents and reduce the percentage resulting in severe harm or death and any actions taken to improve performance.

Part 3: Other Information - Review of Quality Performance

The Quality Account has provided an overview of the Quality Improvement work which has taken place across the organisation. There are a number of projects which we will be taking forward into the coming year and focusing our attention upon them. We would however, like to highlight the following projects as key priorities for 2013/14:

3.1 An Overview of the Quality of Care Based on Performance in 2013/14 with an Explanation of the Underlying Reason(s) for Selection of Additional Priorities



Table 1 in Part 2 sets out the priorities for improvement which were identified in the 2012/13 report and none of these priorities changed in 2013/14 because they were all considered to be of importance by the Board of Directors. Additional information regarding the rationale for the priority selection is detailed in 2.2.2 and 2.2.3. We also identified four additional priorities for quality improvement for monitoring in 2013/14 in relation to improving patient pathways with our service users. The additional priority has been identified and included and monitored during the reporting period 2013/14 for the following reasons detailed below:

Improving Patient Pathways in: –

- Pneumonia
- Sepsis

- Stroke
- Cardiac Chest pain
- Acute Kidney Injury

The Better Care Now project - pathways stream, was launched in August 2013 and links our quality and safety initiatives under one umbrella. It has 3 workstreams:

- Pathways
- Waits
- Workforce

It has been proven that the use of clinical pathways supports standardised management and delivery of patient care, improves patient outcomes, and can contribute to a reduction in mortality, hospital complications and length of stay.

The pathways identified and developed to date are for

conditions that impact most on our mortality and morbidity. Five pathways have been implemented to date and a work plan for 2014/15 agreed to address other high mortality areas.

Data is collected real time and fed back to clinicians and teams to allow immediate improvements to be made. All pathways have seen an improvement in compliance with the mission critical points of the pathways, and there has been a downward trend in mortality for pneumonia, sepsis and stroke.

Many complaints and negative feedback comments are related to poor communication or lack of information. The Foundation Trust is constantly seeking to

establish the most effective way of communicating with patients and exploring new ways to address communication barriers faced by patients using our services. The following developments highlight our commitment to improving the pathway of care with all our service users and are very focussed on providing clearer information and improving the pathway of care with all our service users.

100 Day Pathway Campaign

The Fylde Coast Scheduled Care vision is committed to introducing end-to-end pathways for specific conditions to maximise convenience and safety for patients and overall efficiency. Over 20 local pathways relating to the high demand procedures undertaken by the hospital in 2012 in areas such as general surgery, gynaecology and orthopaedics were launched in December 2013. These not only provide clear guidance to GP's, Practice Nurses, Consultants and other clinical staff but have been made available for patients on the Fylde Coast to access through the Trust's web site so they can see the care they can expect to receive.

Enhanced Recovery Pathways

Enhanced Recovery is an approach to elective surgery based on the principles that patients are in the optimal condition for treatment, have different care during their operation and experience optimal post-operative rehabilitation. A number of patient pathways have been developed and are in use in Gynaecology, Cardiology, Orthopaedics and Urology. As well as a reduction in length of

stay these pathways improve communication between clinical staff and patients by providing them with a recovery diary to update daily on their recovery.

3.2 Performance Against Key National Priority Indicators And Thresholds

The NHS Outcomes Framework for 2013/14 sets out high level national outcomes which the NHS should be aiming to improve. The Board of Directors monitors performance compliance against the relevant key national priority indicators and performance thresholds as set out in the NHS Outcomes Framework 2013/14. This includes performance against the relevant indicators and performance thresholds set out in the Risk Assessment Framework 2013/14 which can be accessed via the following link: http://www.monitor-nhsft.gov.uk/sites/default/files/publications/RAF_Update_AppC_1April14.pdf

Monitor uses a limited set of national measures of access and outcome objectives as part of their assessment of governance at NHS Foundation Trusts. Monitor uses performance against these indicators as a trigger to detect potential governance issues.

NHS Foundation Trusts failing to meet at least four of these requirements at any given time, or failing the same requirement for at least three quarters, will trigger a governance concern, potentially leading to investigation and

enforcement action. Except where otherwise stated, any trust commissioned to provide services will be subject to the relevant governance indicators associated with those services.

Part 3, Section 3.2 and detailed in table 11 sets out the relevant indicators and performance thresholds outlined in Appendix A of Monitor's Risk Assessment Framework. Unless stated in the supporting notes, these are monitored on a quarterly basis. Please note: where any of these indicators have already been reported on in Part 2 of the quality report, in accordance with the Quality Accounts Regulations, they will not be repeated here. Only the additional indicators which have not already been reported in part 2 will be reported here to avoid duplication of reporting.

Please note: there will be some overlap with indicators set out in part 2 which are now mandated by the Quality Accounts Regulations. Only the additional indicators which have not already been reported in part 2 will be reported here to avoid duplication of reporting.

Performance against the key national priorities is detailed on the Business Monitoring Report to the Board of Directors each month and is based on national definitions and reflects data submitted to the Department of Health via Unify and other national databases.

Table 11 shows the results from the Trust's self assessment of performance against the relevant key national priority indicators and thresholds over the past 4 years.

Table 11: Performance against Relevant Key National Priority Indicators and Thresholds

Quality Standard	Trust Self Assessment 2010/11	Trust Self Assessment 2011/12	Trust Self Assessment 2012/13	Trust Self Assessment 2013/14
All Cancers: one month diagnosis to treatment:				
First Treatment (target $\geq 96\%$)	Achieved	Achieved Q1 99.5% Q2 99.6% Q3 99% Q4 99.8%	Achieved Q1 99.3%, Q2 99.4%, Q3 98.5%, Q4 98.9%	Achieved: Q1 98.9% Q2 98.9% Q3 99.8% Q4 99.3%
Subsequent Treatment – Drugs (Target $\geq 98\%$)	Achieved	Achieved Q1 100% Q2 100% Q3 99.3% Q4 99.3%	Achieved Q1 100%, Q2 100%, Q3 99.2%, Q4 98.6%	Achieved: Q1 99.2% Q2 100% Q3 100% Q4 100%
Subsequent Treatment – Surgery (Target $\geq 94\%$)	Achieved 100% for all 4 quarters	Achieved Q1 100% Q2 100% Q3 100% Q4 100%	Achieved Q1 100%, Q2 95.8%, Q3 96.7%, Q4 100%	Achieved: Q1 100% Q2 98.7% Q3 96.3% Q4 97.3%
Subsequent treatment – Radiotherapy (Target $\geq 94\%$)	Not applicable	Not applicable	Not applicable	Not applicable
All Cancers: two month GP urgent referral to treatment:				
62 day general (target $\geq 85\%$)	Achieved	Achieved Q1 90.8% Q2 87.2% Q3 92.3% Q4 87%	Achieved Q1 85.1%, Q2 89.5%, Q3 85.5%, Q4 83%	Achieved: Q1 86.6% Q2 89.4% Q3 85.2% Q4 86.6%
Annual percentage Excluding rare cancer 86.5%				
62 day general (target $\geq 85\%$) Including Rare Cancers	Not applicable	Not applicable	Not applicable	Achieved: Q1 86.8% Q2 89.4% Q3 85.4% Q4 86.7%
Annual percentage 87.1%				
62 day screening (target $\geq 90\%$)	Achieved	Achieved Q1 90.5% Q2 93.7% Q3 86.8% Q4 96.7%	Achieved Q1 94%, Q2 91.3%, Q3 98%, Q4 96.6%	Achieved: Q1 89.1% Q2 91.7% Q3 90.1% Q4 94.7%
62 day upgrade (Target TBC)	Achieved greater than 95% in all 4 quarters	Achieved greater than 94% in all 4 quarters	Achieved Q1 91.4%, Q2 90.9%, Q3 92.2%, Q4 95.6%	Achieved: Q1 85.4% Q2 95.9% Q3 93.6% Q4 92.6%

Table 11: Performance against Relevant Key National Priority Indicators and Thresholds

Quality Standard	Trust Self Assessment 2010/11	Trust Self Assessment 2011/12	Trust Self Assessment 2012/13	Trust Self Assessment 2013/14
Breast Symptoms – 2wk wait (Target 93%)	Achieved Q1, 93.7%; Q2, 95.7%; Q3, 94.9%; Q4, 96.2%	Achieved Q1 94.1% Q2 94.7% Q3 93.2% Q4 96.4%	Achieved Q1 93.8%, Q2 96.5%, Q3 97.2%, Q4 93.4%	Achieved: Q1 94% Q2 94.8% Q3 96.7% Q4 93%
Reperfusion – Primary PCI	Achieved	Achieved	Achieved	Achieved
Delayed Transfers of Care (target <3.5%)	Achieved	Achieved	Achieved	Achieved
Percentage of Operations Cancelled (target 0.8%)	Achieved 0.6%	Achieved 0.56%	Achieved 0.45%	Under Achieved 0.92%
Percentage of Operations not treated within 28 days (target 0%)	Achieved 0%	Achieved 0%	Achieved 0%	Achieved 0%
National In-Patient Experience Survey	Achieved	Under-achieved	Under-achieved	Achieved
Quality of Stroke Care	Achieved	No longer measured	No longer measured	No longer measured
Ethnic Coding Data quality	Achieved	Achieved	Achieved	Achieved
Maternity Data Quality	Achieved	Achieved	Achieved	Achieved
Staff Satisfaction	Achieved	Achieved	Achieved	3.70 (Highest best 20% nationally)
18 week Referral to Treatment (Admitted Pathway) (target >=90%)	Achieved 94.08%	Achieved 91.89%	Achieved 94.66%	Achieved 92.02%
18 week referral to treatment Open Pathways (Target >+92%)	Not Applicable	Not Applicable	Achieved 94.37%	Achieved 94.78%
18 week Referral to Treatment (Non-Admitted Pathways [including Audiology]) (Target >=95%)	Achieved 96.46%	Achieved 95.76%	Achieved 97.51%	Achieved 96.78%
18 week Referral to Treatment (non admitted pathways) 95th percentile (target 18.3 weeks)	Not Applicable	Achieved	No longer measured	No longer measured
18 week Referral to Treatment (admitted pathways) 95th percentile (target 23 weeks)	Not Applicable	Achieved	No longer measured	No longer measured
Incidence of MRSA	4 (target <=3)	2 (target <=3)	3 (target <=3)	1 (target 0)
Incidence of Clostridium Difficile	101 (target <=152)	53 (target <=86)	28 (target <=51)	26 (target <=29)
Mixed Sex Accommodation (Target 0)	2 breaches	5 breaches	12 breaches	15 breaches
Total time in A&E (target 95% of patients to be admitted, transferred or discharged within 4hrs)	Achieved 97.69%	Achieved 95.93%	Achieved 96.61%	Not updated on National website as yet
Total time in A&E (95th percentile) (Target 240 minutes)	Not applicable	Under-achieved	Under-achieved	Under-achieved

Table 11: Performance against Relevant Key National Priority Indicators and Thresholds

Quality Standard	Trust Self Assessment 2010/11	Trust Self Assessment 2011/12	Trust Self Assessment 2012/13	Trust Self Assessment 2013/14
Total time to initial assessment (95th percentile) (Target 15 minutes)	Not applicable	Under-achieved	Under-achieved	Under-achieved
Time to treatment decision (median) (Target 60 minutes)	Not applicable	Under-achieved	Achieved	Under-achieved
Unplanned re-attendance (Target 5%)	Not applicable	Achieved	Achieved	Not updated on National website as yet
Left without being seen (Target 5%)	Not applicable	Achieved	Achieved	Not updated on National website as yet
Ambulance Quality (Category A response times)	Not applicable	Not applicable	Not applicable	Not applicable
Waiting times for Rapid Access Chest Pain Clinic	100%	100%	100%	100%
Access to healthcare for people with a learning disability	Achieved	Achieved	Achieved	Achieved
Participation in heart disease audits	Achieved	Achieved	Achieved	Achieved
Smoking during pregnancy	Under-achieved 26.99%	24.59%	24.56%	23.2%
Breast-feeding initiation rates target (average rate within 48 hrs)	Under-achieved 63.14%	60.47%	56.35%	65.7%
Emergency Preparedness	**	**	**	**

Where needed the criteria for the above indicators has been included in the Glossary of Terms

** The Pandemic Influenza Plan (Version 8) was reviewed in April 2014 and ratified by the Board of Directors.

This document defines the key pandemic influenza management systems and responsibilities of staff**. The suite of emergency plans are all to be reviewed in early 2014 due to the release of new national guidance in November 2013 and the Emergency Preparedness, Resilience and Response Core Standards being issued which have been reviewed and are to be approved by the Trust Board in January 2014.

The Major Incident Plan (Version 6) and Decontamination Plan



(Version 5) were reviewed in March 2014 and ratified by the Board of Directors. These documents define

the key roles and responsibilities of staff during those incidents and the management systems.

Decontamination training is undertaken every 6 weeks with the responding departments. A regional major incident exercise was hosted by NHS England in October 2013 with all NHS organisations in Lancashire taking part.

To support these arrangements the Trust has a Trust wide Business Continuity Plan (Version 3) which was reviewed and ratified by the Board of Directors in March 2013. Beneath the Trust Business Continuity Plan are 9 Corporate, 19 CSFM, 3 Scheduled Care, 4 Unscheduled Care, 26 Adults and 8 Families Business Continuity Plans (total 69) with operational

information on alternative options to deliver their services. The Emergency Planning Manager and Local Security Management Specialist continue to undertake group training sessions for the seventy eight on call or duty staff; this includes Duty Directors, Duty Managers (Acute and Community Health Services), members of the Acute Response Team, Associate Directors of Nursing, Senior Nurses covering bleep 002, On Call Consultant Haematologists and Loggists.

The Emergency Planning Manager and Local Security Management Specialist also deliver quarterly lockdown

and silver command activation exercises for on call staff to rehearse their roles.

Readmissions within 30 days

The Trust has been working with its health economy partners to implement strategies to reduce readmissions. Overall the percentage of all readmissions 2013/14 was above peer average; however for readmissions following non-elective admissions the Trust was above peer average as shown in Table 12. Work continues to improve the performance of patients readmitted following an elective procedure.

Table 12: 28 Day Readmissions

Indicator	Trust 2011/12	Peer 2011/12	Trust 2012/13	Peer 2012/13	Trust 2013/14	Peer 2013/14
All Admissions	6.9%	6.9%	6.4%	6.8%	6.8%	6.6%
Non-elective	11.5%	10.8%	10.8%	10.7%	11.2%	10.4%
Elective	2.9%	3.2%	3.3%	3.1%	3.2%	3.1%

Data source: CHKS Quality and Patient Safety Tool. This data is not governed by standard national definitions

3.3 Additional Other Information in Relation to the Quality of NHS Services

62 day Cancer Waiting Time Standard

Delivery of the 62 day Waiting Time standards for both GP urgent and screening programme referrals continued to require significant work and pathway development across the Trust, the local health economy and wider Cancer Network during 2013/14 and the year end figure was 86.50% (excluding Rare Cancers) The overall annual performance

figure increases to 87.1% when Rare Cancers are included (as required by Monitor). A significant amount of work was undertaken to understand and address the issues within pathways and across organisations for the benefit of patients. Information on the criteria for this indicator is detailed in the Glossary of Terms.

Learning from Patients

We encourage patients to give us feedback, both positive and negative, on their experiences of our hospital services so that we can learn from them and develop our services in response to patients' needs.

During the financial year 1st April 2013 to 31st March 2014 we received 3794 thank you letters

and tokens of appreciation from patients and their families. The number of formal complaints received by the Trust during the same period was 506 this includes 395 written complaints registered via the Trust and 32 Community formal complaints. There were also 79 verbal complaints made. The numbers of formal complaints received shows an overall increase of 49 cases compared to the previous year as shown in the Table 13 below.

Table 13: Complaints

Date - Financial Year	Complaints
2013/2014	506 Total (439 Trust + 67 Community)
2012/2013	457 Total (376 Trust + 81 Community)
2011/2012	483 Total (399 Trust + 84 Community)
2010/2011	347 (Trust only)

The main categories of complaints are related to:

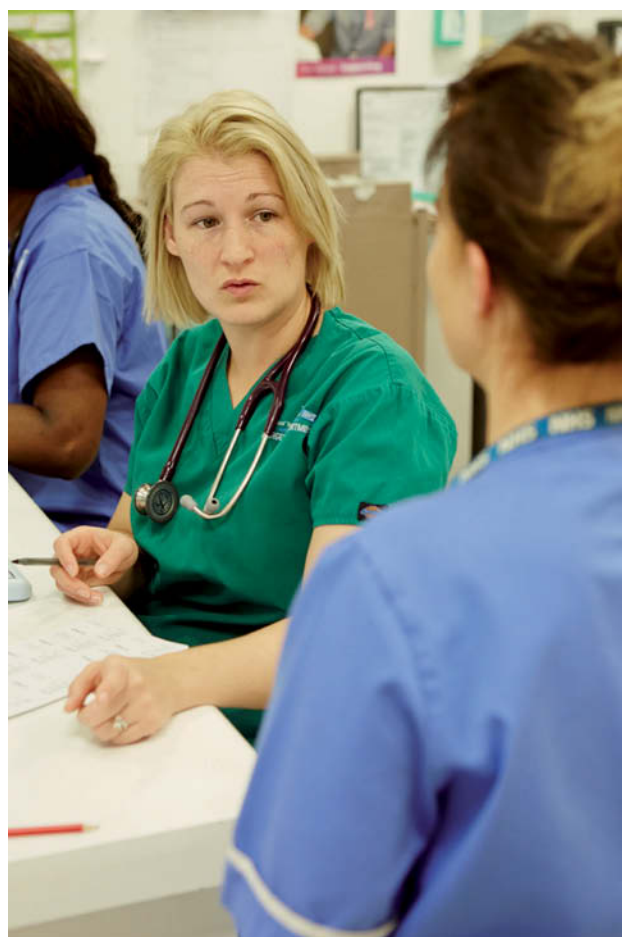
- Treatment Issues 263
- Communication 42
- Staff Attitude 56
- Waiting Times 48
- Administration 51

Once the complaint has been acknowledged by the Trust, it is sent to the appropriate Division for local investigation. Once this investigation has been completed, their response is compiled and, following quality assurance checks, the response is signed by an Executive Director and posted to the complainant. Divisions are actively encouraged to arrange face to face meetings with complainants and during 2013/14, 63 meetings were held in order to resolve a complaint in a more timely manner (9 after a final response and 54 before a final response), a decrease of four from the previous year.

To help reduce the number of complaints within the Trust, lessons learned are discussed within the Divisional Governance meetings, whilst lessons that can be learned across the organisation and trends in the number of category of complaints are discussed at the Learning from Incidents and Risks Committee and the weekly complaints meeting to ensure learning is across the

organisation. Following recommendations in the Keogh Report, the Trust holds a monthly Complaint Review Panel to discuss 'upheld' formal complaints. The panel address if the divisions complaints have been managed in line with agreed timeframe, investigated thoroughly and proportionally and the response is appropriate. Evidence is reviewed and lessons learned discussed to discover emerging themes and trends arising from complaint investigations. The panel will also review complainants that are deemed vexatious and agree a suitable response.

Once local resolution has been exhausted the complainant has the right to contact the Health Service Ombudsman for a review of the complaint. During 2013/14, 16 complaints were considered by the Ombudsman. Of these, the Ombudsman has decided 'no further investigation' is required,



2 have been reported as 'not upheld', one 'partially upheld' and 10 are still under consideration and classed as being 'referred to the second stage'.

Informal Complaints

The aim of the Patient Relations Team, previously known as Patient and Liaison Service (PALS) is to be available for on-the-spot enquiries or concerns from NHS service users and to respond to those enquiries in an efficient and timely manner.

Table 14 below shows the number of issues dealt with by the by PALS team over the last four years.

Table 14: Informal Complaints		
Date - Financial Year	Number of Cases	Number of Issues
2013/2014	2,284	4,307
2012/2013	2,496	2,702
2011/2012	3,124	3,508
2010/2011	2,609	2,887

The number of cases handled by the Patient Experience Team this year has decreased by 212 cases in comparison to the previous year. Out of the 2,284 cases 2,182 have been resolved and 102 cases are ongoing or require final closure. The main themes that have emerged from the cases recorded are:

- Administration (476 issues)
- Staff Attitude (158 issues)
- Treatment Issues (466 issues)
- Waiting Times (449 issues)
- Communication (198 issues)

To help reduce the number of complaints within the Trust, lessons learned are discussed within the Divisional Governance meetings, whilst lessons that can be learned across the organisation and trends in the number of category of complaints are discussed at the Learning from Incidents and Risks Committee and the weekly complaints meeting to ensure learning is across the organisation. Following recommendations in the Keogh Report, the Trust holds a monthly Complaint Review Panel to discuss 'upheld' formal complaints. The panel address if the divisions complaints have been managed in line with agreed timeframe, investigated thoroughly and proportionally and the response is appropriate. Evidence is reviewed and lessons learned discussed to discover emerging themes and

trends arising from complaint investigations. The panel will also review complainants that are deemed vexatious and agree a suitable response.

3.4 Detailed Description of Performance on Quality in 2013/14 against Priorities in 2012/13 Quality Accounts

This section provides a detailed description regarding the quality initiatives that have been progressed by the Trust including both hospital and community services information based on performance in 2013/14 against the 2012/13 indicators for the following priorities:

- Priority 1: Clinical Effectiveness of Care;
- Priority 2: Quality of the Patient Experience and;
- Priority 3: Patient Safety.

3.4.1 Priority 1: Clinical Effectiveness of Care

There are many schemes and initiatives that we can participate in that help us deliver high quality care. By meeting the exact and detailed standards of

these schemes and initiatives we must achieve a particular level of excellence, this then directly impacts on the quality of care and provides evidence for the Trust that we are doing all we can to provide clinical effectiveness of care.

Reduce the Trust's Hospital Mortality Rate / Summary Hospital Mortality Indicators (SHMI)

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has embarked on an intensive plan for reducing mortality both in hospital and within 30 days of discharge. Since July 2012, a series of distinct work streams have been developed to ensure that national mortality ratio measures accurately reflect the Trust's position as well as ensuring safe, appropriate, harm free care is being delivered, these include but are not limited to:

- Improving the process of consultant sign-off for coding of deaths. The purpose of this is to ensure that all diagnoses attributed to a patient accurately reflects the prevalent condition. This allows us to identify areas of high mortality and plan appropriate action.
- Improved documentation processes to ensure safer handover of clinical care and

ensure information is available to attribute accurate clinical codes

- Engagement with Northwest area AQUA team to develop a definitive action plan for mortality improvement
- Development of enhanced informatics tools for early identification of mortality issues
- Initiated a review of the compliance with agreed care pathways and care bundles within clinical areas
- Detailed review of all mortality indicators with Chief Executive involvement

At the same time we have maintained our focus on harm reduction strategies such as reducing medical outliers (medical patients receiving treatment on non-medical wards), hospital acquired infections and medication errors. Progress on all these objectives has been reported to the Board on a regular basis. The emphasis has been on improving processes so that

the improvements are local, measurable and immediate and are owned by the team providing the care.

The Trust has shown a significant and sustained improvement in not only Risk Adjusted Mortality Index (RAMI) over the last three years but has also since July 2012 shown marked improvements in SHMI.

The Trust continues to be part of a North West Collaborative Programme for mortality reduction and has implemented programmes specifically around the care of patients with pneumonia and patients with severe sepsis. In addition to this work hospital mortality has been improved by the implementation of harm reduction strategies including reduction in hospital acquired infections, progress on reducing Venous Thrombo-Embolic (VTE), strict adherence to quality measures as part of the North West Advancing Quality initiative and improving the

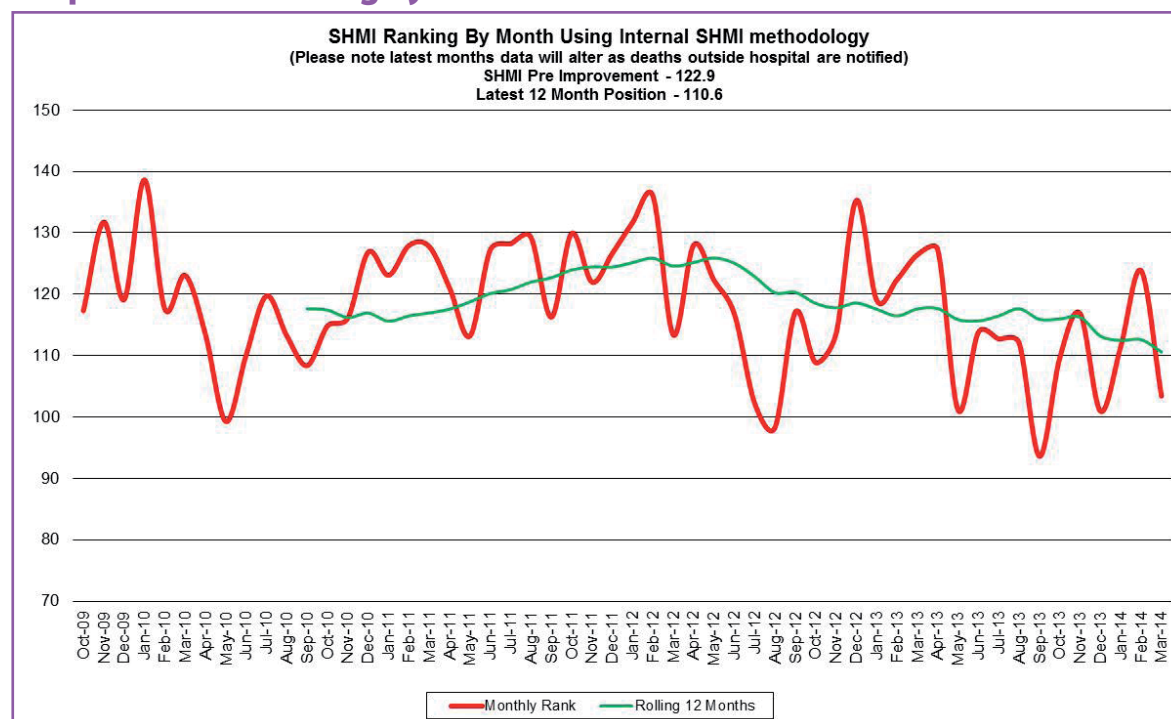
management of deteriorating patients and increased nurse to patient staffing levels.

Blackpool Teaching Hospitals was one of the 14 Trusts identified for review by Sir Bruce Keogh as a persisting outlier on the national SHMI measure based on data from pre March 2012. The Trust welcomed this review and was one of only three organisations not placed in special measures following the review.

The Trust has also recently been inspected by the CQC where its work on reducing mortality and improving care pathways was commended.

These reviews have helped the organisation in creating a focused action plan for improving patient care around the key themes of Governance and Leadership, Mortality, Patient Experience and Workforce and Safety.

Graph 2: SHMI Ranking by month



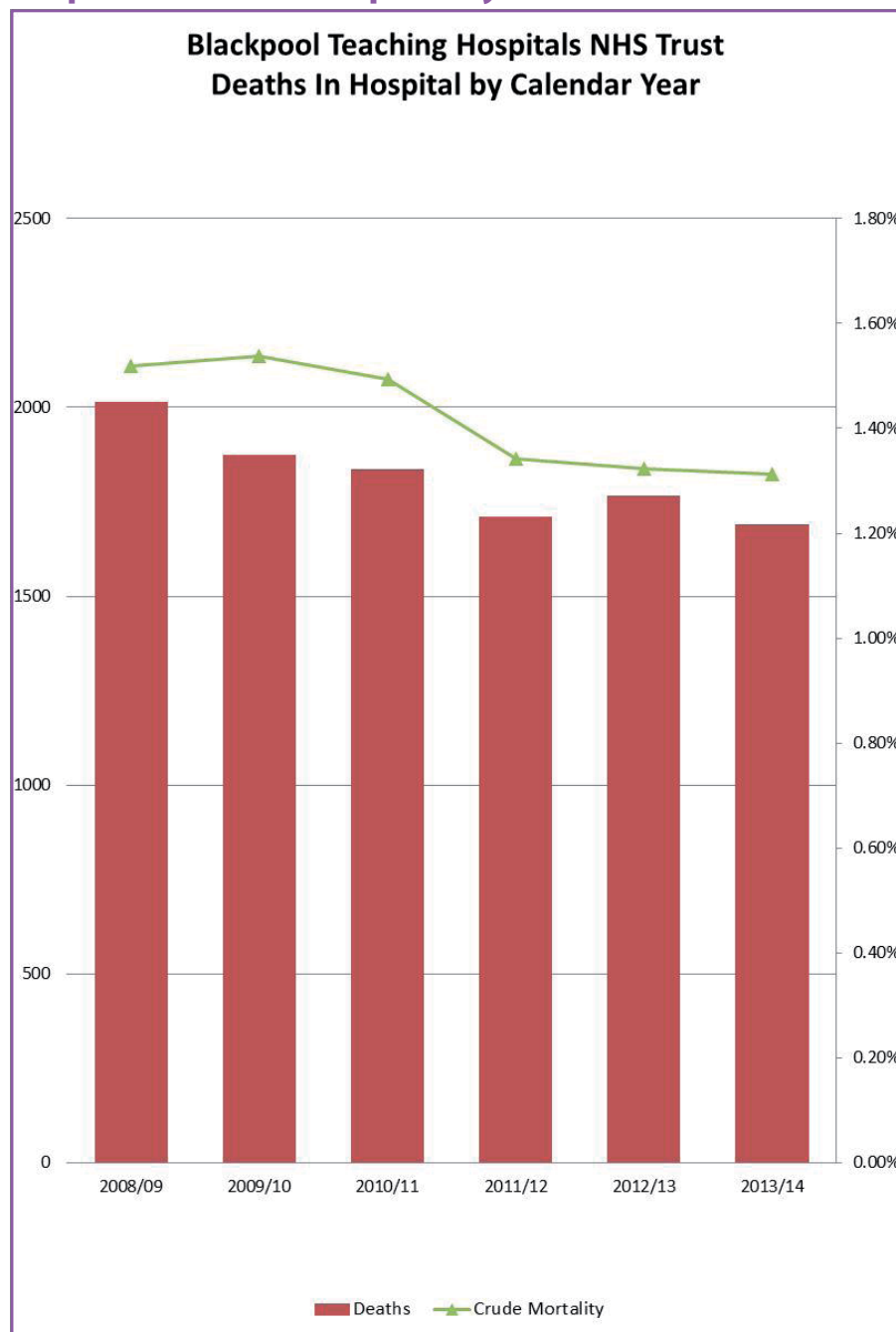
Data source: HED data evaluation tool and Trust SHMI Calculation Tool. This data is governed by standard national definitions

Since commencement of work in July 2012 the Average Summary Hospital Mortality Indicator (SHMI) as produced by the Healthcare Evaluation Data Tool (HED) and

internal calculations has fallen by over 12 points compared to the period from June 2010 to commencement of work.

and more significantly a reduction in the crude mortality rate (the percentage of patients that died in hospital compared to the total number of discharges from hospital).

Graph 3: Deaths in Hospitals by Calendar Year



Data source: Trust Patient Administration System (PAS). This data is governed by standard national definitions

The graph above demonstrates that not only have improvements been made in Risk Adjusted

Mortality Indicators but also the Trust has managed a reduction in the overall number of deaths

North West Advancing Quality Initiative

The Trust participates in the NHS North West (Strategic Health Authority) Advancing Quality Programme, which focuses on the delivery of a range of interventions for each of the following conditions listed in Table 15. Examples of the interventions can be found in the following information and Tables overleaf:

- Acute Myocardial Infarction (Heart Attack)
- Hip and Knee Replacement Surgery
- Coronary Artery By-pass Graft Surgery
- Heart Failure
- Community Acquired Pneumonia
- Stroke

Research has shown that consistent application of these interventions has substantially improved patient outcomes resulting in fewer deaths, fewer hospital readmissions and shorter hospital lengths of stay.

Applying all the interventions will support our goals of reducing hospital mortality, reducing preventable harms and improving patient outcomes, thereby improving the quality of patient experience. Approximately 3,000 patients a year will benefit from this programme.

Table 15 : Commissioning for Quality and Innovation		
Commissioning for Quality and Innovation (CQUIN) and the respective Targets For The Trust		
Scheme	Threshold	Collection Period
Acute Myocardial Infarction (Heart Attack)	88.08%	Discharges which occur between 1st April 2013 and 31st March 2014
Hip and Knee Replacement Surgery	83.17%	
Coronary Artery By-pass Graft (CABG)	95%	
Heart Failure	77.85%	
Community Acquired Pneumonia	64.58%	
Stroke	54%	
Patient Experience Measures (PEMs)	N/A	

Data source: NHS North West Advancing Quality Programme. This data is governed by standard national definitions.

Comparison of Data

For each of the key areas a series of appropriate patient care measures has been determined, known as the Composite Quality Score (CQS). Data is collected to demonstrate if these measures are being met and a Composite Quality Score for each key area is derived for every Trust in the programme. Performance thresholds have been agreed using this data which, whilst challenging, are aimed at each Trust having the opportunity to be awarded the full amount retained through the Commissioning for Quality and Innovation (CQUIN) framework. The percentage levels which would generate a CQUIN payment for each organisation and the data collection periods for each scheme are slightly different, and therefore each CQUIN and the respective targets for the Trust are detailed in Table 15 above.

In addition, to qualify for the Commissioning for Quality and Innovation awards, Trusts must achieve a minimum cumulative clinical coding and Quality Measures Reporter (QMR) data completeness score of 95%.

The Trust's performance against each of the seven key areas is detailed in the following information. A Clinical Lead and Operational Manager have been identified for each key area and regular meetings are held to identify the actions required to improve scores achieved to date.

Please note: The 2013/14 data cannot be published until Grant Thornton have completed their audit to validate the data, which is anticipated to be September/October 2014.

Acute Myocardial Infarction (Heart Attack)

The Trust has always performed well against the advancing quality measure for Acute Myocardial Infarction (Heart Attack). A number of measures have been introduced to ensure compliance with all performance measures. The Trust achieved the Composite Quality Score (CQS) of 98.54% as shown in Table 16.

A number of measures have been introduced to ensure that we meet all performance measures which highlights that the Trust is

working to a world class service. The Cardiac Specialist Nurses have ensured that all relevant data is collected and uploaded into the database and they check compliance with all measures.

The Cardiac Specialist Nurses ensure that all information is captured in the Myocardial Ischemia National Audit Project (MINAP). The Advancing Quality Adult Smoking Cessation advice/counselling is further checked by the Cardiac Rehabilitation Team to ensure this is included within the patients individualised treatment plan.

All data is shared with the Consultant Team and Health Professionals at the monthly Directorate meeting and at the Divisional Governance meeting.

Table 16: Acute Myocardial Infarction				
Acute Myocardial Infarction (Heart Attack)		Trust Performance		
Measure	Oct 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Aspirin at arrival	100.00%	100.00%	99.78%	99.65%
Aspirin prescribed at discharge	100.00%	100.00%	100.00%	99.74%
ACEI or ARB for LVSD	100.00%	100.00%	100.00%	98.91%
Adult smoking cessation advice/counselling	96.00%	96.61%	95.12%	96.73%
Beta Blocker prescribed at discharge	100.00%	98.79%	99.54%	99.01%
Beta Blocker at arrival				
Fibrinolytic therapy received within 30 minutes of hospital arrival				66.67%
Primary Coronary Intervention (PCI) received within 90 minutes of hospital arrival	100.00%	95.12%	91.50%	92.88%
Survival Index	99.00%	90.80%	96.52%	98.52%
Acute Myocardial Infarction (AMI) Composite Quality Score (CQS)	99.62%	97.98%	98.17%	98.54%
Top 25% CQS Threshold	99.04%			
Top 50% CQS Threshold	98.00%			
CQUIN Threshold	87.35%	95.00%	95.00%	95%
The Trust had to achieve the CQUIN Threshold of 95%.				
The Trust met the CQUIN Threshold – we scored 98.54% (green)				

Hip and Knee Replacement Surgery

Both antibiotic and Venous Thrombo-Embolism prophylaxis is the subject of a set of departmental protocols.

Compliance with the Venous Thrombo-Embolism prophylaxis protocol is 98% or better. With regard to antibiotic prophylaxis we have developed a system, involving both Flucloxacillin and

Gentamicin antibiotics as a first line for patients without Penicillin/Cephalosporin antibiotic allergy, and are compliant in this area. The Trusts performance is shown in Table 17.



Table 17: Hip and Knee Replacement Surgery

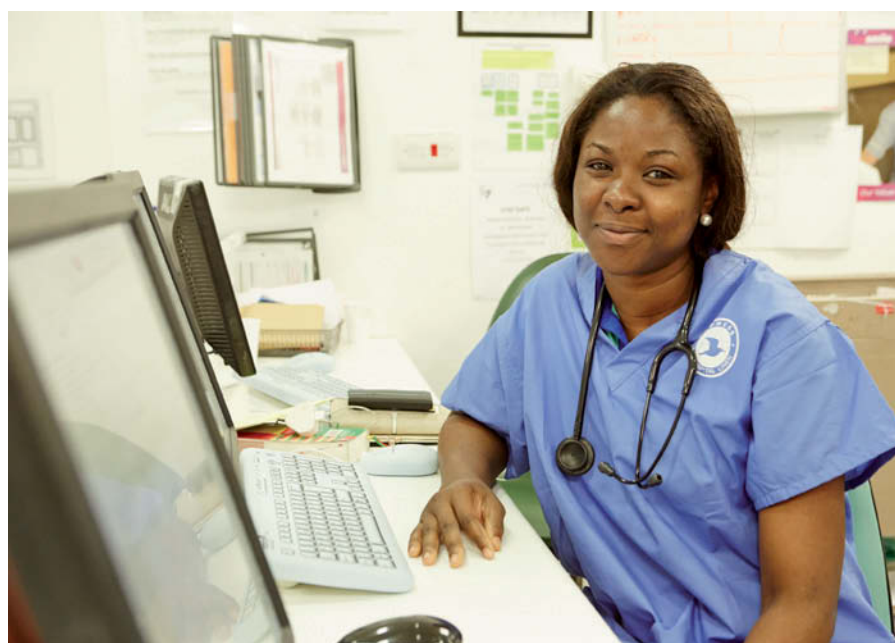
Hip and Knee Replacement Surgery	Trust Performance			
Measure	Oct 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Prophylactic antibiotic received within 1 hour prior to surgical incision	88.14%	97.96%	94.97%	93.13%
Prophylactic antibiotic selection for surgical patients	97.36%	99.59%	97.18%	91.06%
Prophylactic antibiotic discontinued within 24 hours after surgery end time	98.31%	96.64%	95.63%	97.13%
Recommended Venous Thrombo-Embolism prophylaxis ordered	99.66%	100.00%	99.11%	98.73%
Received appropriate Venous Thrombo-Embolism (VTE) prophylaxis w/l 24 hrs prior to surgery to 24 hrs after surgery	99.66%	100.00%	98.96%	98.73%
Readmission (28 Day) avoidance index	94.02%	92.50%	91.98%	94.78%
Hip and Knee Composite Quality Score (CQS)	96.19%	97.78%	96.25%	95.54%
Top 25% CQS Threshold	96.89%			
Top 50% CQS Threshold	94.27%			
CQUIN Threshold	75.67%	95.00%	95.00%	95.00%
The Trust had to achieve the CQUIN Threshold of 95%.				
The Trust met the CQUIN Threshold – we scored 95.54% (green).				

Coronary Artery Bypass Graft (CABG) Surgery

There are four Trusts undertaking Coronary Artery Bypass Graft Surgery within the North West, all of which have scored highly. It is very competitive due to the low number of Trusts involved in this initiative.

A number of actions have been introduced to further improve performance against the measures. Compliance with all measures has continued to improve. All data is collected and uploaded by a member of the administrative team working closely with the clinical lead.

The introduction of a new prescription sheet within the Cardiac Intensive Care Unit with the facility to prescribe antibiotics for a 48 hour period only has assisted with the compliance on



antibiotic stop times. This ensures that clinicians review each patient and only continue with antibiotics based on individual clinical need if they are re-prescribed.

All data is shared with the Consultant Team and Health

Professionals at the monthly Directorate meeting and in the Divisional Governance meeting. The Trust achieved the Composite Quality Score (CQS) of 98.19% as shown in Table 18.

Table 18: Coronary Artery Bypass Graft Surgery				
Coronary Artery Bypass Graft Surgery	Trust Performance			
Measure	Oct 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Aspirin prescribed at discharge	98.54%	98.68%	99.30%	100%
Prophylactic antibiotic received within 1 hr prior to surgical incision	87.89%	95.59%	99.68%	98.52%
Prophylactic antibiotic selection for surgical patients	94.88%	98.30%	99.68%	99.59%
Prophylactic antibiotic discontinued within 24 hrs after surgery end time	89.82%	93.62%	90.42%	94.52%
Coronary Artery Bypass Graft Composite Quality Score (CQS)	92.73%	96.54%	97.23%	98.19%
Top 25% CQS Threshold	97.75%			
Top 50% CQS Threshold	97.73%			
CQUIN Threshold	95.00%	95.00%	95.00%	95.00%
Year 3 - The Trust had to achieve the CQUIN Threshold of 95%. The Trust met the CQUIN Threshold – we scored 98.19% (green)				

Heart Failure

The Trust has shown an improvement in performance in relation to the management of patients with Heart Failure. Heart Failure Specialist Nurses attend the Adult Medical Unit on a daily basis to identify any patients who have been admitted with Heart Failure. This ensures that these patients are treated by the most appropriate health professional as swiftly as

possible and prevents extended length of stay. The Consultant Cardiologist who is responsible for the treatment of patients with Heart Failure is actively involved with patient management across the Trust. Regular ward rounds are undertaken within the Medical Directorate to review patients to assist with effective diagnosis and treatment. Near the end of the patients hospital stay, patients are

seen by the Cardiac Rehabilitation Team who ensures appropriate discharge advice has been given.

All data is shared with the Consultant Team and Health Professionals at the monthly Directorate meeting and in the Divisional Governance meeting. The Trust achieved the Composite Quality Score (CQS) of 91.14% as shown in Table 19.

Table 19: Heart Failure				
Heart Failure	Trust Performance			
Measure	Oct 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Discharge instructions	18.42%	34.43%	76.79%	81.01%
Evaluation of LVS function	84.62%	87.70%	96.40%	96.18%
ACEI or ARB for LVSD	81.37%	84.84%	92.88%	97.65%
Adult smoking cessation advice / counselling	53.85%	28.13%	76.79%	97.50%
Heart Failure Composite Quality Score (CQS)	59.10%	65.94%	88.37%	91.14%
Top 25% CQS Threshold	77.60%			
Top 50% CQS Threshold	72.19%			
CQUIN Threshold	65.34%	65.34%	75.08%	82.24%
The Trust had to achieve the CQUIN Threshold of 82.24%. The Trust met the CQUIN Threshold – we scored 91.14% (green)				

Community Acquired Pneumonia

The figures in Year 3/4 clearly show that the Trust has continued to make significant progress compared to year one. A number of measures have been implemented during the year including the introduction of Advancing Quality Pneumonia Quality Cards, which is a credit card sized reminder for all medical staff of what is required in terms of ensuring high quality patient care for patients suspected of having

Community Acquired Pneumonia. An e-learning tool is being launched for all medical staff to complete ensuring that they are fully aware of the need to deliver Advancing Quality measures for pneumonia.

Multidisciplinary meetings continue with nurses and managers from the Accident and Emergency Department, the Acute Medical wards and the Medical specialties. Performance is openly discussed at these

meetings and recent clinical cases are reviewed in order that areas for improvement can be identified. The Trust is confident that the introduction of a pneumonia care pathway which will be recorded on the electronic patient record will further improve our performance parameters.

Performance of Blackpool Teaching Hospitals NHS Foundation Trust shows the Composite Quality Score (CQS) to be 90.77% as shown in Table 20.

Table 20: Community Acquired Pneumonia

Community Acquired Pneumonia Measure	Trust Performance			
	Oct 09 – Mar 10	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13
Oxygenation assessment	100.00%	99.81%	100.00%	100%
Blood Cultures performed in A&E prior to initial antibiotics received in hospital	41.60%	80.35%	77.82%	81.97%
Adult smoking cessation advice / counselling	39.62%	39.26%	50.00%	58.67%
Initial antibiotic received within 6 hrs of hospital arrival	64.94%	79.24%	83.60%	87.53%
Initial antibiotic selection for Community Acquired Pneumonia in immune-competent patients	97.32%	99.68%	100.00%	99.48%
CURB-65 score			75.63%	87.25%
Community Acquired Pneumonia Composite Quality Score (CQS)	76.28%	86.29%	85.74%	90.77
Top 25% CQS Threshold	84.03%			
Top 50% CQS Threshold	82.24%			
CQUIN Threshold	78.41%	78.41%	84.81%	87.39%
<i>The Trust had to achieve the CQUIN Threshold of 87.39%.</i> <i>The Trust met the CQUIN Threshold – we scored 90.77% (green)</i>				

Table 21: Stroke

Stroke (New Target Introduced October 2010)	Trust Performance		
Measure	(1.10.2010 – 31.3.2011)	(Apr 11 – Mar 12)	Apr 12 – Mar 13
Stroke Unit Admission	41.92%	74.19%	66.67%
Swallowing Screening	97.77%	97.96%	95.73%
Brain Scan	68.15%	84.41%	95.21%
Received Aspirin	90.71%	99.09%	96.32%
Physiotherapy Assessment	98.48%	96.69%	95.81%
Occupational Assessment	97.01%	95.47%	92.88%
Weighed	98.15%	98.49%	95.99%
Stroke Composite Quality Score (CQS)	83.65%	92.07%	89.34%
Stroke Appropriate Care Score (ACS)	34.27%	68.11%	57.74%
CQS - CQUIN Threshold	90%	90%	90%
ACS - CQUIN Threshold	50%	50%	50%
<p><i>Year 1 – The Trust had to achieve two CQUIN Thresholds – CQS target of 90% and ACS target of 50%</i> <i>The Trust did not achieve the CQUIN Threshold – we scored 83.65% (CQS) and 34.27% (ACS) (red = no payment received). This was due to patient's not being admitted to the Stroke Unit within 24 hours of suffering a TIA and not having a brain scan within the appropriate timescale.</i></p>			
<p><i>Year 2 – The Trust met the CQUIN Threshold – target 90% / 50% and we scored 92.07% / 68.11%.</i></p>			
<p><i>Year 3 – The Trust achieved the ACS CQUIN target but failed the CQS CQUIN target.</i></p>			

Enhancing quality of life for people with dementia –Improve the outcome for older people with dementia by ensuring 90% of patients aged 75 and over are screened on admission

Dementia is a significant challenge for the NHS with it estimated that 25% of general hospital beds in the NHS are occupied by people with dementia, rising to 40% or even higher in certain groups such as elderly care wards or in people with hip fractures. The Dementia Project – Large Scale Change is led by two Associate Directors of Nursing and was introduced within the Trust to implement the Dementia Quality Standard and further raise awareness of dementia. The project is divided into five main work-streams each with a lead person responsible.

The work-streams are: 1. CQUIN and pathways; 2. Safety and environment; 3. Pharmacology; 4. Education and training and specialist nurses; 5. Volunteers and Partnership. The Dementia Advisory Board continues to meet regularly and significant improvement to all aspects of dementia care is demonstrated within each of the ongoing work-streams.

- A successful bid to the Blue Skies Charity fund has meant that plans have now been drawn up for the development of a memory walk. The location and members of a project team have been identified and discussions have taken place with local businesses and artists who have kindly donated picture boards and local

artefacts. The memory walk will be fully operational by June 2014.

- Distraction/comfort boxes have been introduced to try to engage our patients more effectively. These boxes contain familiar everyday items such as buttons, clothes pegs, and a wide range of 'sensory' materials such as crinkly, furry fabrics or items with lights that flash and twinkle. The aim is to stimulate a range of senses and help staff to engage with the patients, whilst also helping to relieve the anxiety felt by patients in an unfamiliar setting.
- Development of a Dementia Pathway is now completed and the launch of this will coincide with "Dementia Awareness" week.
- The butterfly scheme has been

re-launched this last month and work continues to ensure the principles of this approach are embedded within the organisation.

- Dementia Training and education continues to be improved. Opportunities for staff now include dementia awareness full day for all staff, Best Practice module in Dementia care, Level 3 course at UCLAN, Caring for people with Dementia, Delirium Awareness and risk assessment for junior doctors.
- Guidelines have been implemented for the prescription of antipsychotic medications.

A national target of 90% of patients admitted to hospital as an emergency aged over 75 years, will receive screening, assessment and onward referral for further memory assessment if indicated. After engagement with clinical staff and working with the NHS Institute, a Care Bundle Approach, which is a process where printed checklist paper forms of accepted clinical guidelines are introduced to relevant wards and made conveniently available to all clinicians, was agreed as the best way for doctors to screen patients for dementia and ensure that a proper assessment and appropriate referral took place.

The Initial Dementia Assessment



Tool, which consisted of a medical notes component, a flag to mark the patients involved, and a tracer backing form, was introduced into every inpatient hospital ward on the 29th October 2012.

The goal of the Dementia Care Bundle is to improve the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital. The bundle is part of the national CQUIN for improving dementia screening in an acute hospital.

Despite the introduction of the Dementia Care Bundle and a mechanism to audit, the Trust was unable to meet the 90% national target in 2012/13. Further improvements were made during quarter 4 of 2013/14 through the

introduction of dedicated audit staff to collect data and feedback compliance real time. This has shown some improvement (17% in quarter), and it is envisaged that the Trust will build on this over the coming year, but the Trust did not meet the 90% national target overall as shown Table 22. The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Despite the bundle leading to an increased awareness of dementia and cognitive conditions amongst medical staff, with a huge increase in usage of the Dementia Assessment tool, it has been identified that further education is required to raise awareness of the importance in completing the assessments.

Table 22: Monthly Trust-wide performance – Dementia Screening

Target 90%	Nov 2012	March 2013	June 2013	September 2013	December 2013	April 2014
Screening Question	29%	73%	52%	57%	70%	59%
Assessment	39%	75%	61%	52%	71%	59%
Referral	0%	0%	0%	20%	0%	54%

Data source: Internal data system and data submitted to the Department of Health. This data is governed by standard national definitions. Please note: data has not been signed off for the April 2014 data or submitted to the Department of Health

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by the following actions:

- A daily alert email is sent to Ward Managers and Ward Clerks that alerts them to patients that need to have their assessment completed within 24 hours in order to meet the 72 hour criteria.
- A weekly performance report is now available that breaks down ward compliance and identifies which consultants were in charge at the time.
- Practice Development Sisters offer additional training on dementia for clinical staff that will include content on how to complete the bundle particularly the Dementia Assessment.
- Since December 2013, clinical audit assistants have collected data and provided real time feedback to clinicians to identify areas where improvements can be made to patient care relating to dementia screening and care planning

Medical Care Indicators Used to Assess and Measure Standards of Clinical Care and Patient Experience

The framework for the medical care indicators was designed to support medical staff to understand how they deliver specific aspects of their care. As with the nursing care indicators, our overall aim when introducing these performance measures is to reduce harm and improve patient outcomes and experience. The metrics are visible and therefore by using this system we can ensure that accountability is firmly placed on the medical teams providing the bedside care.

The results are obtained from a monthly spot prevalence audit, and the Indicators are based on questions relating to medical documentation, antibiotic prescribing, DNAR CPR, Consultant review and care planning, VTE risk assessment and mortality

Reports are circulated to identify the following:

- Overall Trust Results
- Divisional Results
- Ward Level results
- Consultant level results

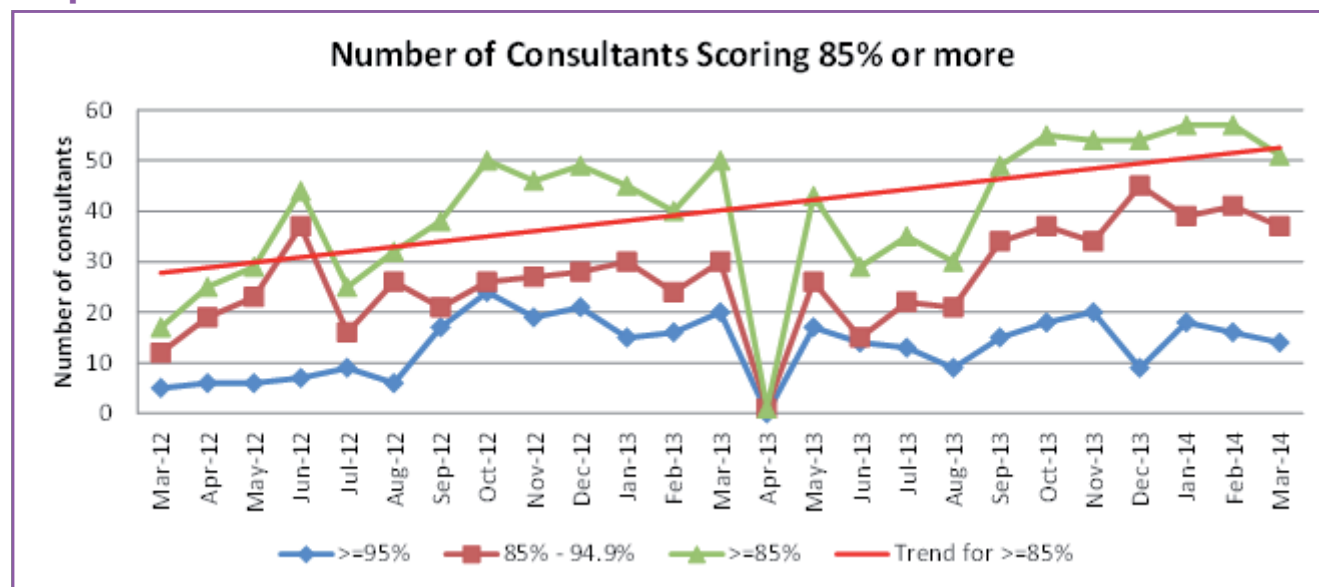
Between March 2012 and March 2014 the three month average number of consultants who achieved 85% compliance or better increased from 24 (Mar 12 to May 12) to 55 (Jan 14 to Mar 14) and the three month average number of consultants who achieved 95% compliance or better increased from 6 (Mar 12 to May 12) to 16 (Jan 14 to Mar 14)

In April 2013 new criteria were added to the audit which led to the average consultant score falling from 87% to 68% and no consultants achieving a score for that month above 85%. By September 2013 the scores had recovered to the levels seen just prior to the introduction of the new criteria.

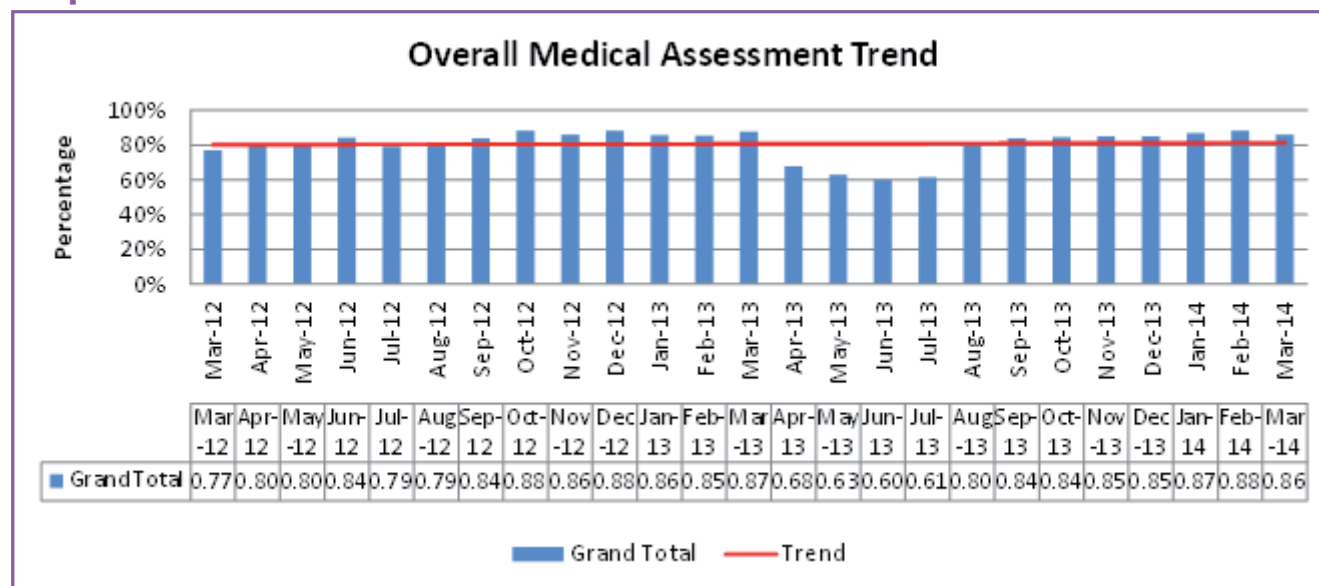


These indicators are shown in Graph 4 and Graph 5. The overall Medical Assessment Trend is shown in Graph 6.

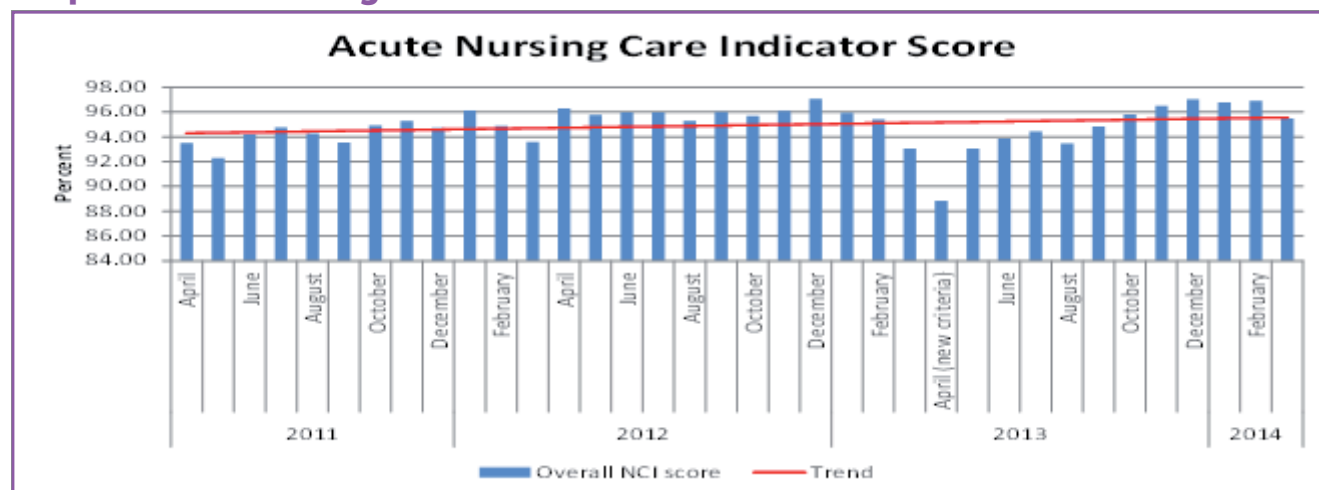
Graph 4: Medical Care Indicators



Graph 5: Medical Care Indicators



Graph 6: Acute Nursing Care Indicator Score





Nursing Care Indicators Used To Assess and Measure Standards of Clinical Care and Patient Experience

The Nursing Care Indicators are used as a measure of the quality of nursing care that is provided to patients during their stay in hospital. The framework for the nursing care indicators is designed to support nurses in understanding how they can deliver the most effective patient care, in identifying what elements of nursing practice work well, and in assessing where further improvements are needed. Our overall aim when introducing these measures is to reduce harm and to improve patient outcomes and experiences.

By benchmarking our nursing care across the Trust, we can increase the standard of nursing care that we provide, so that best practice is shared across all wards and departments. The measures

are made visible in the ward environment and therefore by using this system we can ensure that accountability is firmly placed on the nurses providing bedside care. We have learned from this process and as a result have made significant reductions in patient harms. Compliance with nursing care indicators such as recording of observations and completion of risk assessments associated with the development of pressure ulcers have ensured that our frontline nurses can see the efforts of their work and make the link between the effective assessment and treatment of patients and improved outcomes. By improving the monitoring of vital signs we have reduced harms from deterioration and failure to rescue rates. By including the care of the dying indicators we have improved our referral times to palliative care services and the way that our staff interacts with relatives at this difficult time.

We have been observing nursing care using the Nursing Care Indicators for the past five years. The process involves a monthly review of documentation, ward environments and the nursing care delivered in each ward. The Associate Directors of Nursing closely analyse each area for trends and non-compliance and, where required, instigate improvement plans that reflect any changes in practice that may be required. The Trust recognises that it has set high standards to be achieved, with a target of 95% for all indicators.

In the development of the Nursing Care Indicators, key themes for measurement were identified from complaints, the Patients' Survey, the Trust documentation audit, the benchmarks held within the essence of care benchmarking tool, and assessments against Trust nursing practice standards.

Measurement of the Nursing Care Indicators is an evolving process and is subject to annual internal review to ensure the indicators reflect current best practice and they are expanded into non ward based areas. In 2013 the criteria for all the indicators was reviewed and amended to reflect changing best practice. An additional indicator, 'Management of Patient property' was also added.

The following themes are measured monthly:

- o Patient Observations

- o Pain Management
- o Falls Assessment
- o Tissue Viability
- o Nutritional Assessment
- o Medication Assessment
- o Infection Control
- o Privacy & Dignity
- o Care of the Dying
- o Continence Care
- o Management of patient property

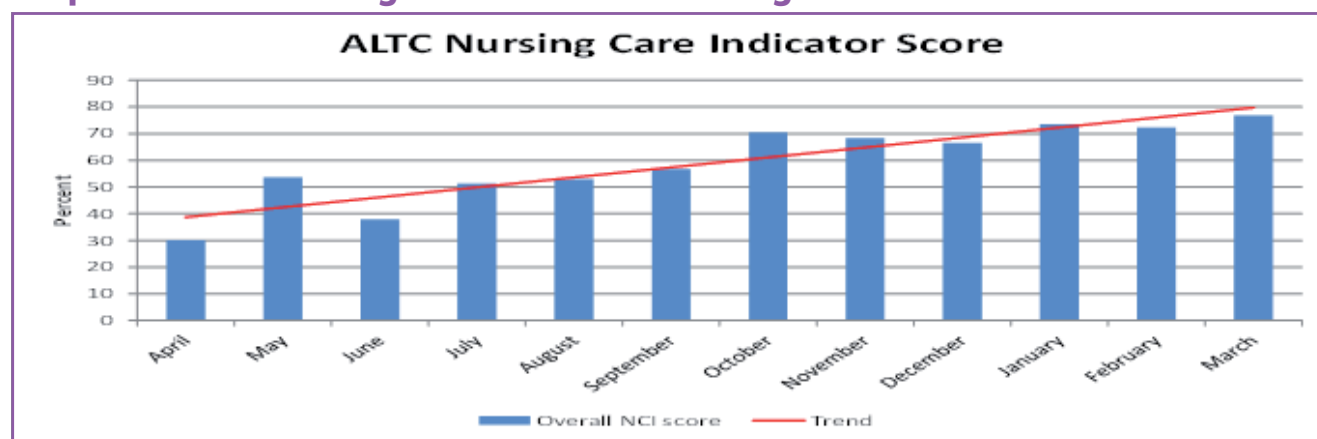
Graph 7 shows the overall Trust performance, expressed as an average percentage of all 11 nursing care indicators, for

2013/14. The variation in scores seen is the type expected in a normal process. The trend clearly shows an overall improvement over the year.

In April 2013, Nursing Care Indicators were introduced into the community setting. Five indicators are being measured:

- o Nutritional Assessment
- o Pain Management
- o Falls Assessment
- o Tissue Viability
- o Care of the Dying Patient

Graph 7: Adult and Long Term Conditions Nursing Care Indicator



Data source: Ward-based prevalence audit of clinical records. This data is governed by standard national definitions

Improving outcomes from planned procedures

- Patient Reported Outcome Measures (PROMS)

Improve the scores for the following elective procedure

- i) Groin hernia surgery

- ii) Varicose veins surgery
- iii) Hip replacement surgery
- iv) Knee replacement surgery

Patient Reported Outcome Measures (PROMs) measure quality from the patient perspective, it is a national

programme organised by the Department of Health. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre and post operative surveys. The Trust Participation rates are as shown in Table 23.

Table 23: Participation Rates	
Date	Participation rate (full year)
2011/2012	75.7%
2012/2013	73.7%
2013/2014	76.5%

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The comparison data for PROMS

between Blackpool Teaching Hospitals Provisional PROMs Data 2011 -12 (April 2011 - March 2012) and Provisional PROMs Data 2012-2013 (April 2012 - March

2013) is shown in Table 24. The data shows an improvement against the national scores, the positive scores are highlighted in green but reviewing the negative

scores, the Trust has improved on previous data. In regard to varicose vein PROMS the Trust scores against national scores

appear to have slightly decreased, but in reviewing the scores comparing full year 2011/12 data to part year April to December

2012 data all scores have seen an increase in value.

Table 24: Provisional PROMs Data

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2011 - 12 (April 2011 - March 2012) and Provisional PROMs Data 2012 - 2013 (April 2012 - March 2013)

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2011 - 12 (April 2011 - March 2012) and Provisional PROMs Data 2012 - 2013 (April 2012 - March 2013)

Percentage Improving	Measure										
	EQ-5D Index 2011-12	EQ-5D Index 2012-13	Variance		EQ-VAS 2011-12	EQ-VAS 2012-13	Variance		Condition Specific 2011-12	Condition Specific 2012-13	Variance
Groin Hernia	48.8%	44.8%	-4.0%		41.5%	39.0%	-2.5%		N/A	N/A	N/A
Hip Replacement	88.8%	86.0%	-2.8%		61.3%	65.4%	4.1%		96.8%	95.50%	-1.3%
Knee Replacement	80.1%	79.6%	-0.5%		60.3%	58.2%	-2.1%		95.3%	89.40%	-5.9%
Varicose Vein	54.9%	50.0%	-4.9%		49.0%	38.9%	-10.1%		80.4%	88.20%	7.8%

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2011 - 12 (April 2011 - March 2012) and Provisional PROMs Data 2012 - 2013 (April 2012 - March 2013)

Percentage Getting Worse	Measure									
	EQ-5D Index 2011-12	EQ-5D Index 2012-13	Variance		EQ-VAS 2011-12	EQ-VAS 2012-13	Variance	Condition Specific 2011-12	Condition Specific 2012-13	Variance
Groin Hernia	14.0%	19.8%	5.8%		35.8%	42.6%	6.8%	N/A	N/A	N/A
Hip Replacement	7.0%	2.8%	-4.2%		28.5%	22.6%	-5.9%	2.6%	4.50%	1.9%
Knee Replacement	6.6%	10.8%	4.2%		30.5%	27.8%	-2.7%	3.7%	9.00%	5.3%
Varicose Vein	14.4%	11.6%	-2.8%		40.0%	47.8%	7.8%	19.6%	11.80%	-7.8%

Data source: Health and Social Care Information Centre (HSCIC). This data is governed by standard national definitions

The Blackpool Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by the following actions:

We continue to work with CAPITA our new survey provider to get accurate detail relating to participation rates and also patient level detail at consultant level, once this work is complete the Scheduled Care Division will be asked to be greater involved in developing improvement actions relating to direct surgeon feedback.

Reduce Emergency Readmissions to Hospital (for the same condition) within 28

days of Discharge

The Trust has been working with its health economy partners to implement strategies to reduce readmissions. Overall the percentage 28 day readmissions in 2013/14 was below peer average as shown in Table 25.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reason in that it shows that the work being undertaken across the health economy has started to impact on the percentage of readmissions seen at the Trust as shown in Graph 8.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken

the following actions to improve this percentage and so the quality of its services:

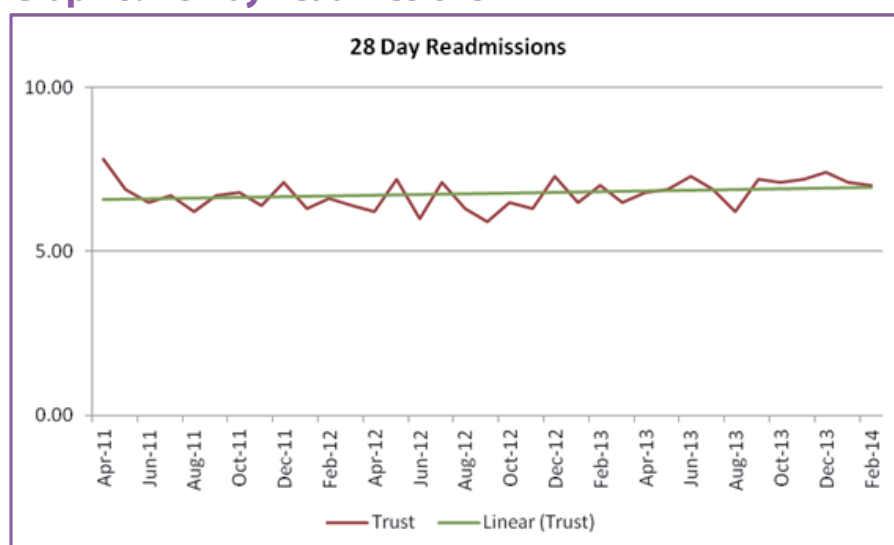
- A clinically led review of readmissions to identify/ implement actions required to reduce the number of avoidable admissions
- Joint work with Clinical Commissioning Groups to identify and implement health economy wide readmission avoidance schemes, including single point of access services to ensure patients access the most appropriate care, improvements to discharge and on-going care planning.

Table 25: 28 Day Readmissions

Indicator	Trust 2011/12	Peer 2011/12	Trust 2012/13	Peer 2012/13	Trust 2013/14	Peer 2013/14
All Admissions	6.9%	6.9%	6.4%	6.8%	6.8%	6.6%
Non-elective	11.5%	10.8%	10.8%	10.7%	11.2%	10.4%
Elective	2.9%	3.2%	3.3%	3.1%	3.2%	3.1%

Data source: CHKS Quality and Patient Safety Tool. This data is not governed by standard national definitions

NB: No exclusions are made from the CHKS data and therefore includes (day cases, obstetrics, cancer patients, etc). The Trust is unable to replicate the national methodology in full. The Trust has reviewed its raw data (not standardised as in national data) and non elective readmissions for the Trust equates to 16.77% for 2013/14.

Graph 8: 28 Day Readmissions

3.4.2 Priority 2: Quality of the Patient Experience

The Trust will only be able to improve and maintain high quality services if we listen to the people who use our services and their carers. They are the experts in the care we provide and the Trust continually tries to learn from the experience of individuals to ensure we get it right first time, every time.

Improve Hospitals' Responsiveness to Inpatients' Personal Needs by Improving the CQC National Inpatient Survey Results in the Following Areas: -

The CQC National Inpatient Survey is undertaken on an annual basis by the Picker

Institute, an independent organisation. Between the period October 2013 and January 2014 a questionnaire was sent to 850 recent inpatients. 369 patients responded. Table 26 shows a comparison of data for five indicators from 2011 to 2014 and progress remains consistent.

These indicators were chosen to be monitored since they relate to key issues that are of great importance to the Board and/or have been identified by our patients' as being the most important to them.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: in that the

Trust considers patients feedback to be pivotal in ensuring our services continue to develop in order for the Trust to meet individual patient needs.

Table 26: Care Quality Commission National Inpatient Survey

Indicator	2011/12 Results	2012/13 Results	Comparison to last year's results	2013/14 Results
Were you involved as much as you wanted to be in decisions about your care and treatment?	87.3% said yes often or yes sometimes	82.6% said yes often or yes sometimes	↑	84.8% said yes often or yes sometimes
Did you find someone on the hospital staff to talk to about your worries and fears?	52.2% said yes definitely or yes to some extent	75.4% said yes definitely or yes to some extent	↑	76.9% said yes often or yes sometimes
Were you given enough privacy when discussing your condition or treatment?	89.2% were always or sometimes	91.3% were always or sometimes	↓	89.9% were always or sometimes
Did a member of staff tell you about medication side effects to watch for when you went home?	55.7% said yes completely or yes to some extent	51.5% said yes completely or yes to some extent	↑	57.4% said yes completely or yes to some extent
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	67.3% said yes	66.7% said yes	↑	73.7% said yes

Data source: Patient Perception Survey carried out by Picker Institute Europe an independent organisation. This data is governed by standard national definitions.

The Blackpool Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by enhancing the standard of communication and information given to our patients.

The Trust is in the process of improving the score in relation to the question "Were you given enough privacy when discussing your condition or treatment?" The Patient Experience Team are conducting regular spot audits to identify areas where patients feel they are not given enough privacy, informing divisional leads of their findings so action can be taken in real time.

The clinical divisions are also looking at what actions are needed to ensure information relating to medication side effects is discussed with the patients on



discharge. The pharmacy team are developing information to enable patients' to be aware of the use of community pharmacists in medication reviews or any issues relating to medications.

Improvements to the indicators will be monitored on a monthly basis through the Nursing Care Indicators and this information

will be presented to the Board of Directors on a monthly basis to monitor improvements made.

Improve Staff Survey Results in the Following Area

- **Percentage of Staff Who Would Recommend Their Friends or Family Needing Care**



The National Staff Survey is undertaken on an annual basis by the Picker Institute, an independent organisation. Between the period October 2012 and January 2013 a questionnaire was sent to 1996 staff. 938 staff responded. Table 27 shows the result for the indicator.

This indicator was chosen to be monitored since this relates to a key issue that is of great importance to the Board and/

or have been identified by our patients as of most importance to them.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- We continue to focus energy and efforts on improvements to patient outcomes, quality care and patient experience
- The Trust is part way through

a training programme to help staff to be at their best more of the time when delivering care to patients

- The Trust is highlighting the friends and family test data and is investing in a team to work with this in real time
- Additional monies have been identified to support increased nurse recruitment to enhance patient care but this is still ongoing

Table 27: National Staff Survey Results		Comparison to last years results
Indicator	2012 Result	2013 Result
Percentage of staff who would recommend their friends or family needing care	89% of staff would be happy to recommend their friends or family needing care	86% of staff would be happy to recommend their friends or family needing care

Data source: Staff Perception Survey carried out by Picker Institute Europe, an independent organisation. This data is governed by standard national definitions.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuing to roll out the patient experience

training to clinical staff and complete the actions as described above. In addition the Trust has updated its Strategic Aims and is consulting on new values and behaviours to ensure we each

provide a consistent level of care to all our patients and service users and their families. We continue to invest in development of staff at the front line and to review performance. The Trust has

updated its Whistle blowing Policy which is currently being consulted on in order that it can be launched by the Chief Executive. The Trust will also implement a range of recommendations from the Francis, Keogh and CQC reports as it deems necessary.

Improvements to the indicator will be monitored on an ongoing monthly basis through the Patient Experience Revolution engagement questionnaire and this information will be presented to the Board of Directors on a quarterly basis to monitor improvements made.

Further findings from the Staff Survey are reported separately in the Annual Report. And can be accessed via the following link <http://www.bfwh.nhs.uk/departments/comms/publications.asp#ann>

Report on Friends and Family Test

The Friends and Family Test (FFT) has been implemented within the inpatient areas and accident and emergency dept from 1st April 2013 and across Maternity Services from October 2013.

The test will provide us with a simple, easily understandable headline matrix which combined with other information, patient feedback and follow up questions can support the trust in pinpointing areas for improvement, and will inform and empower the ward, and the board, to tackle areas of weak performance and enhance areas of excellent practice.

The test will be designed to be a single matrix and we will still need to supplement this with other

methods of capturing, responding and understanding the patients experience data.

Why the test is important for our patients?

Patients will be able to use this information to make decisions about their care and also to challenge us in improving services as well as celebrating areas of good care.

Why the test is important for our staff?

Sharing this data with staff will increase the transparency of our Trust and empower all levels of staff to target and carry out improvements. Along with tracking the test results staff will also be able to see where targeted improvements have been effective and sustained. Staff being engaged in this process will be key to its success and data collection.

Expected requirements for the Test

We use the test to survey patients after they have experienced an episode of care, therefore participants are those adult patients at the point of discharge from acute inpatient care (with an overnight stay) and all patients who have attended A&E and from October 2013 this also included maternity services including ante natal, delivery, home birth and post natal care.

The aim of the test is to promote a responsive, patient led NHS. Ideally all patients in the target group should be given the opportunity to take part, so the Trust has been collecting data every day, not just on selected dates. We survey as many patients as possible as well as monitoring

and reporting on the number of responses along with local reports.

The Friends and Family Test is simple and centred around one question:

- How likely are you to recommend our (ward name/ A&E Department) to friends and family if they needed similar care or treatment?

Respondents can respond by ticking:

- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know

We also asked a small number of additional questions find out what influenced their decision and gain deeper understanding of their patient experience.

The Trust is marked according to the net promoter score based on the Department of Health scoring methodology. Scores are calculated based on the following calculation:

- Proportion of respondents who would be extremely likely to recommend minus proportion of respondents who would not recommend (response categories neither likely nor unlikely, unlikely and extremely unlikely)

The net promoter score is marked from plus 100 to minus 100. The Trust scores and response rates are detailed in Table 28 overleaf:

Table 28: Friends and Family Test

Month	Trust Overall score	Responses	Inpatient Response Rate	Emergency Department Response Rate	Maternity Response rates
April 2013	72	453	19.7%	0.1%	Not surveyed
May 2013	74	724	25.7%	1.5%	Not surveyed
June 2013	76	877	32%	2.5%	Not surveyed
July 2013	72	1021	37.7%	7.4%	Not surveyed
August 2013	73	938	29.4%	4.1%	Not surveyed
September 2013	76	814	25.60%	3.10%	Not surveyed
October 2013	74	1128	30.70%	6.50%	9.7%
November 2013	70	1521	41.2%	13.4%	8.6%
December 2013	73	1816	44%	17.7%	9.8%
January 2014	66	2005	43.4%	21.7%	7.9%
February 2014	71	1611	41.8%	15.4%	12%
March 2014	72	1636	37%	14.1%	19.45%

Data obtained from Health and Social Care Information Centre

Improving the Experience of Care for People at the End of Their Lives

- Seeking Patients and Carers Views to Improve End of Life Care

The Trust Cancer and End of Life Teams are working closely with Trinity Hospice and representatives from community groups to promote quality in end of life care. A conference was held on Wednesday 15th May 2013 to promote 'Dying Matters' week and to raise awareness of the care that is available across the health economy. The targeted audience included community leaders from all agencies to build a network that can support, inform and inspire others.

The Cancer Network and Macmillan Cancer Support have supported a project to provide comprehensive bereavement information packs for all bereaved families across Lancashire and South Cumbria. These packs will be offered at the time of registration of death.

- **Ensure that Patients Who Are Known to be at the End of Their Lives are able to Spend Their Last Days in their Preferred Place Across All Services**

The Trust End of Life Care Team continues to promote the tools available to enable patients to have choices in where they are cared for at end of life. A local family have worked with the team to share their experience of choice and preferences for care at end of life. Their daughter participated in a poster campaign, which received television and radio coverage. The aim of the campaign is to encourage patients, carers and staff to have discussions about their wishes and choices. These posters were launched throughout the Trust in May 2013 and were again supported with media coverage. The Trust continues to support same day or next day rapid discharges for those patients who wish to be cared for outside hospital in their last few weeks of life.

Based on the national Route to Success 'How to' guide on Transforming end of life care in acute hospitals, a ward based training programme has been developed and 3 senior nurses appointed to the Transform Training Team. The aim of the Transform Project is to increase the quality of end of life care in the Trust for patients and their carers and promote earlier identification of end of life with the opportunity for advance care planning discussions, realistic treatment choices and reduced emergency admissions at end of life. It will enhance communication, documentation, training and patient choice to improve the overall journey and experience.

Patient Led Assessment of the Care Environment (PLACE)

- **To Improve PLACE Survey Results/Standards**

Our aim is to deliver the best environment for our patients to ensure that the patient experience exceeds the standards set by the National Patient Safety Agency. Providing a clean and

safe environment for our patients is extremely important to the Trust. We monitor this through the Patient Led Assessments of the Care Environment (PLACE) annual audits across all hospital sites.

The teams comprise of a multidisciplinary team, including a patient's representative and an external PLACE assessor who conduct annual audits regarding the quality of standards we provide to our patients. The key

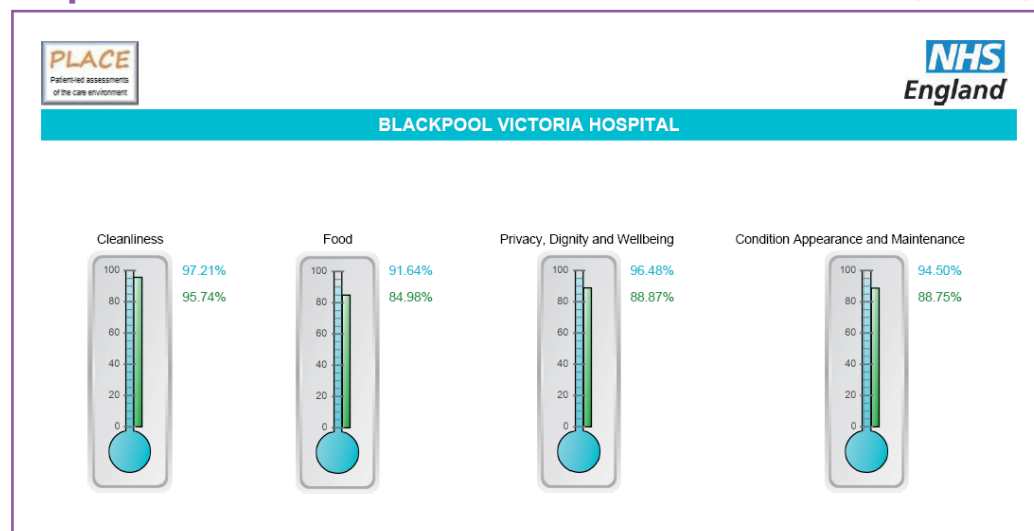
areas which are audited are:

- Cleanliness
- Specific bathrooms/toilet cleanliness
- Catering Services
- Environment
- Infection Prevention
- Privacy and Dignity
- Access all external areas

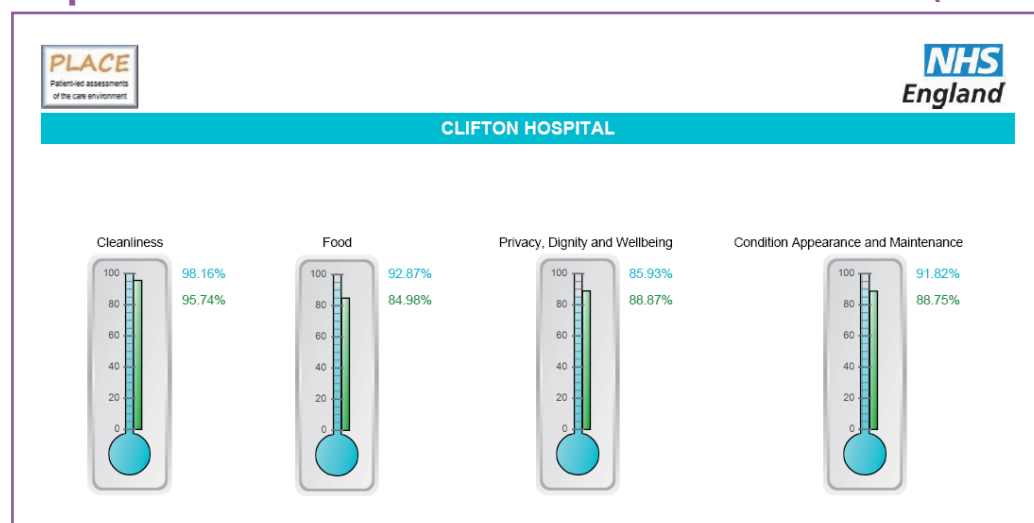
The audit follows guidelines set by the National Patient Safety Agency and the results are

publicised nationally on an annual basis. In 2013/14, PLACE audits were extremely encouraging across all hospital sites resulting in excellent standards achieved. The results in Graph 9 and Graph 10 demonstrate the commitment and dedication of all staff within the Trust who strive to ensure that the patient experience is met or exceeded during their stay in our hospitals.

Graph 9: Patient Led Assessment of the Care Environment (PLACE)



Graph 10: Patient Led Assessment of the Care Environment (PLACE)



Key: Blue data indicates Trust scores, green data indicates National Average.

Data source: Local data from the Patient – Led Assessment Care Environment survey. This data is governed by standard national definitions set by the Health and Social Care Information Centre

3.4.3 Priority 3: Patient Safety

We know that our service must not only be of high quality and effective, but that they must always be safe. We have a range of processes and procedures to ensure that safety always remains a top priority.

Achieve 95% Harm Free Care to Our Patients by 2016 through the following strands of work

Improve the Percentage of Admitted Patients Risk Assessed for Venous Thrombo-Embolism (VTE) -

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has aimed to implement current best practice guidelines in order to ensure that all adult inpatients

receive a Venous Thrombo-Embolism Risk Assessment on their admission to the hospital, and that the most suitable prophylaxis is instituted. The Trust has embedded and improved the implementation of VTE guidelines within the Trust and has demonstrated this by achieving above the new 95% compliance indicator. We have been able to sustain previous improvement as shown by latest figures from March 2013 to 31st March 2014 as shown in graph 11.

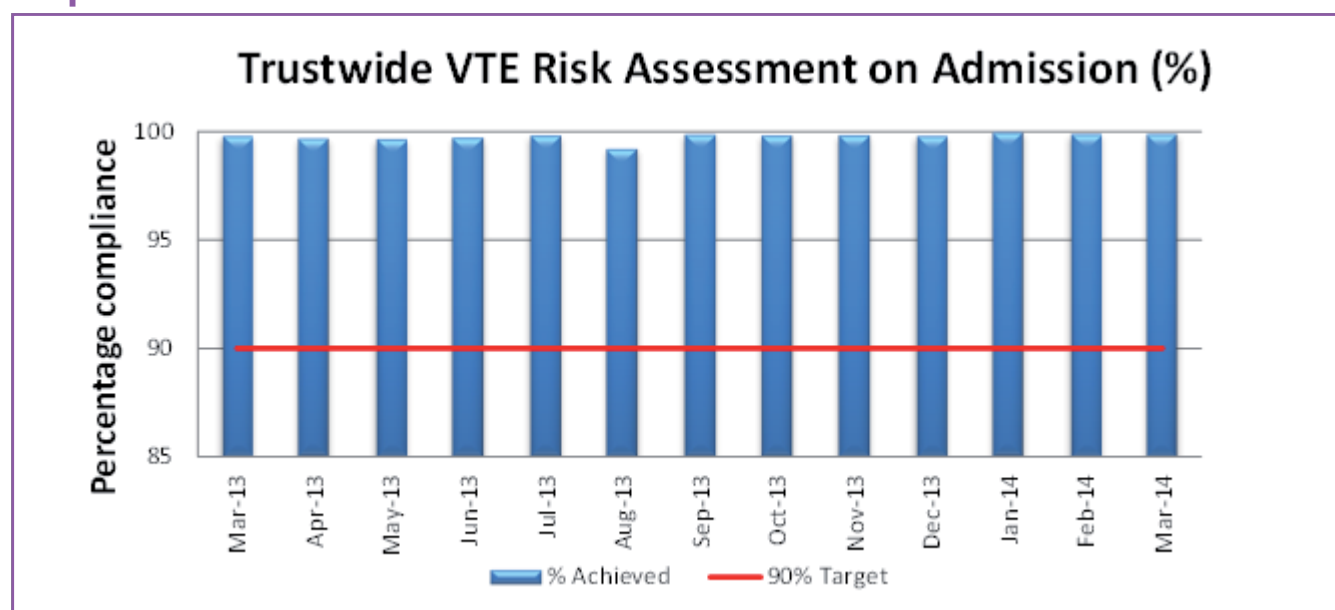
The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this 95% percentage compliance indicator and so the quality of its services, by undertaking the following actions:

- A senior clinician and a senior nurse have been identified to provide leadership to facilitate

ongoing improvements in compliance with trust processes and consequently improvements in patient care with regards VTE. The National Institute for Health and Clinical Excellence Venous Thrombo-Embolism guideline (CG 92) has been incorporated into easy to follow risk assessment forms across various specialties and is an integral part of clerking documents. This will not only ensure that VTE risk assessments are undertaken and embedded permanently in the admission pathway but also facilitates its documentation for subsequent analysis. The Thrombosis Committee monitors performance of individual clinical areas.

- Since December 2013, the clinical audit department have collected real time VTE data to give feedback to individual areas and address poor performance pro- actively.

Graph 11: Trustwide Venous Thrombo-Embolism Risk Assessment



Data source: UNIFY national reporting. This data is governed by standard national definitions.

- **Compare the VTE national average for the above percentages**

The average proportion of acute patients reported as having any type of VTE from the national Safety Thermometer (February 2013 to February 2014 inclusive) is 2.89%

- **Achieve a 10% reduction on the previous year in all VTE**

In 2012/13, based on Safety Thermometer data, 563 out of 9030 hospital in-patients were reported as having a VTE. This represents a proportion of 6.23%. In 2013/14, 285 out of 9054 hospital in-patients were reported as having a VTE. This represents a proportion of 3.15%. The reduction in the proportion of patients reported as having a VTE from last year to this year is therefore 49.51%. The average proportion of acute patients reported as having any type of VTE from the national Safety Thermometer (February 2013 to February 2014 inclusive) is 2.89%

Reduce the Infection Rate of Clostridium Difficile and MRSA Bacteraemia

Reduce the rate of Clostridium Difficile Infections per 100,000 bed days amongst patients aged two years and over apportioned to the Trust, and compare the national average for the above site

Clostridium Difficile is an organism which may be present in approximately 2% of normal adults. This percentage rises with age and the elderly have colonisation rates of 10-20%, depending on recent antibiotic exposure and time spent in an



institution. Symptomatic patients are those whose stools contain both the organism and the toxins which it produces, and have diarrhoea. Those patients who are most at risk of acquiring Clostridium Difficile diarrhoea are the elderly, those on antibiotic therapy and surgical patients. Antibiotic administration is the most important risk factor for Clostridium Difficile diarrhoea, which is also known as Antibiotic Associated Diarrhoea. The clinical features of Clostridium Difficile infection can range from diarrhoea alone, to diarrhoea accompanied by abdominal pain and pyrexia to Pseudo Membranous Colitis (PMC) with toxic megacolon, electrolyte imbalance and perforation.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Following the significant reductions in Clostridium Difficile Infection (91.95% for the last six years for the Acute Trust from 2007/2008) the Trust has continued to embed measures to reduce levels further within the organisation.

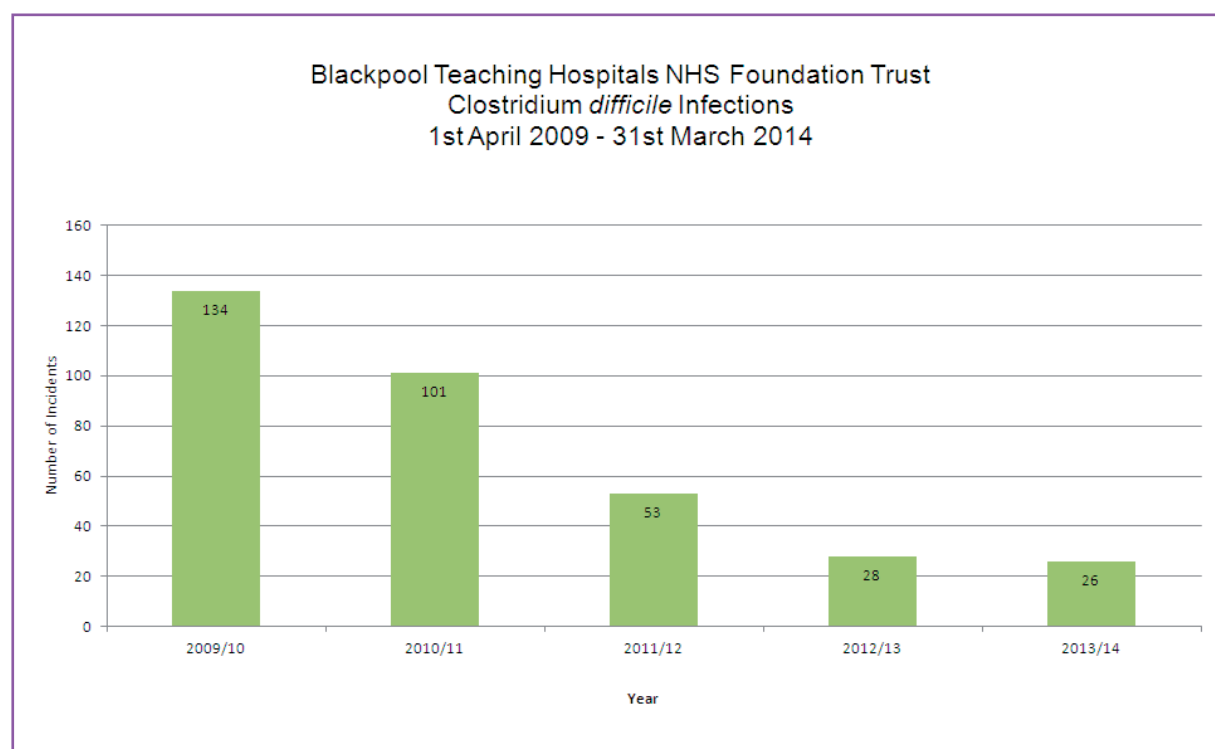
There have been 26 cases of Clostridium Difficile Infection (CDI) attributed to the Acute Trust between April 2013 and March 2014, in comparison to 28 for the period April 2012 to March 2013, demonstrating a reduction of 7%. The Trust was required to achieve a trajectory of less than 29 cases. Clostridium Difficile rates for April 2013-March 2014 as shown in Graph 12. Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to decrease the levels of Clostridium Difficile and improve the quality of its services:

- To mitigate the risk of breaching the Trust's infection prevention target, we continued to deliver a wide ranging programme of work which emphasises to all staff that remaining compliant with the requirements of the Code of Practice for Healthcare Associated Infections is everyone's responsibility. Ongoing actions included:
 - i. Effective Antibiotic Stewardship has had a

- significant impact on the rates of C.difficile and on trust antibiotic compliance rates. This is provided by regular ward rounds by the consultant microbiologist.
- ii. Introduction of probiotics drinks for patients considered to be at high risk for C.difficile by consultant microbiologists
 - iii. Decontamination of patient environment and equipment as and when possible by using hydrogen peroxide fogging system.
 - iv. Ensuring cleanliness of patient environment by ATP bioluminescence testing.
 - v. Proactive management of GDH positive, who are likely colonised with C.difficile by the infection prevention team.
 - vi. Continuing to raise awareness and leading by example;
 - vii. Ongoing audits of compliance to ensure all infection prevention measures and control policies and procedures continue to be implemented, including in particular hand hygiene, environmental and decontamination standards; and
 - viii. Training on all aspects of infection prevention continues to be delivered;
 - ix. Outcomes were assessed by reviewing progress with the C.difficile target, and auditing compliance with national standards/regulations

Graph 12: Clostridium difficile Infection Rates



Data source: Department of Health M.E.S.S. This data is governed by standard national definitions

• Reduce the Incidence of MRSA Bacteraemia Infection Rates in the Trust as Reflected by National Targets

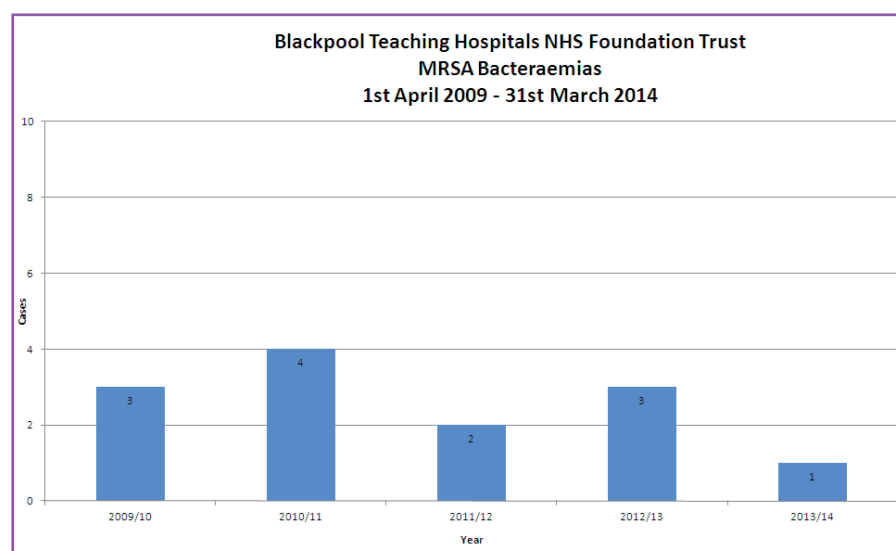
Following the significant reductions in Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia by 96.42% for the Acute Trust when compared to 2007/08, the Trust has continued to make tremendous progress in the

last few years and embed Infection Prevention principles across the organisation, ensuring that the risk of acquiring an infection for patients is further reduced as shown in Graph 9 and 10.

The delivery of the MRSA Bacteraemia target remains a clinical risk, in relation to Monitor's Compliance Framework which identifies an MRSA trajectory of

0 cases for the reporting period. The Trust has reported 1 case for this year, which is above trajectory and against Monitor's Compliance Framework target, as detailed in Graph 13 Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms.

Graph 13: MRSA Bacteraemias Rate



Data source: Health and Social Care Information Centre – NHS Outcomes Framework. This data is governed by standard national definitions

To Monitor the Rate of Patient Safety Incidents the Trust have reported per 1000 admissions and the proportion of Patient Safety Incidents the Trust has reported that resulted in Severe Harm or Death

An analysis of patient safety incidents is undertaken by the Trust on a monthly basis. Incidents are coded based on the potential harm to the patient and on the actual harm to the patient. Incidents coded as severe involve any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving care in the Trust. Incidents resulting in death relate to those incidents where the incident directly resulted in the death of one or more persons receiving care in the Trust. Further information can be found in the Glossary of Terms

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

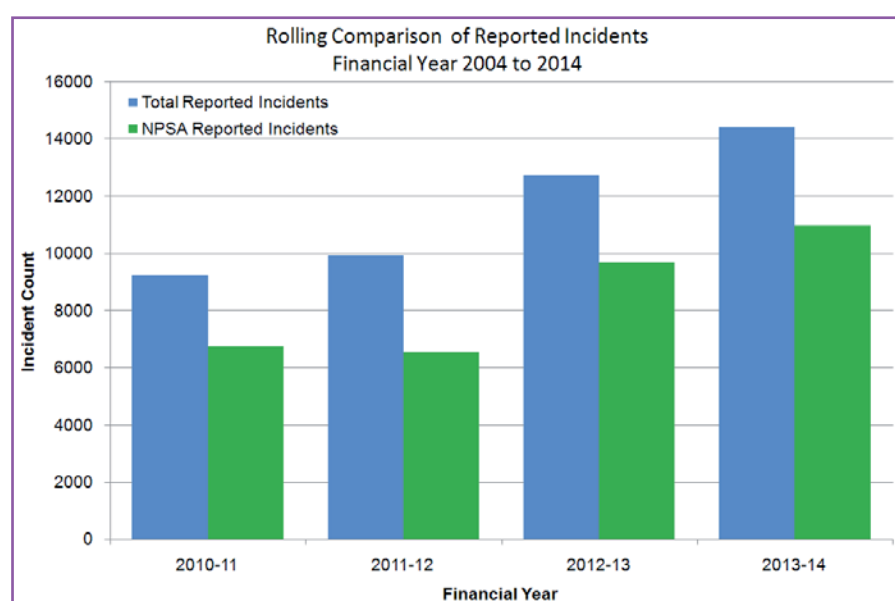
- There has been a steady increase in the number of untoward incidents reported over the past 4 financial years (Graph 14). Patient Safety Incidents account for approximately 76% of all reported untoward incidents. In the year 2013/2014 there have been 14414 untoward incidents reported and of these 10957 were patient safety incidents

and as such were reported to the National Patient Safety Agency. Of these 10957 patient safety incidents, 2,821 or 25.7% resulted in harm to the patient and in comparison to the number of attendances at the Trust (556,994) there is a patient safety incident reported for every 1 in 51 patients.

However only one patient safety incident resulting in harm was reported for every 205 patients during 2013/14.

Since 2011/2012 there has been an increase in the number of patient safety incidents that have resulted in severe patient harm (Graph 15 and Table 29). This continues to be monitored through analysis of trends and themes, lessons being learned and actions being taken at lower level incidents. The Trust has a policy of reporting incidents within 24 hours of occurrence, 71% of severe harm or death incidents were reported within 24 hours of occurrence. In order to address this shortfall all

Graph 14: Rolling Comparison of Reported Incidents



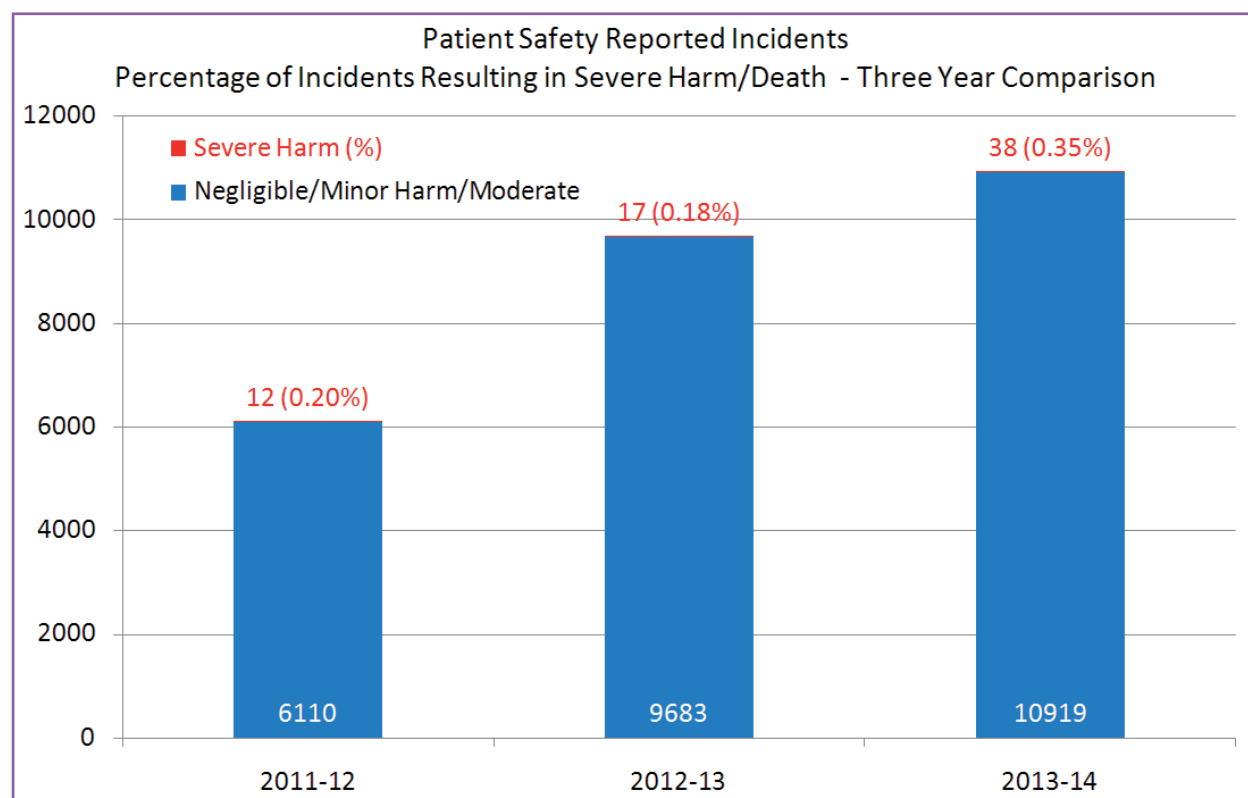
Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

induction, clinical mandatory and specific incident reporting and investigation training includes the importance of contemporaneous reporting. The message being communicated is that if an

incident has occurred action needs to be taken promptly to prevent a reoccurrence especially if the incident has resulted in severe harm or death. The Trust is currently reviewing its policies

and procedures in relation to holding staff accountable for actions or omissions in care which may impact on patient safety.

Graph 15: Patient Safety Reported Incidents



Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

Table 29: Patient Safety Incidents That Resulted In Severe Patient Harm/Death

Financial Year	Severe/Major Harm	Disaster/Death	Total
2004-05	22	5	27
2005-06	6	3	9
2006-07	10	2	12
2007-08	8	1	9
2008-09	7	2	9
2009-10	8	4	12
2010-11	24	0	24
2011-12	12	0	12
2012-13	13	4	17
2013-14	28	10	38

Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Information System. This data is not governed by standard national definitions

In 2013/14 there have been 0 incidents where following a serious untoward investigation it has become evident that the cause of death was as a direct consequence of the incident.

There was one 'Never Event' incident reported at the end of the 2013/14 year which is being investigated under the Serious Untoward Incident investigation process.

All level 4 and 5 patient safety incidents are investigated within the Serious Untoward Incident (SUI) process. Following completion of the investigation report the recommendations and action plan are monitored. Assurance that actions have been completed and practice changed is gained from evidence collection, audit findings and further monitoring of reported incidents. A requirement for a risk assessment is considered within the SUI process, in relation to the contributory factors which led to the SUI, which will be monitored and reviewed by the Divisions and the Board.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to help reduce the rate of 25 percent of patient safety incidents resulting in harm and to improve the quality of its services, by undertaking the following actions:

- It is essential that lessons are learned from SUI's in order to mitigate the risk of reoccurrence, these lessons are fed back to staff within the Divisions through training, ward meetings and the Trust wide monthly "lessons learned" newsletter. Lessons



learned are also discussed at the bi-monthly Learning from Incidents and Risks Committee. All completed SUI reports are published on the Trust's Risk Management site on the intranet so that any member of staff can access and use it as a learning tool. Links with the Learning and Development Team have been adopted so that training and development can be tailored around real life incidents and patient experiences. The Trust's simulation centre has undertaken several sessions

where staff who were involved in an incident have the opportunity to re-enact the scenario, reflect on the events and evaluate what went wrong and why. Feedback from staff has been extremely positive especially with those staff who have been involved in an incident where the patient was severely harmed or died.

- Engagement of the patient and their relatives/carers is very important to the Trust not only in developing an open and honest culture, but as a healing tool. Patients and

relatives are informed when a serious incident has occurred and that an investigation is to be undertaken. In some cases they are asked for their version of events and this has been reflected within the report. Following completion of the investigation report they are given the opportunity to discuss the findings and any actions taken to prevent further occurrence. A section entitled Duty of Candour has been added to the SUI report template to ensure that communication with the patient/family/carer is captured and monitored.

Reduce the Incidence of Inpatient Falls by 30% at low, minor and Serious Impact levels – Resulting in Patient Harm

Patient falls are one of the most common patient safety incidents reported. The majority of slips, trips and falls result in low or no harm to patients physically. However, any slip, trip or fall can result in the patient losing their confidence. There have been significant improvements within all areas of the Trust in reducing the numbers of falls as shown in Graph 18 and 19 below. There have been a number of initiatives introduced during 2013/14 to promote the reduction in falls resulting in harm.

- There has been targeted support and training given to wards within both the Scheduled and Unscheduled Divisions to improve the staffs understanding in relation to bone health and falls risks. This included education around the falls risk assessment and the formulation of a care plan for patients at risk of falling.

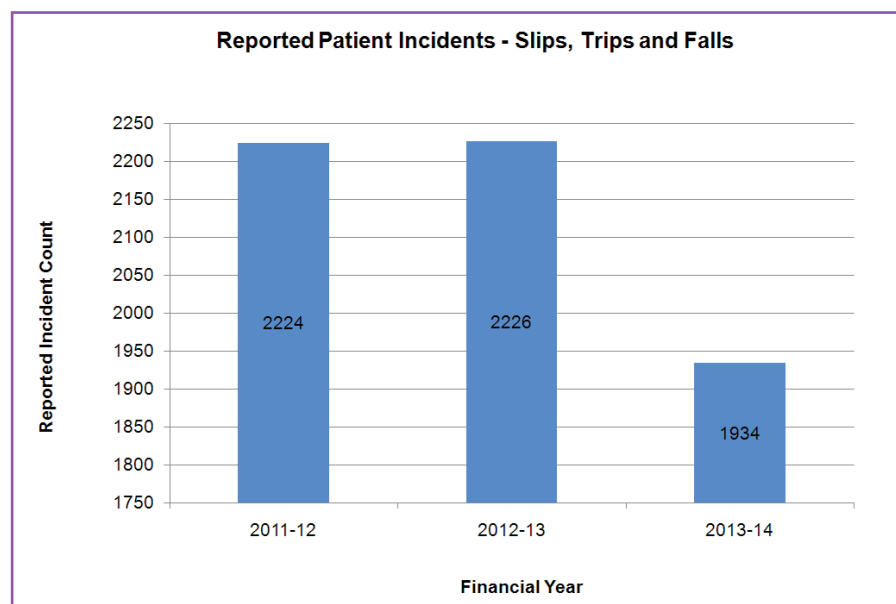
- Introduction of movement sensors in all the clinical divisions, both on the acute wards and in the community hospitals, for patients who are identified to be at high risk of falling. The sensors are discreet and can be placed either under the mattress of the bed, or on the chair if the patient is sitting out of their bed. The sensors alert the ward nurses via a pager system if a patient attempts to get out of bed or move from the chair unaided. The sensors have already helped prevent potential injury to patients as the nursing staff have been alerted swiftly and assistance given.
- Low beds have been introduced across the Trust to prevent falls for those patients at higher risk.
- A footwear trial has been completed and we have changed the products used across the Trust
- We have developed a slipper exchange scheme in the care of the older adult wards
- Greater cross boundary working with colleagues working in the community.
- The Trust Falls Steering Group has been re-invigorated and is now multi-disciplinary and includes voluntary agencies.
- A falls prevention workbook has been developed and rolled out across the organisation to improve education of staff. This is currently being reviewed following feedback to simplify it for staff.
- Falls prevention leaflets have been developed to improve patient education.
- Ward level standards have been introduced in Scheduled Care.
- A trial of green wrist bands to identify patients at risk of fall is taking place in unscheduled care.
- Falls exercise programmes have been introduced within all localities of the community setting
- The current falls prevention policy is under review to incorporate community requirements and make it more robust
- A falls RCA template was being introduced in the New Year 2014, to support effective analysis of incidents and dissemination of lessons learned.
- Monthly falls data is now made available at trust, divisional and ward level, for interrogation and identification of trends/issues in order to implement quality improvements where required.

In 2012/13 there were 2,226 falls with harm compared with 1,934 in 2013/14 as demonstrated in Graph 16. This represents a reduction of 13.12%. However, the Trust recognises that there has been improved reporting of falls.

Please note that the data for the last two months of the year is unvalidated and all falls totals are liable to change.

1,934 falls resulted in low or minor harm being experienced by the patient and there were 44 (2.3%) patients who experienced a fall that resulted in a moderate/serious harm. This is a 0.74% increase on the number of patients who experienced serious harm or above in 2012/13 (34), but only a 0.1% increase on the 2011/12 figure of 36. Measures have been put into place as outlined above to ensure that the Trust will see a downward trend for patient falls in 2014/15. As seen in Graph 17.

Graph 16: Patient Slips, Trips and Falls

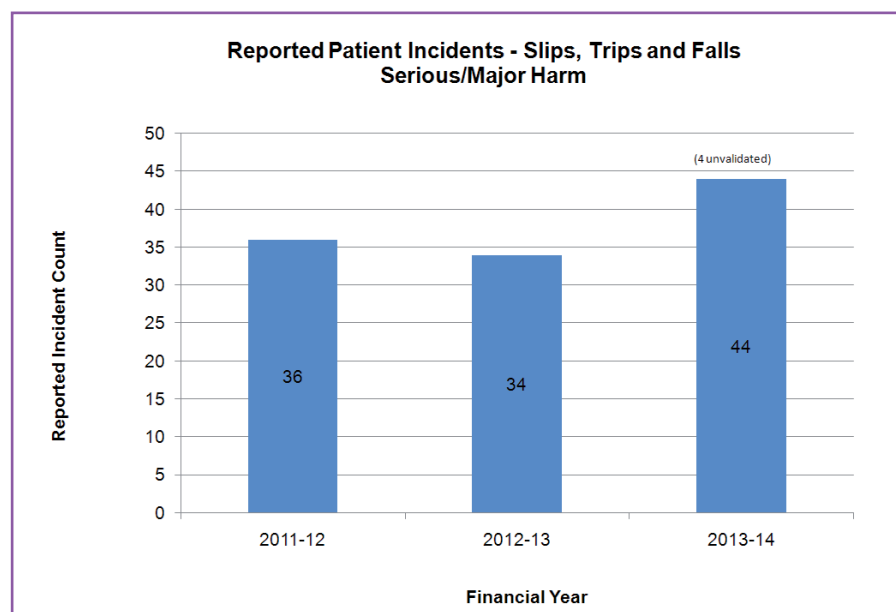


Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

The Trust maintains current and coherent medicines policies, protocols and guidance that aim to increase patient access to medicines and safety. The Trusts policies on medicines and medicine safety cover every step of the journey from the development of medicines to their use by the patient.

The provision of Medicines Management Mandatory training continues to re-inforce the safe management of medicines within the Trust for all professionals to reduce the risk of medication errors. Medication incidents / errors are reported through the Trust Ulysses system which is fed into the National Reporting and Learning System. Currently medication errors reported by the Trust are identified in Graph 18.

Graph 17: Patient Slips, Trips and Falls (Serious/Major Harm)



Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

Medication errors can occur anywhere within the care pathway including dispensing, preparing, administering, monitoring, storing or communication. The number of medication process errors are identified in Graph 18. The Medicines Management Team continue to ensure that the principles, safety and recommendations from all the National Patient Safety Agency Alerts are firmly embedded and maintained within all clinical areas. A robust and comprehensive audit process assures the Trust that standards are sustained on an annual basis.

Reduce the Incidence of Medication Errors by 30% Resulting in Moderate or Severe Harm

Medicines and medicine safety are an integral part of care provision within the Trust. The

Trust continues to engage both staff and patients in the safe usage of prescribed medicines within all Specialities. Medicines are the most frequently and widely used NHS treatment and account for over 12% of NHS expenditure.

The Medicines Management Committee meets bi-monthly. A report is supplied by the risk department which details all medication errors, drug type, level of harm to the patient, cause group and area. A trend



and theme analysis is completed with the aim that target areas can be highlighted and action plans devised to mitigate the risk. Several areas now have dedicated pharmacist cover, this has been found to reduce medication errors in these areas, it is hoped that this service will be extended over the coming year. The Trust has introduced Specialist Nurse Practitioners who are able to prescribe a set group of medications; this has been shown to reduce prescription errors and waiting times for discharge medication. Drug administration has been shown to be consistently the highest cause group as demonstrated in Graph 19, further analysis of the incidences indicated that many of these incidences were as a

result of staff being interrupted whilst completing drug rounds, all nurses are now required to wear 'do not disturb' tabards when completing drug rounds.

The September 2013 report published by the National Patient Safety Agency (NPSA) is based on incidents which occurred between 1st October 2012 and 31st March 2013 and were reported to the National Reporting and Learning System (NRLS) by the 31st May 2013.

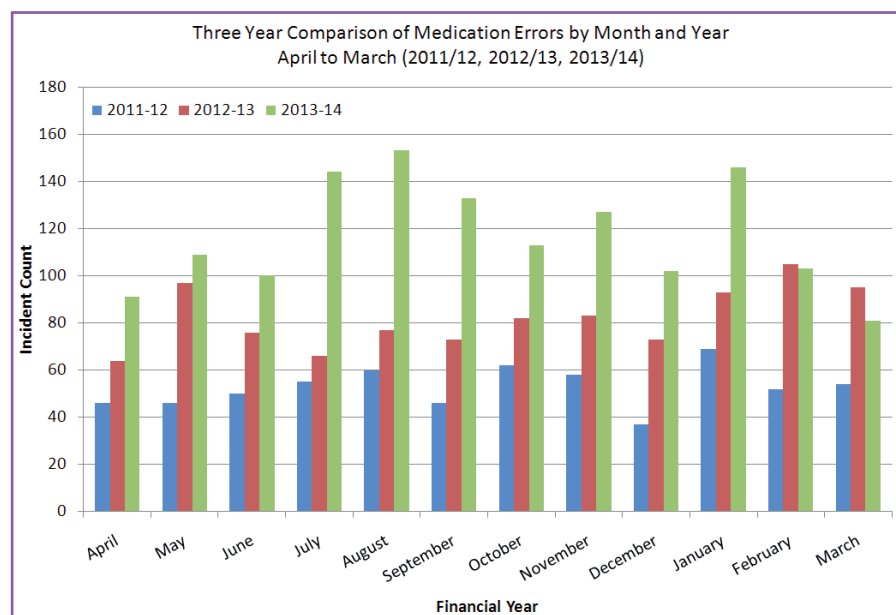
Medication incidents

A total number of 10957 incidents were reported by the Trust. 1304 were medication errors and this equates to 11.9% of all incidents. The total number of medication errors was 52% higher in 2013/14

than 2012/13. The number of drug administration errors with serious and above harms was 17 in 2012/13 and this fell to 10 in 2013/14, a reduction of 41%, though the number of drug administration errors with minor or less serious harms increased by 81.6% over the same period. (It should be noted that the data for February and March are yet to be validated at the time of writing and may change).

The Trust is able to report an improvement in the number of incidents reported by staff and a reduction in the level of serious patient harm. This emphasises the improvement in safety and medication awareness within clinical areas.

Graph 18: Medication Errors

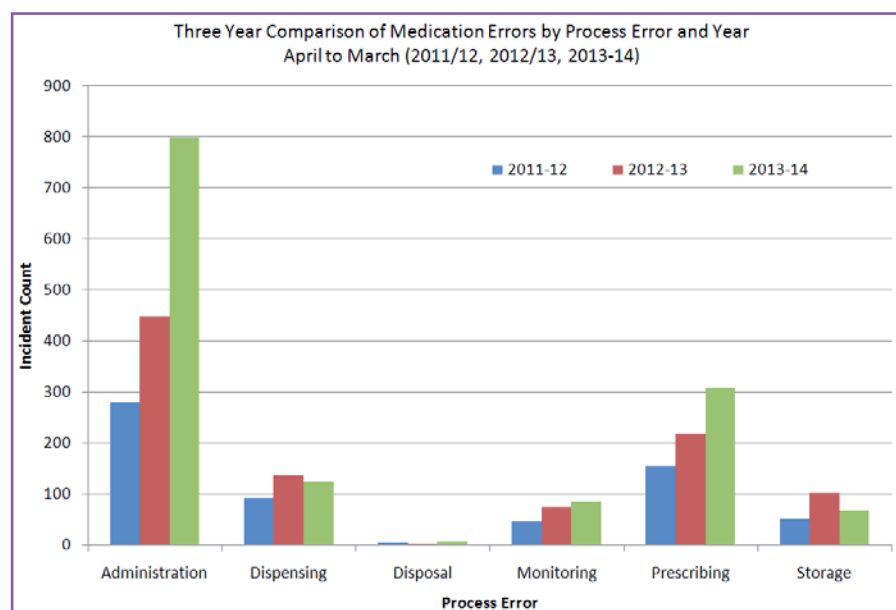


Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

priority indicator to enable the Trust to meet national healthcare directives and current local quality improvement priorities for 2013/14. To improve the quality of care provided, the Trust made a commitment to ensure that all patients who suffered a hospital acquired pressure ulcer stage 2, 3 or 4 would have a root cause analysis undertaken.

Through the implementation of a quality improvement initiative programme the Trust has demonstrated how pressure ulcers have been reduced and targets met due to the initiative being implemented over the last twelve months as shown in Graph 20.

Graph 19: Medication Errors



Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

The above strand of work is being monitored to enable the Trust to measure progress in reducing avoidable patient harms and to improve patient outcomes and experiences.

Work will continue to ensure that changes are embedded into practice and the improvements in performance are sustained. During 2013, the Acute site integrated with Community Health Services. Collaborative working between the staff has seen an improvement in the reporting of pressure ulcer incidents in the community setting and the implementation of improvement processes has commenced.

Reduce the Incidence of New Hospital Pressure Ulcers stage 2 by 30%, stage 3 by 40% and stage 4 by 100%.

A definition of pressure ulcers: Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of

pressure. They are sometimes known as bedsores. They can be classified into four grades, with one being the least severe and four being the most severe.

The reduction of pressure ulcers has also been identified as a

The Trust is delighted that it continues to see a significant and sustained year on year reduction in the number of hospital acquired pressure ulcers. Since March 2009, hospital acquired pressure ulcers have reduced by 84.34%. The last 12 months since



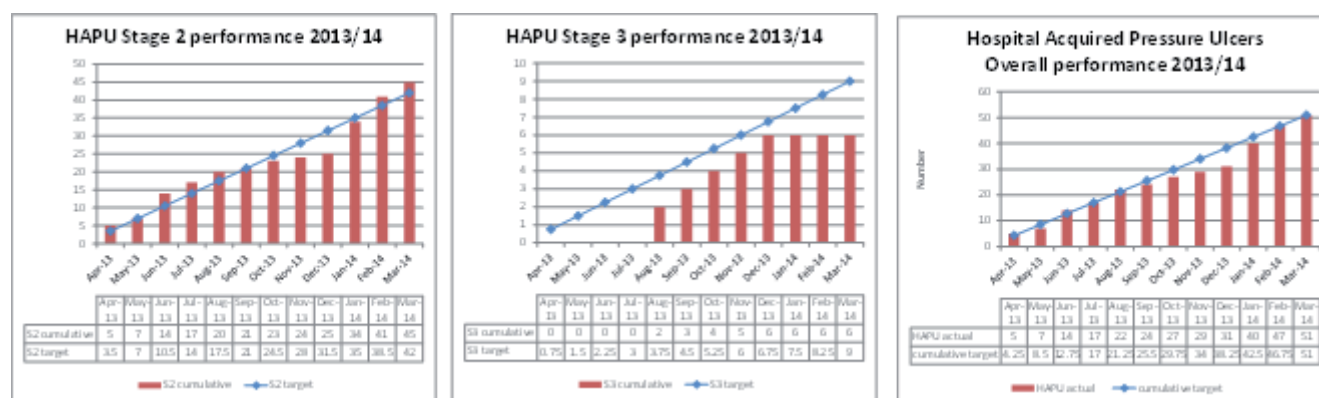
April 2013 have seen a 32.89% reduction in the number of hospital acquired pressure ulcers.

Although the number of Stage 2 hospital acquired pressure ulcers

slightly exceeded trajectory (45 reported against a trajectory of 42), the number of Stage 3 hospital acquired pressure ulcers was lower than trajectory (6 reported against a trajectory of

9) and there were zero Stage 4 hospital acquired pressure ulcers; hence overall the Trust met the overall target for its reduction in hospital acquired pressure ulcers.

Graph 20: Hospital Acquired Pressure Ulcers (HAPU) - Acute



Data source: Ward-based prevalence audit. This data is governed by standard national definitions.

Reduce stage 2, 3 and 4
Community Pressure Ulcers by
10%

Target - Reduce stage 2, 3 and 4
pressure ulcers acquired whilst
the patient is under the care of the
community services by 10%.

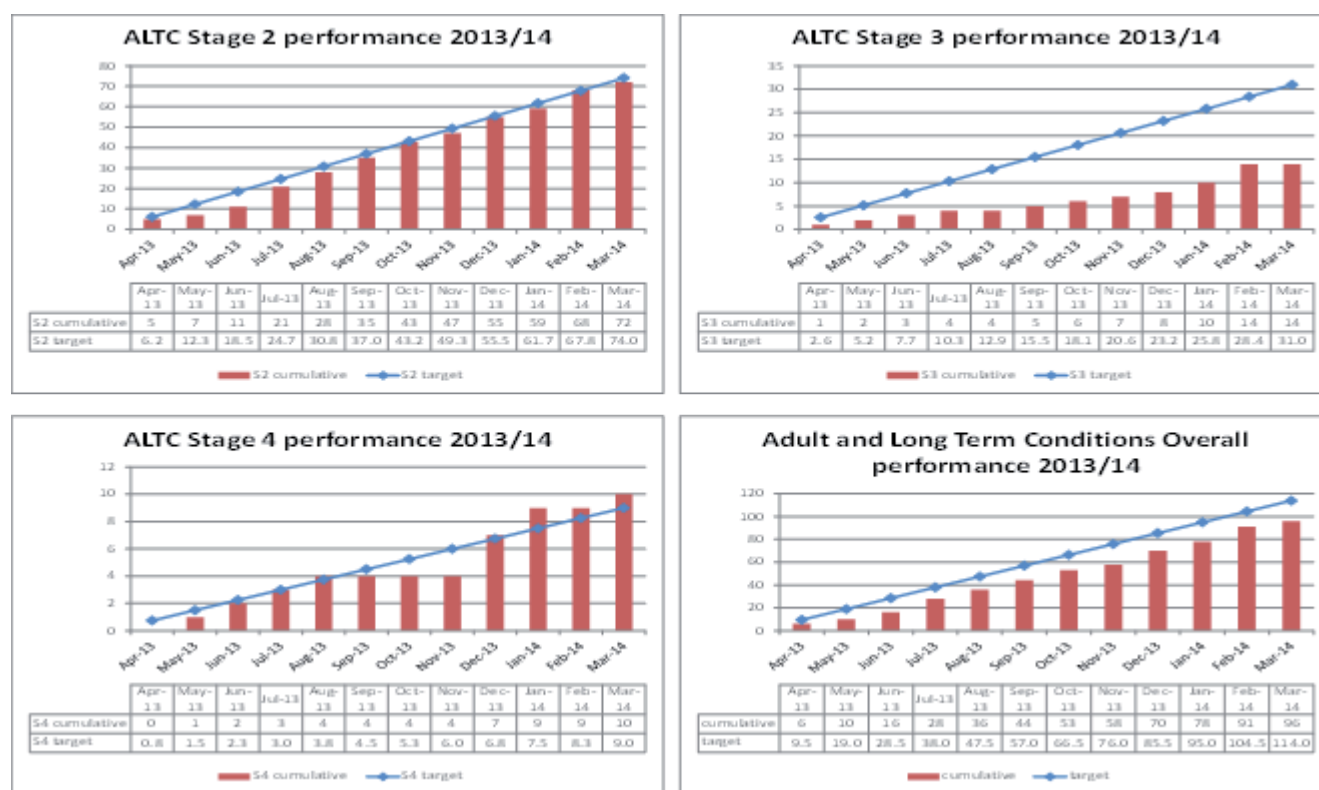
In the Adult and Long Term
Condition (ALTC) community
setting the aim was to reduce
the number of new pressure

ulcers by 10% across all Stages
of pressure ulcers. Although the
number of Stage 4 pressure ulcers
slightly exceeded trajectory (10
reported against a trajectory of
9), the number of Stage 3 ulcers
was much lower than trajectory
(14 reported against a trajectory
of 31) and the number of Stage
2 ulcers was below trajectory
(72 reported against a trajectory
of 74); This means that since
April 2013, the trust has seen a

reduction of 26.67% in pressure
ulcers acquired whilst the
patient was under the care of the
community services, hence overall
the Trust met the overall target
for its reduction in new pressure
ulcers in the community setting.

In addition, 93% of community
based staff completed Pressure
Ulcer Prevention training
workbooks.

Graph 21: Hospital Acquired Pressure Ulcers (HAPU) - Adult and Long Term Conditions



To Introduce the Think Glucose Programme

Plans to take up the 'Think Glucose' campaign is underway. It is a new project that due to be launched in April 2014, which will highlight the needs and care for patients with diabetes. The aim of the "Think Glucose" project is to improve patient care by promoting proactive care for patients who have diabetes as a secondary diagnosis. The project will also introduce a new referral system, as well as a rolling

education programme and there will be a link nurse in place on each ward. This will improve staff knowledge on diabetes, reducing insulin errors and providing a better patient experience.

The project is due to be piloted on Wards 11 and 18 over the next month, and further information will be available on the intranet in due course; details of which are still being finalised. Last week, the "Think Glucose" Clinical Nurse Specialist lead commenced the

pre-audits on how diabetes is being managed on the wards and is ongoing with this. Both pre and post audits are undertaken to monitor the impact the project has. Staff will then be educated on diabetes management over a series of weeks and another audit will be performed post training to measure the level of improvement that has been made.



The Quality Account was discussed with the Council of Governors which acts as a link between the Trust, its staff and the local community who have contributed to the development of the Quality Account.

3.6 How to Provide Feedback on the Quality Account

The Trust welcomes any comments you may have and asks you to help shape next year's Quality Account by sharing your views and contacting the Chief Executive's Department via:

Telephone: 01253 655520
Contact us on: www.bfwh.nhs.uk

3.7 Quality Account Availability

If you require this Quality Account in Braille, large print, audiotape, CD or translation into a foreign language, please request one of these versions by telephoning 01253 655632.

Additional copies of the Quality Account can also be downloaded from the Trust website: www.bfwhospitals.nhs.uk

3.8 Our Website

The Trust's website gives more information about the Trust and the quality of our services. You can also sign up as a Trust member, read our magazine or view our latest news and performance information.

3.4 Statements from Local Clinical Commissioning Groups (CCG's), Local Healthwatch Organisations and Overview and Scrutiny Committees (OSCs)

The statements supplied by the above stakeholders in relation to their comments on the information contained within the Quality Account can be found in Annex A. Additional stakeholder feedback from Governors has also been incorporated into the Quality Account. The lead Clinical Commissioning Group has a legal obligation to review and comment on the Quality

Account, while Local Healthwatch organisations and OSC's have been offered the opportunity to comment on a voluntary basis. Following feedback, wherever possible, the Trust has attempted to address comments to improve the Quality Account whilst at the same time adhering to Monitor's Foundation Trusts Annual Reporting Manual for the production of the Quality Account and additional reporting requirements set by Monitor.

3.5 Quality Account Production

We are very grateful to all contributors who have had a major involvement in the production of this Quality Account.

Part 4: Appendices

Statements from Local Clinical Commissioning Groups (CCGs), Local Healthwatch Organisations and Overview and Scrutiny Committees (OSCs)

1.1 Statement from Blackpool Clinical Commissioning Group and Fylde & Wyre Clinical Commissioning Group – 16.05.14

Re: Blackpool Teaching Hospitals NHS Foundation Trust Quality Account for 2013/14

Blackpool CCG as Lead Commissioner together with Fylde and Wyre CCG as Associate Commissioners welcome the opportunity to appraise the content of the Quality Account for 2013-2014 and are pleased to acknowledge that there is a clear focus on the key quality elements and Blackpool Teaching Hospital NHS Foundation Trust has clearly referenced its organisational objectives, focusing on the five key domains of quality as outlined in Planning for Patients 2013/14.

The Quality Account is concise given the breadth of information it is required to reference, well-presented and reflects the new requirements to benchmark against peers.

The Quality and Engagement Committee of the CCG noted that due to the complexity of the information reported, consideration could be given to producing a précis of the report



with the focus on patients and the public as the key audience.

Quality Priorities 2013/14

Blackpool Teaching Hospital NHS Foundation Trust continues to be an outlier for hospital mortality. The CCG are pleased to note the reductions in hospital mortality rates reported under Standardised Hospital Mortality Index (SHMI) and Risk Adjusted Mortality Indicator (RAMI) during the year however, a continued focus on mortality should be maintained in order to see the Hospital Standardised Mortality Rate achieve a reduction. As lead commissioner, Blackpool CCG monitors actions to achieve this reduction.

Blackpool Teaching Hospital NHS Foundation Trust continues to participate in 86% of National

Clinical Audits and 100% of National Confidential Enquiries and this is a clear indication of an organisation with a commitment to delivery of evidence based and safe care. However, the CCG would like to see participation in 100% of eligible National Clinical Audits for 2014/15.

Blackpool CCG notes that Blackpool Teaching Hospital NHS Foundation Trust has rated themselves green against the requirements of the Information Governance Toolkit with and overall rating of satisfactory with no serious breaches in data security and as such patients and the public can be assured that data held is stored, used and transferred securely and confidentially. Blackpool CCG however, note the high % of secondary procedures coded



incorrectly at 46.2%, as clinical coding supports clinical care, treatment and outcomes and is directly linked to payment and costs we would welcome sight of the associated action plan for improvement.

Research is well supported at Blackpool Teaching Hospital NHS Foundation Trust Blackpool CCG confirm that a research active provider demonstrates a strong commitment to clinical effectiveness in support of improving the quality of care delivered.

Core Quality Indicators identified to be progressed 2014/15

Blackpool CCG is pleased to note improvement in Patient Reported Outcome Measures particularly in relation to groin hernia procedure which has identified that patients level of comfort has increased. The Trust

is also to be commended for the sustained reduction in HCAI with a continued commitment to zero tolerance for MRSA bacteraemia in 2014/15. Clostridium Difficile Infections (CDI) attributed to the Acute Trust shows a 7% reduction from the previous year and both commissioners and provider agree that there needs to be continued focus on reduction.

Blackpool Teaching Hospital NHS Foundation Trust continues to see an increase in the number of patient safety incidents reported together with an associated decrease in reported level of harm and view this as a positive indicator that demonstrates an organisation with an open and transparent reporting mechanism and a robust patient safety process and culture.

Of significant note and commendation is Blackpool Teaching Hospital NHS

Foundation Trust commitment to participation in the Patient Safety and Quality visits and in particular the recent Maternity review visit. The Trust welcomed representation from the CCG, LCSU, Health Watch, Non Executives and Lay Members and details of the full report have been shared with the Trust who are responding to the outputs.

We can confirm that Blackpool Teaching Hospital NHS Foundation Trust has achieved targets for the majority of the national performance measures but diagnostic waiting times for cystoscopy rates are showing above the threshold as a result of national screening campaigns with an action plan in development.

Patient and Public Initiatives to be progressed 2014/15

In accordance with the NHS Outcomes framework privacy

and dignity continues to be a priority area for both provider and commissioners and we note that 91% of those surveyed said they were treated with dignity and respect. However Blackpool Teaching Hospital NHS Foundation Trust has notified 6 breaches in mixed sex accommodation and we would anticipate a reduction in 2014-15.

Dementia care was noted to be rated red with the expected score for assessing and treat patients at 75% against a target of 90%. The Nursing Care Indicators have achieved green for the Trust but red for delivery in the Community Services at only 58% against a 95% target. As such the CCG would like to see a significant improvement in scores for both Dementia Care and Nursing Care Indicators specifically in Community Services for 2014/15.

Blackpool CCG look forward to seeing the improvements to the quality of services provided as outlined in this Trust Quality Account.

1.2 Statement from Governors – 16-05-2014

Creation of the Quality Accounts is a vital process in the yearly activity of an NHS Trust. The document, by its nature, contains a huge amount of data and information and is a reflection of the complex nature of providing quality care to a large and diverse population. Whilst this is a report as to what happened in the previous year, it should be noted that Governors were able to provide input and support, as well as to question various quality

aspects in “real time” during the year. In respect, it should be noted that the Council of Governors has had a positive impact on a number of reported areas.

Here is some feedback on the Quality Accounts, provided by Governors:-

“As and elected Governor for the Fylde, we feel assured that there is significant progress against these objectives in the Acute and Community services:-

- Infection rates have continued to fall.
- Significant reductions in pressure ulcers and patient falls.
- Improvements in our local results of the national patient survey in areas such as; privacy and dignity, cleanliness, waiting times and communication between staff and patients.
- National recognition for our work to improve patient safety and quality and the Trust’s Maternity Substance Misues Team.
- Continued to make progress on reducing mortality rates.
- Invested more than £1.5M in clinical staff with more than 180 qualified nurses joining the organization and more than 40 doctors”

“Some form of measurement on volunteer/member/patient involvement/engagement & contribution. Involvement and engagement in my opinion are good quality indicators.”

In response to a question about what are some of the priorities for quality improvement for the coming year:-

- “Provision of adequate levels

of trained competent staff who are responsible about providing outstanding patient treatment and care.”

- “Full staff buy in and implementation of pathways”
- “Faster implementation of technology to assist staff with accurate record keeping and reduce unnecessary paper crunching.”
- “We also wish to see actions from the CQC report achieved and the CQC CQUINN threshold targets improved”

Do not be put off by the length and complex nature of this report; there is a lot of valuable information and extremely useful insight contained within its pages. That information and insight highlight the striving for Excellence and the Trust’s aim to be the “safest organization within the NHS”.

1.3 Statement from Local Healthwatch Blackpool - 12-05-2014

A comprehensive document detailing the many quality issues being addressed by the Trust both mandatory and in-house.

However, the sheer volume of the issues being addressed makes the Quality Account a not very user- friendly publication and in its present form it is not ideal for distribution to the general public as a whole. Its use of technical and medical terms would make it difficult to interpret by many. Couple this with the fact that the visually impaired would require the QA to be available in

an alternative format as would certain ethnic minorities who do not have English as a first language. A separate publication, perhaps a 6 fold document, highlighting the salient points for public consumption could be produced and made available in patient/public areas, such as GP surgeries and libraries.

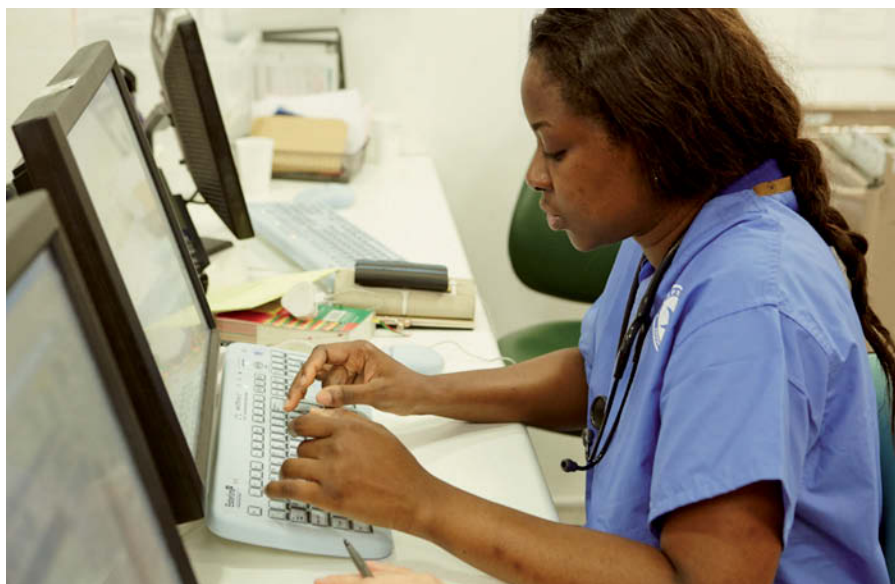
The Trust's comprehensive Clinical Audit and Research programmes ensure that BTHFT participates in identifying improvements in treatments and care in the national picture, and it is good to see that the Trust complies with the CQC and CQUINN standards.

However, it is concerning that the Trust has fallen behind plan (Red-lighted) in two important points in its Priority 1, namely medical and Nursing care indicators used to assess and measure standards of clinical care and patient experience, which should be at the fore-front of any Quality Account.

We would like to see more evidence of the use of the Family and Friends Test in future Quality Accounts.

1.4 Statement from Local Healthwatch Lancashire – 20.05.2014

We welcome the efforts of the Trust to deliver fit for purpose services for local people. Based on the information we have gathered during the year, the Quality Accounts broadly reflect what we know and what we have been told about the Trust. We have no reason to doubt their



accuracy. The comments we have received from the public during 2013/14 do not indicate particular trends in care provision – positive or negative. The Quality Accounts appear to provide evidence of an organisation that is focused on service improvement.

We are pleased to see the commitment to engaging with patients, public, staff and governors. We would encourage a systematic approach to this with some clarity on shared expectations of what the Trust is trying to find out, what will change as a result of the engagement and how people will find that out.

It would have been useful to know what the reasons were for the Trust failing to meet the complaints outcome 17 when the CQC visited in June 2013. It is encouraging that the Trust was subsequently deemed to be fully meeting the standard, but we have some concerns about the decision to introduce a holding letter when the response to a complaint is delayed. This seems quite reasonable, but the risk is that it becomes the norm, not the exception and that complaints take longer as a result. For example, the introduction of the 20 day maximum response

time limit for public organizations was done for positive reasons - to make the public sector more responsive and accountable. Over time many organizations have come to see 20 days not as the maximum standard but just as the standard. We are sure the Trust is aware of this issue and will take steps to monitor the use of holding letters.

We would welcome sight of the improvement action plan referred to in 2.3.5 and also information on the outcome of the RCOG case review.

The progress on reducing mortality rates is welcome, although more still needs to be done. It is to be welcomed that in the four areas - Groin Hernia, Hip & Knee Replacement and Varicose Vein - all of the average health gain numbers show improvement. We do not yet know how these compare to the national averages, but it is encouraging.

We would welcome an explanation in the "steady increase in the number of untoward incidents reported in the past four financial years." Is this because there are more

such incidents or because the reporting culture has improved?

In “Learning from patients” in section 3.3, we fully support the Trust capturing and reporting on the positive things said by patients. However the tendency of Trusts generally to present this information as it is a counterbalance to complaints is not particularly helpful. We know that people do not complain for well documented reasons and that as result, the number of recorded complaints is always lower than the number of people who later feel that they should have complained. For this reason we are also not persuaded that seeking to reduce complaints as a target is necessarily a positive thing. The issue should be about the Trust’s culture being open to complaints, seeing them as an important quality improvement tool and applying the learning.

Some brief points about some of the reported outcomes:

- We strongly support the work being undertaken to achieve the Dementia Screening Targets. The current scores are unacceptably low.
- The CQC’s National Inpatient Survey information presented in Table 28 shows that a very low number of patients reported that staff told them about medication side effects to look out for at home. Although this is an improvement on the previous year, we welcome the fact that clinical divisions and pharmacy are looking at how this number can be increased.
- The Trust is to be congratulated on the high number of staff who would recommend the

Trust to friends and family needing care. Hopefully this is also an indicator of the state of staff morale, which is a key part of delivering good quality services.

- We are concerned about the numbers of Medication Incidents where errors were made. There appears to have been a very large increase in these during 2013/14 and it would be helpful to get more information about why this is and what is being done about it.

We would like to make a general point about the presentation of the Quality Accounts, which applies to most of the ones that we have read. It is not totally clear who the target audience for the document is. We would have thought that a basic test would be that a member of the public, sitting in a waiting area at the Trust, should be able to read this document and understand how well the Trust is doing. Realistically this document does not pass that test. This is not just an issue for this Trust and from Healthwatch Lancashire’s perspective there is a question about what purpose of the Quality Account is.

1.5 Statement from Lancashire Health Overview and Scrutiny Committee - 14-05-2014

The Committee notes the progress that the Trust has made over the past 12 months and looks forward to effective engagement around their plans for 2014/15.

The Trust states that it ‘will continue to listen to patients, staff, stakeholders, partners and Foundation Trust members’ and the Committee will maintain an oversight of how the Trust will evidence this and takes on board the views provided in the shaping of their priorities for the future.

1.6 Statement from Blackpool Health Overview and Scrutiny Committee - 13-05-2014

“The Health Scrutiny Committee would like to thank Blackpool Teaching Hospitals NHS Foundation Trust for the opportunity to view and comment on the Trust’s 2013/14 Quality Account. The Committee is satisfied with the level of engagement and information it has received from the Trust throughout the year and is pleased with the way that the Trust has dealt with queries, requests for information and attendance at Committee meetings. In relation to the Account document, the Committee expressed the view that from the perspective of the general public, it was a lengthy document and could be difficult to interpret. It would therefore be in favour of the production of a document that summarised the main content and findings of the Account.

The Committee looks forward to working with the Trust during the coming year, particularly in the areas of scrutinising quality, safety and patient care”

Annex B:

Statement of Directors' Responsibilities in Respect Of the Quality Account

The Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2013 – March 2014
 - Papers relating to Quality reported to the Board over the period April 2013 to March 2014;
- Feedback from the commissioners - Blackpool Clinical Commissioning Group and Fylde & Wyre Clinical Commissioning Group – dated 16/05/2014;
- Feedback from Governors dated 17/03/2014 and 16/05/2014;
- Feedback from Local Healthwatch organisations
 - Local Healthwatch Lancashire – Not received
- Feedback from Local Healthwatch organisations – Local Healthwatch Blackpool dated 12.05.2014
- Feedback from the Blackpool Council's Health Scrutiny Committee dated 13.05.2014
- The Trusts Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16/05/2014;
- The latest 2013 national patient survey published February 2013;
- The latest 2013 national staff survey published February 2014;
- The Head of Internal Audits annual opinion over the Trust's control environment approved 16/04/2014;
- CQC quality and risk profiles dated 31.05.2013, 30.06.2013 and 31.07.2013;
- The CQC Intelligent Monitoring Report dated 21.10.2013, 13.03.2014.
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is

robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>) as well as the standards to support data quality for the preparation of the Quality Report (available at <http://www.monitor-nhsft.gov.uk/annualreportingmanual>).

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

By order of the Board:

Signed: 

Date: 21st May 2014

Ian Johnson
CHAIRMAN

Signed: 

Date: 21st May 2014

Gary Doherty
CHIEF EXECUTIVE

Annex C:

External Auditor's Limited Assurance Report on the Contents of the Quality Report

Independent Auditors' Limited Assurance Report to the Council of Governors of Blackpool Teaching Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Blackpool Teaching Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Blackpool Teaching Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 in the Quality Report that have been subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor:

Specified Indicators	Specified indicators criteria
Clostridium Difficile	Section 3.4.3 of the Quality Report (Page 53)
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Section 3.3 of the Quality Report (Page 34)

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports 2013/14" issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to

our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the "Detailed requirements for quality reports 2013/14";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the "2013/14 Detailed guidance for external assurance on quality reports."

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the period April 2013 to the end of April 2014;
- Papers relating to the Quality Report reported to the Board over the period April 2013 to the end of April 2014;
- Feedback from the Commissioners Blackpool Clinical Commissioning Group and Fylde and Wyre Clinical Commissioning Group dated 16/05/2014;
- Feedback from Governors dated 17/03/2014 and 16/05/2014;
- Feedback from local Healthwatch organisations Local Healthwatch Blackpool dated 12/05/2014 and Local Healthwatch Lancashire dated 20/05/2014;
- Feedback from the Blackpool Council's Health Scrutiny Committee dated 13/05/2014;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16/05/2014;
- The 2013 national patient survey dated February 2014;
- The 2013 national staff survey dated February 2014;
- Care Quality Commission quality and risk profiles dated 31/05/2014, 30/06/2013 and 31/07/2013;
- Intelligent Monitoring Reports dated 21/10/2013 and 13/03/2013; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 16/04/2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales ("ICAEW") Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Blackpool Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Blackpool Teaching Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Blackpool Teaching Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and "Detailed requirements for quality reports 2013/14";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported

- performance indicators, and assessing the related disclosures; and
- reading documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different

measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Blackpool Teaching Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2014,

- The Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM and the “Detailed requirements for quality reports 2013/14”;
- The Quality Report is not consistent in all material respects with the documents specified above; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria and the six dimensions of data quality set out in the “2013/14 Detailed guidance for external assurance on quality reports”

PricewaterhouseCoopers LLP

Chartered Accountants

Manchester

28th May 2014

The maintenance and integrity of the Blackpool Teaching Hospitals NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Annex D:

A Statement of the Chief Executive's responsibilities as the Accounting Officer

Statement of the Chief Executive's responsibilities as the Accounting Officer of Blackpool Teaching Hospitals NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Blackpool Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Blackpool Teaching Hospitals

NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

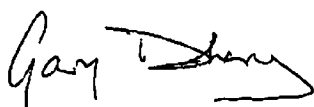
- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements, and
- prepare the financial

statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities are set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Date: 21st May 2014

Gary Doherty
CHIEF EXECUTIVE

Annex E:

Annual Governance Statement 2013/14

Annual Governance Statement 2013/14

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

1. Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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 policies, aims and objectives of Blackpool Teaching Hospital NHS Foundation Trust (the Trust), to 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 for the Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

3. Capacity to Handle Risk

3.1 Leadership

As Accounting Officer, I have overall accountability and responsibility for ensuring that there are effective risk

management and integrated governance systems in place within the Trust and for meeting all statutory requirements and adhering to guidance issued by Monitor in respect of governance and risk management. I lead the Risk Management process as Chair of the Trust's Risk Committee, which meets on a bi-monthly basis. The Risk Committee has its membership drawn from the Directors within the Trust. The Chairman of the Trust is also in attendance. The Risk Committee oversees all risk management activity and ensures the correct strategy is adopted for managing risk; controls are present and effective; and action plans are robust for those risks which remain intolerant. The Risk Committee also comprised the Interim Associate Director of Corporate Affairs and Governance, Senior Managers and specialist advisors who routinely attend each meeting. In the last year, the Board Committee Structure was reviewed and the internal auditors KPMG, found significant assurance. This review saw the establishment of separate committees for the management of Risk and Quality in the Trust.

The Committee structure will be reviewed again this year internally to ensure that it is efficient and effective and is continuing to meet the needs of the organisation. These reviews ensure the committees structure is working at its optimum, prevent duplication of work and ensure there are clear lines of responsibility and accountability to the Trust Board, Council of Governors and our regulatory bodies as required.

The Trust has reviewed and updated the Risk Management Strategy which clearly describes the roles and responsibilities of individual Executive Directors specifically and generally and is reviewed and endorsed by the Board of Directors annually. The Risk Management Strategy applies to all employees and requires an active lead from managers at all levels to ensure risk management is a fundamental part of the total approach to quality, safety, corporate and clinical governance, performance management and assurance. There is a clearly defined structure for the management and ownership of risk through the development of the Board Assurance Framework and Corporate Risk Register.

A lead Executive Director has been identified for each principal risk defined within the Board Assurance Framework and Corporate Risk Register and each risk is linked to the CQC Quality and Safety Standards. These 'high level' risks within the Board Assurance Framework and Corporate Risk register are subject to ongoing review by the Risk Committee and the Board of Directors on a quarterly basis.

The Board of Directors has overall responsibility for setting the strategic direction of the Trust and managing the risks in delivering that strategy. All committees with risk management responsibilities have reporting lines to the Board. Some aspects of risk are delegated to the Executive Directors:

- The Director of Strategy/ Deputy Chief Executive is responsible for Strategy, including the Estate Management and Fire Safety. The Deputy Chief Executive is the Senior Information Risk Owner (SIRO) and as has overall responsibility for Information Governance risk.
- The Finance Director provides the strategic lead for financial risk, Capital Programme Management and the effective coordination of financial controls throughout the Trust;
- The Medical Director (jointly with the Director of Nursing and Quality) is responsible to the Board for Clinical Risk Management and is the professional risk lead for all Doctors within the Trust. The Medical Director is also the Executive Lead responsible for health and safety, is the Caldicott Guardian and therefore responsible for information governance risk in relation to patient information.
- The Director of Nursing and Quality has shared responsibility for Clinical Risk Management with the Medical Director and is the professional risk lead for Nurses, Midwives and Allied Health Professionals within the Trust. The Director of Nursing and Quality is the Executive Lead responsible for infection prevention and

is also responsible for "soft" facilities management. The Director of Nursing and Quality is supported by the Interim Associate Director of Corporate Affairs and Governance who is responsible for reporting to the Board of Directors on the development and progress of the Risk Management Strategy and for ensuring that the strategy is implemented and evaluated effectively;

- The Director of Operations is responsible for developing risk based operational Key Performance Indicators and for monitoring performance and reporting to the Board on a monthly basis;
- The Director of Workforce and Organisational Development is responsible for workforce planning, staffing issues, education and training;
- The Interim Associate Director of Corporate Affairs and Governance is the management lead responsible for ensuring a fully integrated and joined up system of risk and control management is in place and embedded on behalf of the Board; and
- All Divisional Directors, Heads of Departments, Associate Directors of Nursing, and ward/departmental managers have delegated responsibility for the management of risk in their areas. Risk is integral to their day-to-day management responsibilities. It is also a requirement that each individual division produces a divisional/directorate risk register, which is consistent and mirrors the Trust's Corporate Risk Register requirements and is in line with the Risk Management Strategy;

Governors have an important role to play and are responsible for providing leadership in order to operate effectively, represent the interests of members and influence the strategic direction of the Trust. The Council of Governors is responsible for holding the non-executive directors, individually and collectively, to account for the performance of the board of directors. This is attained for example by Governors attending and observing committees of the Board, attending Board meetings in public and meeting with the Chairman, Chief Executive and Committee Chairs as well as at meetings of the Council of Governors.

3.2 Training

Staff are trained or equipped to manage risk in a way appropriate to their authority and duties. The Trust has in place an induction programme for new employees, which includes awareness of the Trust's Risk Management Strategy. Risk management is a dedicated session on the Corporate Mandatory Training Programme and each Division and Corporate Directorate has a responsibility to develop specific departmental local induction programmes, which includes awareness of the Division/ Directorate Risk Management Strategy. In addition, training is also provided to relevant staff on risk assessment, incident reporting and incident investigation. The Trust has in place a mandatory training programme and the Board has set out the minimum requirements for staff training required to control key risks and includes risk management processes such as health and safety, manual

handling, resuscitation, infection prevention, safeguarding patients, blood transfusion and information governance. A comprehensive training needs analysis has been kept under review which sets out the training requirements for all members of staff and includes the frequency of training in each case. Trust Board members have participated in bespoke risk management training.

To ensure the successful implementation and maintenance of the Trust's approach to risk management, staff at all levels are appropriately trained in risk assessment, incident reporting and root cause analysis training. The Trust uses an integrated electronic risk management system, known as Ulysses which is used to record and manage incidents and risk registers both at Corporate and Divisional level. The system allows for the recording and assessment of risks using a generic scoring matrix. The risk management leads within each Division and Corporate Directorate are responsible for coordinating the ongoing review and management of risks identified, collated, reported and reviewed locally through the Trust Governance structures.

All members of staff have responsibility for participation in the risk management system through awareness of risk assessments which have been carried out in their place of work and to compliance with any control measures introduced by these risk assessments. The Trust recognises the importance of supporting staff and the risk management team act as a support and mentor to staff who

are undertaking risk assessments and managing risk as part of their role.

The overarching performance management system within the Trust ensures that controls are in place to identify and manage any risks to the delivery of key performance targets. This process is utilised as a further assurance mechanism to maintain an effective system of internal control.

Employees, contractors and agency staff are required to report all adverse incidents and concerns. The Trust supports a learning culture, ensuring that an objective investigation or review is carried out to continually learn from incidents, only assigning 'blame' to individuals where it is clear that policies and procedures have not been appropriately followed.

The Learning from Incidents and Risks Committee meets on a bi-monthly basis to ensure concerns identified from incidents, complaints and claims, are investigated to ensure that lessons are learned and as a method of improvement and sharing good 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.

The Trust seeks to learn from good practice and will investigate any serious incidents, complaints and serious untoward incidents requiring investigation via the Serious Incident Review and Action Team. The findings are reviewed by the Action Team to ensure learning points are

implemented. Assurance is gained by presenting an overview of the investigation reports to the Trust's Quality Committee, the Learning from Incidents and Risks Committee and the Board of Directors. Any learning points for staff when things go wrong are shared via Divisional governance systems and published via the Staff Lessons Learned Newsletter and via the Risk Management Website and the Knowledge Management Website for all staff to access.

In addition to the Trust reviewing all internally driven investigation reports, the Trust also adopts an open approach to the learning derived from third party investigations and audits, and/or external reports. During 2013/14, the Trust has taken on board recommendations from a number of external reports including ongoing work in relation to the Francis report on Mid Staffordshire NHS Foundation Trust.

In June 2013 the Trust had a visit from a team under the direction of Bruce Keogh. We welcomed this opportunity to demonstrate the quality of care provided by the organisation and to highlight many areas of improvement being undertaken. This visit linked well with our ongoing work to improve service quality and reduce mortality, which has seen average standardised mortality ratios for the Trust decreasing since July 2012..

The Trust has committed itself to improving the nurse and doctor to patient ratios over coming years and is spending over £1m new monies this year to reduce the number and severity of incidents that could result in

patient harms and ensure high standards of clinical care are maintained.

The Trust actively seeks to share learning points with other health organisations, and pays regard to external guidance issued. Accordingly, the Trust will undertake a gap analyses and adjust systems and processes as appropriate in line with best practice.

4. The Risk and Control Framework

4.1 Key Elements of the Risk Management Strategy

The Risk Management Strategy is validated by the Risk Committee and approved by the Board of Directors. It covers all risks and is subject to an annual review to ensure it remains appropriate and current. The Risk Management Strategy assigns responsibility for the ownership, identification and management of risks to all individuals at all levels in order to ensure that risks which cannot be managed locally are escalated through the organisation. The process populates the Board Assurance Framework and Corporate Risk Register, to form a systematic record of all identified risks. The control measures, designed to mitigate and minimise identified risks, are recorded within the Board Assurance Framework and Corporate Risk Register.

Risks are identified from risk assessments and from the analysis of untoward incidents. The Risk Management Strategy is referenced to a series of related risk management documents, for

example, Patient Safety Strategy, Untoward Incident and Serious Incident Reporting Procedure. The Risk Management Strategy is available to all staff via the Document Library on the Trust Intranet.

The Trust's vision and values, (which have recently been reviewed and will now be ratified by the Board) identify the accepted culture within the organisation; these are linked to the corporate objectives and therefore support the risk management framework. The Trust has developed a risk appetite maturity matrix. This is a very useful tool in aiding our thinking on risk, our risk tolerance and our corporate decision making. This is a simple approach to quantifying risk in order to define qualitative measures of consequences and likelihood. This allows construction of a Risk Matrix, which can be used as the basis of identifying acceptable and unacceptable risk.

4.2 Key Elements of the Quality Governance Arrangements

Strategy

Patient safety, clinical effectiveness and patient experience, alongside improving efficiency, drive the Board's strategic framework, which identifies key elements in the quality of care it delivers to its patients and provides the basis for annual objective setting. The potential risks to patient safety, clinical effectiveness or patient experience are identified and escalated to the Board in accordance with the process outlined in section 4.1 above.

Capabilities and Culture
The Board of Directors has

ensured it has the necessary leadership, skills and knowledge to deliver on all aspects of the quality agenda. In addition, the Board has put in place a clinical leadership model which puts senior medical and nursing colleagues at the heart of decision-making and management. Our culture continues to develop the 'Blackpool Way' now re-launched and renamed "the Trust Way", in relation to the way we do things around here, with our new core values which places people at the centre of all that we do in addition to compassion, excellence and positivity.

Processes and Structure

Accountability for patient safety, clinical effectiveness and patient experience and improved efficiency are set out within the job descriptions and objectives of the Executive Team, senior leaders and staff. All policies and procedures clearly set out roles and responsibilities for all colleagues involved in the delivery of patient care. The Board actively seeks feedback from patients, members, governors and other stakeholders in the pursuit of excellence and as part of the continuous improvement cycle. Executive Directors routinely participate in patient safety walkabouts in clinical areas to engage with frontline teams, patients and visitors, and to evaluate the safety, clinical effectiveness and experience of care for patients.

The Board commences a significant number of formal meetings with a patient story, reflecting on positive and negative experiences of patients using our services. The Board

of Directors monitor quality by reviewing the Compliance Assurance Monitoring Report and the Assurance Report on a monthly basis. Safety, quality and patient experience are paramount in the proceedings of the senior corporate committees; namely the: Risk Committee, Quality Committee, and the Audit Committee.

Information reported to the Board, regarding performance against nationally mandated targets, is collated from the dataset submitted to the DoH. Likewise data to support compliance with locally commissioned services and targets is reported to the Board from the dataset provided to commissioners.

Measurement

Information relating to patient safety, clinical effectiveness and patient experience is analysed and scrutinised by the Board on a monthly basis, and steps are taken to assure the robustness of data as part of the internal and external audit programmes. The information within the monthly Compliance Assurance Monitoring Report and Assurance Reports are used to evaluate and drive accountability for performance and delivery.

4.3 How Risks to Data Security are Being Managed

The Health Informatics Committee (HIC) is responsible for all aspects of Information Management, Information Governance and Information Communications Technology throughout the Trust known collectively as Information Management; this includes the identification and management of information and data security

risks. The HIC is chaired by the Deputy Chief Executive who is also the nominated Board Lead for Information Governance and the Senior Information Risk Owner (SIRO) for the Trust.

The reporting and investigation of incidents is an integral part of all employees' duties. It applies to ALL staff and all untoward events and near misses. Information Security Incidents are known as an 'Information Governance related Serious Incident Requiring Investigation' (IG SIRI). As a guide this includes any incident which involves actual or potential failure to meet the requirements of the Data Protection Act 1998 and/or the Common Law of Confidentiality.

Using information about the context, scale and sensitivity of what has occurred IG SIRI's are categorised into one of the following levels:

- 0 Near miss/non-event.
- 1 Confirmed IG SIRI but no need to report to ICO, DH and other central bodies.
- 2 Confirmed IG SIRI that must be reported to ICO, DH and other central bodies.

During 2013/14 the Trust has incurred no incidents classified as an IG SIRI severity level 2. Should an incident of this level take place a detailed report would be included in the Trust's Annual Report.

Incidents classified at severity level 1 are aggregated and reported in the table below.

Summary Of Level 1 Personal Data Related Incidents In 2013-14		
Category	Breach Type	Total
A	Corruption or inability to recover electronic data	2
B	Disclosed in Error	20
C	Lost in Transit	6
D	Lost or stolen hardware	4
E	Lost or stolen paperwork	15
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	13
K	Other	4

4.4 Organisations Key Risks

The key organisational risks for the year were identified from the corporate strategic objectives for 2013/14, forming part of the Board Assurance Framework and included the following:

In-Year Risks 2012/13	Future Major and Significant Clinical Risks 2013/14
<p>To provide patient centred care across integrated pathways with primary / community / secondary and social care</p> <ul style="list-style-type: none"> To reduce Mortality Rates within the Trust To reduce Patient Falls To Reduce the Risk of Acquiring MRSA Bacteraemia To Reduce the Risk of Acquiring Clostridium Difficile To achieve CQUIN Local Contractual Measures To implement actions from Keogh review To continue to implement the action plan following the AQUA review 	<p>To provide patient centred care across integrated pathways with primary / community / secondary and social care</p> <ul style="list-style-type: none"> To deliver safe and high quality care to medical patients through Winter To reduce mortality rates within the Trust To manage changes within the surgical vascular services at BTH To manage targets within the Trust To reduce patient falls To reduce the risk of acquiring MRSA Bacteraemia To reduce the risk of acquiring Clostridium Difficile To achieve CQUIN Local Contractual Measures To implement actions from Keogh review To continue to implement the action plan following the AQUA review

<p>To be financially sound and able to re-invest in future services</p> <ul style="list-style-type: none"> • To Implement the Trust's electronic patient record • Cash Balances/The Organisation needs to deliver and increase Liquidity to meet Monitor's Compliance Framework • Loss of income due to actual activity levels below plan as a result of demand management schemes • To maintain financial balance • To achieve QuIPP improvements • To reduce Fraud Within the Trust • To prevent Significant Breach of Authorisation 	<p>To be financially sound and able to re-invest in future services</p> <ul style="list-style-type: none"> • To achieve QuIPP improvements and deliver against cost improvement plan targets. • To implement Electronic Health Records (EDMS) • To deliver the cash balances the organisation needs to deliver and increase Liquidity to meet Monitor's Compliance Framework • To prevent significant breach of Provider Licence Conditions • To manage the loss of income due to actual activity levels below plan as a result of demand management schemes • To reduce fraud within the Trust
<p>To deliver consistent best practice NHS care which is evidence based</p> <ul style="list-style-type: none"> • To achieve Monitor's Compliance Framework performance measures • To prevent the Deterioration of Quality & Safety Standards of Patient Care in line with the Francis Report • To maintain CNST Level 1 and 2 • To embed Clinical Audit Activity process within divisions to support clinical improvement. • To Maintain NHSLA Risk Management Standards General Assessment – Level 3 • Cardiothoracic Surgical Services • To comply with Health and Safety regulations 	<p>To deliver consistent best practice NHS care which is evidence based</p> <ul style="list-style-type: none"> • To achieve Monitor's Compliance Framework performance measures • To fully roll out ward based Pharmacists • To ensure appropriate levels of anaesthetic cover when patient's condition deteriorates out of hours • To maintain and improve quality and safety standards of patient care in line with the Francis Report • To embed clinical audit activity process within divisions to support clinical improvement. • To maintain NHSLA Risk Management Standards General Assessment – Level 3 • Cardiothoracic Surgical Services • To comply with Health and Safety regulations • To maintain CNST Level 1 and 2
<p>To support and develop a workforce that is appropriately skilled and flexible in order to achieve the new models of working</p> <ul style="list-style-type: none"> • To Attract, Develop & Retain a Highly Skilled Workforce • To reduce the Shortage of Junior and Middle Grade Doctors • Ineffective Roll out and use of E-Rostering system • To Ensure Effective Attendance Sickness and Absence • To Achieve Mandatory Training Compliance 	<p>To support and develop a workforce that is appropriately skilled and flexible in order to achieve the new models of working</p> <ul style="list-style-type: none"> • To achieve Mandatory Training Compliance • To retain a safe and sufficient workforce • To reduce the level of vacancies of junior and middle grade doctors • To effectively roll out and use of E-Rostering system • To attract, develop and retain a highly skilled workforce • To ensure effective attendance sickness and absence

The above risks have been risk assessed and managed within impact scores validated by the Board of Directors. In the preceding 12 months, the

Trust has taken effective action and reduced the overall risk of significant harm in the following areas:

- Improvement of maternity patient's experience
- Improvement in patient feedback in some areas of National Cancer Patient Survey

- Management of old Anaesthetic Machines
- Delays in imaging for Inpatients, Out Patients and GP Fast Track Patients
- Maintenance of Medical Devices within the Trust
- Closure of Rossall Hospital

Mitigating actions against a number of potential significant in-year risks 2013/14 are detailed in Section 7 of the Annual Governance Statement. Outcomes of each risk remain under constant review and are assessed by reviewing progress with measurable targets, and auditing compliance with national and local standards/regulations. Mitigating actions and outcomes are monitored as a minimum on a quarterly basis by the reporting committees identified in the risk management strategy. Escalation and de-escalation of risks is dependent upon progress to achieve outcomes.

4.5 How Risk Management is Embedded in the Activity of the NHS Foundation Trust

Risk Management is embedded in the activity of the organisation through Induction Training, regular Risk Management Training and ad-hoc training when need is identified. Staff are openly encouraged to report incidents and near misses through the monthly drop-in training sessions and through the corporate and mandatory training. The Trust encourages reporting within an open and fair culture, where reporting is congratulated and individuals are not blamed or penalised if they speak out. An Untoward Incident and Serious Incident reporting system is in place and incidents are entered

onto a database for analysis. Root cause analysis is undertaken and all 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 Risk Committee on a bi-monthly basis.

The security of staff, service users, carers, relatives, visitors and property is a key Trust priority. The delivery of high levels of safety and security is critical to the delivery of the highest possible standards of clinical care and Blackpool Teaching Hospitals NHS Foundation Trust is committed to improving the environment and sense of overall personal security for those who access our services and for those who provide those services.

One of the key areas of work for the Local Security Management Specialists (LSMS) is working to reduce violence against NHS staff, and a key part of this is to constantly measure the scale of the problem. All staff are encouraged to report any incident to enable changes to be driven forward within the Trust, helping to deliver an environment that is safe and secure for both patients and staff. Constant development in incident reporting, action planning, risk assessment and ongoing monitoring ensures that all safety risks within the Trust, including property assets, staff and patient safety, are protected, thereby allowing care to be delivered without fear of violence and aggression.

Wherever possible the Trust seeks to minimise risk by deterrence, all security related incident reports are reviewed by the LSMSs on a weekly basis and investigations instigated as appropriate and if required a review undertaken of any security measures in place for effectiveness.

The Trust employs a security team for the Blackpool Victoria Hospital site. The team are trained to a high standard and form an integral part of the Trusts deterrence strategy.

The Trust has a focus on positive reporting giving details of any security event; these consist of physical and non physical assaults against staff; theft or damage (including burglary, arson, and vandalism) to NHS property or equipment issued to staff; theft or damage to staff or patients' personal property.

We are committed to ensuring that Trust staff are properly protected and appropriate training is recognised, as a key factor Conflict Resolution and Breakaway Training and Security Awareness Training is offered to all front line staff and is included as part of the Corporate Induction

The lone worker system introduced within the Trust has been continually financially supported by the Board of Directors. The lone worker device enables staff to be better protected by discreetly calling for assistance in a potentially aggressive situation. Additionally, this ensures that staff are quickly and accurately located and the whereabouts and movements of lone workers obtained when an alert is activated. We are delighted that the NHS lone worker service

introduced into the Trust was a winner at the National Personal Safety Awards 2010. This award recognises those who have helped people to stay safe from violence and aggression, and demonstrated best practice in the field.

The Trust CCTV working group continues to oversee and develop the Closed Circuit Television (CCTV) monitoring system, for the Blackpool Victoria, Clifton and Fleetwood sites. There have been some new camera installations during the 2013/14 period which were highlighted as gaps by the CCTV Working group and they cover what would be considered critical assets to the Trust. The CCTV improvement enhanced throughout a number of premises is anticipated this will enhance the chance of criminals being caught and act as a visual deterrence to people mindful of committing criminal offences. The security room both monitor and control some 150 cameras

Security audits have been introduced within the Trust by the LSMS where visits to individual departments are conducted so security/safety issues can be addressed and the LSMS can work with the department to produce its own individual Lockdown action card.

The Trust has a zero-tolerance approach to fraud and the Counter Fraud service is provided by Audit North West. This helps to embed and tackle fraud and potential fraud in several ways:

- developing an anti-fraud culture across the Trust's workforce;
- fraud proofing of all of our

policies and procedures;

- conducting fraud detection exercises into areas of risk;
- investigating any allegations of suspected fraud; and
- obtaining, where possible, appropriate sanctions and redress.

Each Division has undertaken a self assessment and completed a fraud risk assessment which is monitored on a local level and existing controls continue to mitigate the risk.

The Audit Committee is a committee of the Board of Directors and provides independent assurance on aspects of governance, risk management and internal controls. The Risk Committee links with the Audit Committee, Quality Committee and reports directly to the Board of Directors.

The Trust has been carrying out Equality Impact Assessments (EIA) since 2007. Since their inception within the Trust all policies, procedures, guidelines, schemes, strategies etc have to have a completed EIA attached before being sent to the relevant committee for discussion and signing off. Likewise completion of an EIA is expected when there is a new service to be implemented, a change to a service or cessation of a service along with the relevant consultation and engagement with service users. Where an adverse impact is identified during the completion of the initial assessment, a full EIA is carried out. This involves consulting and engaging with people who represent protected characteristic groups and other groups if required to do so. An action plan is drawn up after

completing the full assessment which details the actions to be taken, along with a time frame, to eliminate or reduce as far as possible any adverse impact. A copy of the action plan is sent to the Trust's Equality Diversity and Human Rights Steering Group for monitoring on its progress.

Equality and Diversity training is part of the Trust's Induction Programme and the Trust's overall mandatory training programme.

4.6 Elements of the Assurance Framework

The Board Assurance Framework has been fully reviewed during 2013/14. The Assurance Framework:

- Covers all of the Trust's main activities;
- Identifies the Trust's corporate objectives and targets the Trust is striving to achieve;
- Identifies the risks to the achievement of the objectives and targets;
- Identifies the system of internal control in place to manage the risks;
- Identifies and examines the review and assurance mechanisms, which relate to the effectiveness of the system of internal control;
- Records the actions taken by the Board of Directors and Officers of the Trust to address control and assurance gaps; and
- Covers the CQC essential Quality and Safety Standards on which the Trust has registered with the CQC with no conditions during 2013/14.

The Risk Committee considers high/significant risks and if appropriate, recommends their

inclusion on the Corporate Risk Register and/or Board Assurance Framework. This is presented to the Board of Directors for formal ratification.

Risk prioritisation and action planning is informed by the Trust's corporate objectives which have been derived from internal and external sources of risk identified from national requirements and guidance, complaints, claims, incident reports and Internal Audit findings. This also includes any other sources of risk derived from Ward, Departmental, Directorate and Divisional risk assessments, which feed up to Divisional and Corporate level management. Action plans are developed for unresolved risks.

Lead Executive Directors and Lead Managers are identified to address the gaps in control and assurance and are responsible for developing action plans to address the gaps. The Board Assurance Framework serves to assure the Board of Directors that the Trust is addressing its risks systematically. The action plan arising from each risk serves as a work plan for the Trust through the Lead Managers to ensure mitigation against risks and closure of any gaps in control or assurance.

The 'elements' of the Board Assurance Framework are monitored and reviewed on a bi-monthly basis by the Risk Committee and the Audit Committee followed by the Board of Directors. This demonstrates that the document is live and continuous and provides evidence to support the Annual Governance Statement.

The Finance Director and the Interim Associate Director of Corporate Affairs and Governance are members of the Risk Committee and provide Governance and Risk Management assurance to the Audit Committee at each of its meetings, thus ensuring an integrated risk management approach.

The Trust manages gaps in assurance by way of the Audit Committee who will review these gaps and assess the required assurances to review systems and processes.

4.7 How Public Stakeholders are Involved in Managing Risks Which Impact on Them

The Governance Framework requires the Trust to involve both patients and public stakeholders in the Governance agenda. This has been achieved through engagement with the Trust membership and Governors, NHS Blackpool, NHS North Lancashire, Blackpool Overview and Scrutiny Committee, Lancashire Overview and Scrutiny Committee, Blackpool Local Safeguarding Children's Board, Blackpool Vulnerable Adults Board, Learning Disability Partnership Board and Local Involvement Networks (LiNK), now Healthwatch. The Trust has a Patient and Public Involvement Strategy in place and this has been continuously implemented throughout 2013/14. This is now a core component of the Trust Membership Strategy. Public Stakeholders are consulted with regard to any future service developments and changes in service development.

Patient feedback is actively solicited through the monthly

local in-patient survey and patient feedback is reviewed on an ongoing basis with summary reports reviewed regularly by the Board. The Chief Executive regularly holds public "Question Time" sessions where any member of the public can attend and raise any issue they would like to have addressed.

The Trust has engaged with Staff and Public Governors to provide them with assurance that the risks across the organisation are being managed and mitigated. The Trust has worked with Deloitte LLP, an independent Management Company, to undertake a review of the effectiveness of the Governors in preparation for the new Health and Social Care Act Legislation and the Trust is working with the Governors to help them fulfil in their role.

Issues raised through the Trust's Risk Management processes that impact on partner organisations, for example, Lancashire Care NHS Foundation Trust would be discussed at the appropriate forum in order that appropriate 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.

4.8 Disclosure of Registration Requirements

The NHS Foundation Trust is fully compliant with the registration requirements of the CQC.

Announced visit to Blackpool Teaching Hospitals NHS Foundation Trust by the CQC

In January 2014, Blackpool Teaching Hospitals acute services

at Victoria Hospital, Clifton Hospital and Fleetwood Hospital were inspected as part of the CQC's new national programme of inspections. This inspection was 6 months after the Keogh visit and subsequent report and action plan. The CQC inspected acute services covering; Accident and

Emergency, Medical Care, Surgery, Intensive/critical care, Maternity and family planning, Children's care, End of Life Care and Outpatients. The CQC focussed on five areas of inspection. These were: Are services safe, effective, caring, responsive to people's needs and are they well-led.

The CQC's final report, published on 2 April, 2014 gave an overall rating to the Trust of "requires improvement" with the following ratings for each of the 5 key inspection questions:

Are acute services at this Trust safe?	Requires Improvement
Are acute services at this Trust effective?	Requires Improvement
Are acute services at this Trust caring?	Good
Are acute services at this Trust responsive?	Requires Improvement
Are acute services at this Trust well-led?	Requires Improvement

Of the 68 individual ratings given 42 were good, 2 were outstanding, 22 were requires improvement and 2 areas were deemed inadequate. Maternity Services were rated as 'inadequate' due to the ongoing review of PPH cases that had resulted in a hysterectomy, 5 cases in a 6 month period. The expected range for our Trust is 2 cases per year. The RCOG are due to undertake their case review on 30th April and the CQC wish to receive a copy of this report and to agree with the Trust a date for re-inspection of the Maternity Service.

Copies of the CQC reports and the high level action plan have been provided in the Board papers. Following the Quality Summit on the 28th March it was agreed to formulate one quality improvement action plan following the CQC visit. The new CQC action plan and monitoring dashboard incorporates the main areas of continued focus from the Keogh Action plan e.g. monitoring mortality reduction, patient experience, incident reporting and staffing. The high level CQC action plan has been agreed with Commissioners and shared with Monitor. A detailed draft action

plan has been developed and this has also been shared with Commissioners. The final action plan is due to be returned to the CQC by 30th April 2014.

An action plan is currently being produced to ensure all matters requiring improvement will be attained. This plan will be agreed by the Trust Board and with our commissioners and with Monitor and will be implemented in 2014/15.

Unannounced Visit – Cardiac Directorate and the Trust's Complaints Service

On 11th June 2013 the CQC carried out an unannounced visit to Blackpool Teaching Hospitals NHS Foundation Trust and reviewed the following standards:

Outcome 1: Respecting and Involving People Who Use Services

Outcome 2: Consent to Care and Treatment

Outcome 4: Care and Welfare of People Who Use Services

Outcome 16: Assessing and Monitoring the Quality of Service Provision

Outcome 17: Complaints

Following this visit the final report provided overall positive feedback, however the Trust was deemed to have not met the standard in respect of Outcome 17: Complaints, with moderate impact on patients using this service being identified.

Based on the final report the Trust developed an action plan and commenced implementation of the recommendations to address the areas for improvement detailed above. The Trust has demonstrated compliance with Outcome 17. This has been achieved by the following:

The Trust's Operation Procedure – Patient Relations Department (Corp/Proc/403) has been updated with regards to the investigation timescales to ensure they are manageable and fit for purpose. This has been undertaken in conjunction with a Non Executive Director. The Trust has also reviewed the Safeguard electronic system to ensure flexibility in date recording.

If a complaint is delayed a holding letter is sent to the complainant and a date identified of when

the Division will have the final response mailed out to the complainant.

A Red Alert was developed by the Director of Nursing and Quality and the Medical Director. The Alert was sent out to all Ward Managers to present to staff at handover for a period of one week. An e-mail was also sent to all Consultants regarding the contents of the red alert.

The completed action plan and progress report detailed above has been submitted to the CQC in October 2013 following approval by the Board.

Unannounced Follow up Visit – Complaints Service

The CQC carried out a second unannounced follow up visit on 26th November 2013 to review of the Trust's compliance against Outcome 17. The Trust was able to evidence that they were taking the improvement of complaints management very seriously and was found to be meeting the standard fully.

4.9 Compliance with the NHS Pension Scheme Regulations

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 the Scheme rules and regulations, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

4.10 Compliance with Equality, Diversity and Human Rights Legislation

Control measures are in place to ensure that all Trust's obligations under equality, diversity and human rights legislation are complied with. This is evidenced by the annual review during the year of the Single Equality Scheme at the Equality and Diversity and Human Right Steering Committee which reports to the Clinical Governance Committee. This is also evidenced by demonstrating that all procedural documents incorporate an equality impact assessment prior to ratification by the relevant committee.

The Trust has adopted the national NHS Employers toolkit known as the Equality Delivery System to assist the Trust in meeting the legal requirements of the Equality Act 2010 and the Human Rights Act 1998. This involves carrying out self assessments and public consultation grading events on any work around equality and diversity to ensure a more inclusive approach to the access of services and service provision.

4.11 Compliance with Climate Adaptation Requirements under the Climate Change Act 2008

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of Economy, Efficiency and Effectiveness of the Use of Resources

As at 31 March 2014 the Trust's governance risk rating status, published on Monitor's website is "Green".

The Trust achieved its planned delivery of a Continuity of Service Rating (CoS) of 3 at the 31st March 2014.

The Trust is meeting Monitor's quarterly monitoring requirements on an ongoing basis.

The Trust has arrangements in place for setting objectives and targets on a strategic and annual basis and during 2013/14 the Trust has consolidated and developed a number of systems and processes to help deliver an improvement in the financial performance which includes the following, namely: -

- Heads of Department Budget presentations to a group of Executive Directors and Non Executive Directors; incorporating: -
 - o Department Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis;
 - o Providing more care in the community;
 - o QuIPP ideas;
 - o Department activity plan;
 - o Key deliverables;
 - o Clinical and quality priorities;
 - o Key risks and mitigations.
- Approval of the annual budgets by the Board of Directors.
- Monthly Finance and Business Monitoring Committee to ensure Directors meet their

respective financial targets reporting to the Board.

- Monthly Divisional Performance Meetings attended by the Executive Team to ensure that Divisions meet the required level of performance for key areas.
- Monthly Cash Committee is actively continuing with measures to further improve cash balances which reports to the Finance and Business Monitoring Committee. The Cash Committee has minimised the risk of the Trust using the Working Capital Facility. The measures taken include creditor stretch, improvements in receivables processes and improvements to cash forecasting.
- The Trust has in place a Programme Management Office to scrutinise CIP planning and delivery. In addition, the Trust is utilising external support to identify areas of improvement and develop / implement action plans to deliver the required efficiency.
- In light of the Francis Report on Mid Staffordshire Hospitals and the Trust being identified as having high mortality rates, the Trust was selected as part of the review by a national advisory group set up by NHS Medical Director, Sir Bruce Keogh into 14 hospitals which had higher than expected mortality rates. Further details are outlined in section 7. The review took place from the 17th June 2013. Sir Bruce Keogh published his report summarising the findings and actions the Trust needed to take. From this, the Trust produced an action plan based on the findings of the Keogh review, and monitored and has now

successfully implemented the vast majority of the action plan matters. Those actions which require ongoing improvement, including the Trust's objective to continue to reduce mortality rates will be combined with the new action plan which will be formulated following the CQC visit in January, 2014.

- The Divisions play an active part in ongoing review of financial performance including Cost Improvement Requirements / QulPP delivery.
- Monthly reporting to the Board of Directors on key performance indicators covering Finance activity; Quality and Safety activity and Human Resource targets.
- Weekly reporting to the Executive Team on key influences on the Trust's financial position including activity on quality and safety performance and workforce indicators.

The Trust also participates in initiatives to ensure value for money, for example: -

- Value for money is an important component of the Internal and External Audit plans that provide assurance to the Trust regarding processes that are in place to ensure the effective use of resources.
- In-year cost pressures are rigorously reviewed and challenged, and mitigating strategies are considered.
- The Trust subscribes to a national benchmarking organisation (CHKS). This provides comparative information analysis on patient activity and clinical indicators. This informs the risk management process and

identifies where improvements can be made.

- The Trust has a standard assessment process for future business plans to ensure value for money and to ensure that full appraisal processes are employed when considering the effect on the organisation. Procedures are in place to ensure all strategic decisions are considered by the Board of Directors.

6. Annual Quality Report

The Trust's Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has built on the extensive work undertaken to develop the Quality Account and has drawn on the various guidance published in-year in relation to the Quality Account. We developed our vision, values and priorities through wide involvement and in consultation with patients, staff, external stakeholders and Governors. The consultation of the Quality Account was launched and included a number of presentations made to the Council of Governors on Quality Accounts, a workshop session with representatives from the Council of Governors and Local

Healthwatch (previously known as LINK) as well as members of the public. In addition a website was developed to obtain the views of the public regarding the quality accounts priorities for 2012/13. Through this engagement, the Trust was able to ensure the areas chosen provided a balanced view of the organisation's priorities for 2013/2014. In the preparation of the Quality Account, the Trust appointed a Quality Account Project Lead to develop the Quality Account, reporting direct to the Director of Nursing and Quality, and a Quality Account Steering Group was established. A formal review process was established, involving the submission of our initial draft Quality Report to our external stakeholders (Commissioners, Overview and Scrutiny Committees and Healthwatch). The Quality Account drafts were formally reviewed through the Trust's governance arrangements, formal Executive Directors' meeting and the Board of Directors. The Trust set 2013/14 priorities for improvement for clinical effectiveness, quality of the patient experience and patient safety. Priorities were developed to embed and monitor quality improvement processes, set against the needs of our patients in the delivery of our services.

The Board of Directors can confirm that they have met the necessary requirements under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare its Quality Accounts for the financial year 2013/14. Steps have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place

to ensure the accuracy of data. These steps cover the following areas as detailed below:

- **Governance and Leadership**
The quality improvement system is led directly by the Board of Directors which also exercises its governance responsibilities through monitoring and review of the Trust's quality performance. The Risk Committee reporting directly to the Board leads the quality improvement strategy and reviews quality improvement projects on a regular basis.
- **Policies**
Key policies for quality improvement are in place and these are linked to risk management and clinical governance policies. Trust data quality policies and procedures score highly on the national Information Governance Toolkit and all evidence is delivered and audited. Data quality reports are developed and submitted through the Health Informatics Committee, Performance Board and through to the Trust Board. Data quality staff are in post with relevant job descriptions whose remit is to provide training, advice and review and (where applicable) correct anomalies.
- **Systems and Processes**
The Board of Directors ensures that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery. The Board regularly reviews the performance of the Trust in

these areas against regulatory requirements and approved plans and objectives.

- **People and Skills**
The 'Blackpool Way', now renamed the "Trust Way", outlines and reinforces the expected behaviour across the Trust and actively encourages and supports employees to gain the skills and qualifications that will support their future employability and meet the needs of the organisation. Locally the focus in 2013/14 was to continue developing managers in coaching and leadership skills particularly for those colleagues who lead our clinical teams to ensure that all staff are safe to practice and to care for our patients.

The Learning and Development Team continues to provide skills support through widening access to education for staff in the workforce. The purpose is to ensure that all staff are skilled, competent and able to make a full contribution to the success of the organisation.

- **Data Use and Reporting**
The Trust is provided with external assurance on a selection of the quality data identified within the Quality Report which was taken from national data submissions, CHKS and national patient survey results, Local Inpatient Survey results and Information Governance Toolkit results. Local internal assurance is also provided via the analysis of data following local internally led audits in relation to nursing care indicators, analysis of data following incidents in relation to medication errors and

slips, trips and falls incidents for patients. The quality and safety metrics are also reported monthly to the Board through the business monitoring report and the quality and safety report.

The Trust has a fully controlled process for the provision of external information with control checks throughout the process. Formal sign off procedures and key performance indicators on data are submitted through the Information Management Department.

Data reporting is validated by internal and external control systems involving Clinical Audit, the Audit Commission and Senior Manager and Executive Director reviews.

The Trust has reviewed its objectives and re-emphasised its commitment to quality, with the aim of achieving excellence in everything it does. Its aspirations for quality improvement in 2013/14 were to:

- Improve our hospital standardised mortality rate;
- Conform to best practice by fully implementing Advancing Quality, 100,000 Lives and Saving Lives interventions;
- Reduce avoidable harms; and
- Improve the patient experience.

The Trust has maintained progress to deliver top 10% performance for clinical quality and has strengthened its performance management structure in relation to delivering the CQC quality and safety standards. The Trust believes quality should be supported at every level of the organisation and has ensured that

all Divisions have implemented the actions required to meet the quality standards. Monitoring was overseen through a number of committees and forums.

The Board of Directors at the Trust can confirm it has the appropriate mechanisms in place to prepare, approve and publish its Quality Report for 2013/14. The Board of Directors is satisfied that the Quality Report provides a balanced view and the appropriate controls are in place to ensure accuracy of data and a true reflection of overall quality within the organisation.

7. Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their Management Letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Committee and a plan to address weaknesses and ensure

continuous improvement of the system is in place.

In describing the process that has been applied in maintaining and reviewing the effectiveness of the system of internal control, I have detailed below some examples of the work undertaken and the role of the Board of Directors, the Audit Committee, Quality Committee, Clinical Audit, Internal Audit and External Audit in this process. My review has been informed by:

- The self-assessment of the maintenance of compliance against NHSLA Level 3 Risk Management Standards status that provided assurance on controls.
- The self-assessment of the maintenance of compliance against CNST Maternity Level 2.
- Self-assessment of the Trust's performance against the Key Lines of Enquiry for Auditors Local Evaluation standards and the progress of this review was considered by the Audit Committee throughout the current year.
- The Clinical Quality Department facilitates the participation in projects and monitoring of reports that result from national clinical audits. In response to the audit findings, the Clinical Audit Group monitors the actions taken to improve the patient safety and quality outcomes and an assurance report is provided to the Audit Committee and the Board of Directors.
- Internal Audit reviewed the Board Assurance Framework and the effectiveness of the overall system of internal control as part of the Internal Audit Annual Plan which is

agreed by the Chief Executive and the Audit Committee.

The Head of Internal Audit Opinion

Our overall opinion is that significant assurance can be given that there is a generally sound system of internal control on key financial and management processes. These are designed to meet the Trust's objectives, and controls are generally being applied consistently.

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
- An assessment of the individual opinions arising from risk-based audit assignments completed in line with our annual audit plan to 31 March 2014. Our assessment takes into account the relative materiality of these areas.

Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

The design and operation of the Assurance Framework and associated processes

Our review found that the Assurance Framework in place is founded on a systematic risk management process and provides appropriate assurance to the Board.

The Board Assurance Framework reflects the key risks to the Trust and is reviewed at least quarterly

by the Board and on a regular basis by the Audit Committee, and the Risk Committee.

It should be noted that despite our positive conclusion around the overall framework for seeking and receiving assurance around strategic risks, we do not feel that the BAF document as currently used reflects the totality of the strategic risks facing the Trust. This is principally due to the risks not being added to in year. The way the Board manages its approach to identifying, managing and monitoring strategic risks could be considerably more systematic and efficient. The Trust has recognised this and are currently implementing new risk management processes throughout the organisation.

We have raised a series of recommendations over the past 18 months around the format of the document and operation of governance around the BAF, to bring it in line with best practice. We do not consider these issues to affect our overall annual opinion on assurance and risk management but would recommend the Trust take action to address issues identified in relation to the BAF to improve the strength of the assurance the BAF provides, and the efficiency of its operation.

A range of individual opinions arising from risk-based audit assignments, contained within risk-based plans that have been reported throughout the year.

During the year we have undertaken two reviews which were given Limited Assurance ratings. These were based on risk areas identified by the Trust:

- Procurement (Part 2)
- Business Planning Processes

We do not consider the ratings, and specifically the detailed findings within the reviews, to impact upon our overall audit opinion on internal control within the Trust, for the following reasons:

- the areas of individual review and risk, and/or gaps in control found, do not have a significant impact on the system of internal control; and
- those areas of risk identified would not necessarily be classified as significant risks according to the definitions used in the assurance framework

No significant issues remained outstanding as at the year end which would impact upon our opinion.

Internal Audit provided an overall significant assurance opinion for 2013/14. This conclusion was formed following the completion of 5 core reviews, of which two received moderate assurance and three received significant assurance.

A further 11 strategic reviews were also completed. Two reviews, in relation to procurement and business planning processes, received limited assurance opinions. The Trust identified these two areas for review based on known risks. Our findings are not indicative of significant issues with the system of internal control within the Trust and have therefore no impacted upon our significant assurance opinion.

Actions have been agreed to address recommendations raised in the year with the aim to improve the systems of control. Management have already implemented or are in the process of implementing these actions in order to improve systems of internal control in the areas identified. The Audit Committee monitors the implementation of the action plans and progress against the recommendations made in order to be provided with assurance that improvements are made

- The Trust maintained registration with the CQC without compliance conditions for 2013/14.
- The Trust's assessment of 82% compliance (Satisfactory) with the Information Governance Toolkit standards for 2013/14 (version 11) demonstrates a high level of compliance with the requirements set.
- The Annual Risk Management Report and the Quality and Safety Report, which evidence action on all aspects of governance including, risk management.
- The Board Assurance Framework itself provides the Trust with evidence of the effectiveness of the system of internal controls that manage the risks to the organisation. The Board of Directors also monitor and review the effectiveness of the Board Assurance Framework on a quarterly basis. Internal Audit provided a Significant Assurance opinion on the Board Assurance process. As the Vision, Aims and objectives of the Trust are updated, so too is the BAF.

- The Board of Directors, Risk Committee, Audit Committee, Executive Directors Meeting and the Quality 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 of 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.
- The Quality Committee manages and reviews the Board Assurance Framework in conjunction with Executive Directors. The minutes of the Quality Committee are presented to the Board of Directors. The Quality Committee produce an annual Risk Management report, which is presented to the Audit Committee followed by the Board of Directors and this provides assurance on controls.
- The Audit Committee review the establishment and maintenance of an effective system of Integrated Governance, Risk Management and internal control across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the overall Trust objectives. The Audit Committee review the Board Assurance Framework on a quarterly basis.
- The Trust has a robust process for ensuring recommendations made in assurance reports are implemented on a timely basis.

As at 31st March 2014, the Trust had the following potential significant risks identified which are currently being mitigated, although in 2013/14 they could have a direct bearing on compliance with the terms of Authorisation, CQC registration or the achievement of corporate objectives should the mitigation plans be ineffective:

- In relation to clinical sustainability and quality risk and ensuring the reduction in Hospital Standardised Mortality Index (Dr Foster) and the Summary Hospital Mortality Indicators, the Trust has embarked on an intensive plan for reducing mortality both in hospital and within 30 days of discharge. A series of distinct work streams have been developed to ensure that national mortality ratio measures accurately reflect the Trust's position as well as ensuring safe, appropriate and harm free care is being delivered.

At the same time we have maintained our focus on harm reduction strategies such as improving staffing, reducing medical outliers (medical patients receiving treatment on non-medical wards), hospital acquired infections and medication errors. Progress on all these objectives has been reported to the Board on a regular basis. The emphasis has been on improving processes so that the improvements are local, measurable and immediate and are owned by the team providing the care.

The Trust has shown a significant and sustained

improvement in not only Risk Adjusted Mortality Index (RAMI) over the last three years but has also since July 2012 shown marked improvements in HSMR and SHMI mortality measures that have historically portrayed the Trust in a poor light. The Trust has a mortality action plan and progress is monitored by the Mortality Board and the Board of Directors on a monthly basis to ensure improvements are made. As at March 2014 the Trust has delivered the planned reduction in its SHMI rate, and is now within the expected range for a Trust of our size and complexity.

- In light of the Francis Report on Mid Staffordshire Hospitals and the Trust being identified as having high mortality rates, the Trust was selected as part of the review by a national advisory group set up by NHS Medical Director, Sir Bruce Keogh into 14 hospitals which had higher than expected mortality rates. Further details are outlined in section 7. The review took place from the 17th June 2013. Sir Bruce Keogh published his report summarising the findings and actions the Trust needed to take. From this, the Trust produced an action plan based on the findings of the Keogh review, and monitored and has now successfully implemented the vast majority of the action plan matters. Those actions which required ongoing improvement, including the Trust's objective to continue to reduce mortality rates will be combined with the new CQC inspection action plan which will be formulated following the CQC visit in January, 2014.

- As reported elsewhere in this statement, the CQC inspected the Trust in January, 2014 and gave the Trust a rating of "requires improvement."
- The Trust achieved the Clostridium Difficile targets during 2013/14. To mitigate the risk of breaching the Trust's infection prevention targets, we continued to deliver a wide ranging programme of work which emphasises to all staff that remaining compliant with the requirements of the Code of Practice for Healthcare Associated Infections is everyone's responsibility. Ongoing mitigation included:
 - (i) Continuing to raise awareness and leading by example;
 - (ii) Ongoing audits of compliance to ensure all infection prevention and control policies and procedures continue to be implemented, including in particular hand hygiene, environmental and decontamination standards; and
 - (iii) Training on all aspects of infection prevention continues to be delivered;
 - (iv) Outcomes were assessed by reviewing progress with the Clostridium Difficile target and auditing compliance with national standards/regulations.
- Towards the end of the 2013/14 financial year, the Trust had one "never event." At the time of writing this report, this incident is being investigated and a full

report will be produced in the near future.

- In relation to the financial performance and the economic downturn risk, the Trust achieved a Continuity of Service Rating of 3 in 2013/14. In response to the potential stabilisation or fall in NHS income, and potential failure of CCG demand management schemes we identified a risk in respect of CCG affordability and this risk was adequately mitigated in 2013/14. A satisfactory outcome was achieved with a level-3 CoS rating which, under Monitor's Compliance Framework, indicates sound financial performance.
- In relation to the Transforming Community Services risk, the Trust took on the provider arm of NHS Blackpool and part of NHS North Lancashire as at 1st April 2012. Performance of integration was monitored through achievement of actions in the Post Transaction Action Plan by the Transformation Programme Board. Strategic issues are addressed through formal and informal reports to the Board. The Pre Transaction Action Plan and Benefits Realisation Plan was monitored and signed off by the Board in April 2012. The New 'Families' and Community Adults/Long Term Conditions Divisions has been formally integrated into the organisation in April 2013. Work is ongoing on pathway redesign and improved service modelling. Close working relationships have been established with the local Clinical Commissioning Groups, Local

Authorities and the National Commissioning Board to identify and implement service development, improvements and new models of care, as identified through the Strategic Framework. Friends and Family Test is being undertaken, Patient Experience Revolution project instigated, Ward Audits and Patient Led Assessment of Care Environment (PLACE) are undertaken.

- In relation to failing to implement ALERT as the Trust's full electronic patient record, the Trust has reviewed its strategic approach to the development and implementation of electronic health records across the local health community. The Trust recognises that it must ensure that electronic health records are readily accessible across all healthcare services and geographic settings, including GPs, community services, acute services and

tertiary services, and can be updated by relevant healthcare professionals across these services. Given this, the Trust's forward strategy will be one that is based on the integration of existing systems, along with the use of multiple specialist systems, with all systems being used across the Trust's range of geographic settings and linked via interoperability.

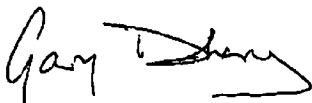
The Trust has engaged with ALERT Life Sciences Computing, and the parties have mutually agreed to a change in scope of the ALERT® deployment in order to support the Trust's revised way of working. It has been agreed that the Trust will continue to use the ALERT® solution in the A&E Department at the Trust and in a selected number of outpatient services including Senior Review Clinic, the Colposcopy Outpatients Service and the Paediatric Diabetes Outpatients Service. The Trust will be engaging

with third party suppliers, for both clinical systems that are currently in use and proposed new clinical systems, in order to ensure that the Trust achieves its aim of electronic health records. The Trust has reconfigured its Executive team to create a Board level post of Director of Information, which it hopes to recruit to in 2014/15.

8. Conclusion

My review of the effectiveness of the systems of internal control has taken account of the work of the Executive Management Team within the organisation, which has responsibility for the development and maintenance of the internal control framework within their discreet portfolios. In line with the guidance on the definition of the significant internal control issues, I have not identified any significant control issues.

Signed:



Date: 21st May 2014

Gary Doherty

CHIEF EXECUTIVE

Annex F:

Independent Auditor's Report To The Council of Governors

Independent auditors' report to the Council of Governors of Blackpool Teaching Hospitals NHS Foundation Trust

Report on the Financial Statements

Our opinion

In our opinion the financial statements, defined below:

9. give a true and fair view of the state of the NHS Foundation Trust's affairs as at 31 March 2014 and of its income and expenditure and cash flows for the year then ended ; and
10. have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

This opinion is to be read in the context of what we say in the remainder of this report.

What we have audited?

The financial statements, which are prepared by Blackpool Teaching Hospitals NHS Foundation Trust, comprise:

11. the Statement of Financial Position as at 31 March 2014;
12. the Statement of Comprehensive Income for the year ;

13. the Statement of Cash Flows for the year ;
14. the Statement of Changes in Taxpayers' Equity for the year; and
15. the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2013/14 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

In applying the financial reporting framework, the directors have made a number of subjective judgements, for example in respect of significant accounting estimates. In making such estimates, they have made assumptions and considered future events.

What an audit of financial statements involves?

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us

in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Other matters on which we are required to report by exception.

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified, on any aspect, our opinion on the Quality Report.

Responsibilities for the Financial Statements and the audit.

Our responsibilities and those of the directors

As explained more fully in the Directors' Responsibilities Statement the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual

Reporting Manual 2013/14. Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and ISAs (UK & Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Blackpool Teaching Hospitals NHS Foundation Trust in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Certificate.

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Rachel McIlwraith (Senior Statutory Auditor)

for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester
28th May 2014

- (a) The maintenance and integrity of the Blackpool Teaching Hospitals NHS Foundation 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.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Annex G:


Accounts for the Period 1st April 2013 to 31st March 2014

Foreword To The Account

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

These accounts for the period ended 31st March 2014 have previously been prepared by Blackpool Teaching Hospitals NHS Foundation Trust in accordance with Schedule 7, Sections 24 and 25 of the National Health Services Act 2006 in the form which Monitor (the Independent Regulator of foundation trusts) has directed.

Signed:



Date: 21st May 2014

Gary Doherty
CHIEF EXECUTIVE

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2014

		2013/14	2012/13
	NOTE	£000	£000
Income from activities	3	347,254	333,315
Other operating income	4	25,951	34,409
Operating income		373,205	367,724
Operating expenses	5	(380,419)	(358,149)
OPERATING (DEFICIT) / SURPLUS		(7,214)	9,575
Finance Costs			
Finance income	8	68	184
Finance costs	9	(1,261)	(2,343)
Public Dividend Capital dividends payable		(4,003)	(4,204)
Net Finance Costs		(5,196)	(6,363)
(DEFICIT) / SURPLUS FOR THE YEAR		(12,410)	3,212
Surplus for the financial year before exceptional items		3,355	3,375
Exceptional items			
Net (loss)/gain from non current asset impairments	11	(14,686)	3,977
Net (loss) on disposal of non current assets	7	(197)	(3,095)
Redundancy	6	(882)	(1,045)
(Deficit) / Surplus for the financial year after exceptional items as stated above		(12,410)	3,212
Other comprehensive income:			
Gain from transfer by absorption from demising bodies		173	0
Revaluation losses on property, plant and equipment	11	(5,889)	(997)
Revaluation gains on property, plant and equipment	11	4,727	4,407
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(13,399)	6,622

The notes on pages v to xxxvi form part of these accounts.
All revenue and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31ST MARCH 2014

	NOTE	31st March 2014 £000	31st March 2013 £000	1st April 2012 £000
NON-CURRENT ASSETS:				
Intangible assets	10	2,094	2,178	4,487
Property, plant and equipment	11	189,677	192,591	185,392
Trade and other receivables	15	620	549	913
Total non-current assets		192,391	195,318	190,792
CURRENT ASSETS:				
Inventories	14	2,314	2,394	2,279
Trade and other receivables	15	12,492	11,440	9,942
Cash and cash equivalents	16	25,292	27,358	19,641
Total current assets		40,098	41,192	31,862
CURRENT LIABILITIES:				
Trade and other payables	17	(35,808)	(32,080)	(29,138)
Borrowings	19	(3,172)	(2,762)	(2,637)
Provisions	20	(5,103)	(5,412)	(4,376)
Other liabilities	18	(5,060)	(5,673)	(5,581)
Total current liabilities		(49,143)	(45,927)	(41,732)
NON-CURRENT LIABILITIES:				
Borrowings	19	(40,430)	(37,568)	(34,600)
Provisions	20	(1,924)	(1,233)	(1,162)
Total non-current liabilities		(42,354)	(38,801)	(35,762)
TOTAL ASSETS EMPLOYED		140,992	151,782	145,160
TAXPAYERS' EQUITY				
Public dividend capital	Page iii	143,640	141,031	141,031
Revaluation reserve	Page iii	26,201	27,467	26,094
Income and expenditure reserve	Page iii	(28,849)	(16,716)	(21,965)
TOTAL TAXPAYERS' EQUITY		140,992	151,782	145,160

The financial statements on pages v to xxxvi were approved by the NHS Foundation Trust Board on 21 May 2014 and are signed on its behalf by:

Signed: Gary Doherty, Chief Executive



Date: 21 May 2014

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY AT 31st March 2014

	NOTE	Total taxpayers' equity £000	Public Dividend Capital £000	Revaluation reserve £000	Income and Expenditure reserve £000
Taxpayers' equity at 1 April 2013		151,782	141,031	27,467	(16,716)
Total Comprehensive Expense for the year:					
Deficit for the financial year		(12,410)	0	0	(12,410)
Transfers by modified absorption: Gain on 1 April 2013 transfers from demising bodies		173	0	0	173
Transfers by modified absorption: transfers between reserves		0	0	3	(3)
Impairment of property, plant & equipment	11	(5,889)	0	(5,889)	0
Revaluation gains on property, plant & equipment	11	4,727	0	4,727	0
Public Dividend Capital Received	13	2,583	2,583	0	0
PDC adjustment for cash impact of payables/receivables transferred from legacy teams	13	26	26	0	0
Transfer between reserves		0	0	(107)	107
Taxpayers' equity at 31st March 2014		140,992	143,640	26,201	(28,849)
 Taxpayers' equity at 1 April 2012		 145,160	141,031	26,094	(21,965)
Total Comprehensive Income for the year:					
Surplus for the financial year		3,212	0	0	3,212
Impairment of property, plant & equipment	11	(997)	0	(997)	0
Revaluation gains on property, plant & equipment	11	4,407	0	4,407	0
Transfer between reserves		0	0	(2,037)	2,037
Taxpayers' equity at 31st March 2013		151,782	141,031	27,467	(16,716)

The notes on pages v to xxxvi form part of these accounts.

CASH FLOW STATEMENT FOR THE YEAR ENDED 31st March 2014

	NOTE	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Cash flows from operations			
Total operating (deficit) / surplus		(7,214)	9,575
Adjusted for:			
Depreciation	11	5,408	5,566
Amortisation	10	682	1,101
Impairments	11	17,212	1,409
Reversal of Impairments	11	(2,526)	(5,387)
Increase in trade and other receivables		(898)	(1,409)
Decrease/(increase) in inventories		80	(115)
Increase in trade and other payables		2,579	2,544
(Decrease)/increase in other liabilities		(613)	91
Increase in provisions		277	1,020
Other movements in operating cash flows		155	2,452
Net cash generated from operations		15,142	16,847
Cash flows from investing activities			
Interest received		101	185
Purchase of property, plant and equipment		(17,157)	(6,491)
Purchase of intangible assets		(553)	(222)
Sales of property, plant and equipment		0	470
Net cash used in investing activities		(17,609)	(6,058)
Cash flows from financing activities			
Public Dividend Capital received		2,583	0
Loans received		6,100	13,300
Loans repaid to the Department of Health		(2,828)	(2,485)
Capital element of on-statement of financial position PFI repaid		0	(7,722)
Interest paid		(1,198)	(970)
Interest paid in respect of on-statement of financial position PFI		0	(472)
Finance charge in respect of on-statement of financial position PFI termination		0	(794)
Public Dividend Capital dividends paid		(4,256)	(3,929)
Net cash generated from / used in financing activities		401	(3,072)
(Decrease) / Increase in cash and cash equivalents		(2,066)	7,717
Cash and cash equivalents at the beginning of the financial year		27,358	19,641
Cash and cash equivalents at the end of the financial year	16	25,292	27,358

The notes on pages v to xxxvi form part of these accounts.
All revenue and expenditure is derived from continuing operations.

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which has been agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2013/14 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (the "FReM") to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently unless otherwise stated in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of certain non-current assets.

1.1 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

The NHS Foundation Trust estimates the month 12 patient related income based on an average cost for the activity delivered in the month for each speciality, as fully coded Healthcare Resource Group (HRG) data is not available in time for the closure of the annual accounts.

The NHS Foundation Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS Foundation Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit (CRU) that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract less the carrying amount of the asset sold.

1.2 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension Costs

NHS pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the Secretary of State, in England and Wales. It is not possible for the NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the NHS Foundation Trust commits itself to the retirement, regardless of the method of payment.

1.3 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.4 Exceptional items

Exceptional Items are those items that, in the NHS Foundation Trust's view, are required to be disclosed separately by virtue of their size or incidence to enable a full understanding of the Trust's financial performance.

1.5 Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services, or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Foundation Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Additionally, for items of property, plant and equipment to be capitalised they:

- individually have a cost of at least £5,000; or
- form a group of assets which collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Land and buildings are subsequently measured at fair value based on periodic valuations less subsequent depreciation and impairment losses.

The valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date. Fair values are determined as follows:

- Specialised operational property - Depreciated Replacement Cost using a Modern Equivalent Asset (MEA) approach
- Non specialised property - Existing Use Value
- Land - Market value for existing use

Assets in the course of construction are valued at cost less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 (Borrowing Costs) for assets held at fair value. Assets are revalued when they are brought into use.

Operational plant and equipment are carried at depreciated historic cost as this is not considered to be materially different to fair value. Plant and equipment surplus to requirements is valued at net recoverable amount.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation

Items of property, plant and equipment are depreciated using the straight line method over their estimated useful economic lives as follows:

Buildings & Dwellings	90 years
Plant & Machinery	5 to 15 years
Transport equipment	5 to 10 years
Information Technology	5 to 15 years
Furniture & Fittings	5 to 15 years

Freehold land is considered to have an infinite life and is not depreciated.

Management have determined that each building within the NHS Foundation Trust's estate is one component, the whole of which is maintained to a standard such that the useful economic life of the whole building and the elements within the building is the same.

The assets' residual values and useful lives are reviewed annually, where significant.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

1.5 Property, Plant and Equipment continued

Depreciation is charged to operating expenses from the first day of the quarter commencing 1st April, 1st July, 1st October, or 1st January, following the date that the asset becomes available for use. Depreciation is charged in full in the quarter in which an asset becomes unavailable for use or is sold and then ceases to be charged.

Where assets are revalued any accumulated depreciation is eliminated against the gross carrying amount of the asset with the net amount restated to equal the revalued amount.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefit or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
 - management are committed to a plan to sell the asset;
 - an active programme has begun to find a buyer and complete the sale;
 - the asset is being actively marketed at a reasonable price;
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'; and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.6 Leases

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability. Assets are depreciated over the lower of their useful economic life and the period of the lease.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

Operating Leases

Payments made under operating leases (net of any incentives received from the lessor) are charged to operating expenses on a straight-line basis over the period of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.7 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received and;
- b) Payment for the PFI asset, including finance costs

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Foundation Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the year, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Assets contributed by the NHS Foundation Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Foundation Trust's Statement of Financial Position.

1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of an asset can be measured reliably, and where the cost is at least £5,000, or form a group of assets which collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or for use;
- the NHS Foundation Trust intends to complete the asset and sell or use it;
- the NHS Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic service delivery benefits e.g. The presence of a market for it or its output, or, where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the NHS Foundation Trust to complete the development and sell or use the asset; and
- the NHS Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware e.g. An operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. Application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Intangible assets relate to development expenditure, software and licences and are carried at amortised cost which management consider to materially equate to fair value and a review for impairment is performed annually. Increases in asset values arising from impairment reviews are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives, as follows:

Software licences	5 to 15 years
Licences and Trademarks	5 to 15 years

Amortisation is charged to operating expenses from the first day of the quarter commencing 1st April, 1st July, 1st October, or 1st January, following the date that the asset becomes available for use. Amortisation is charged in full in the quarter in which an asset becomes unavailable for use or is sold and then ceases to be charged.

1.9 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation / grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation / grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost method for drugs and the first-in first-out method for other inventories, less any provisions deemed necessary.

1.12 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase of non-financial items (such as goods or services), which are entered into in accordance with the NHS Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described at note 1.6.

All other financial assets and financial liabilities are recognised when the NHS Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the NHS Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as 'Loans and receivables'.

Financial liabilities are classified as 'Other Financial Liabilities'.

Financial assets and financial liabilities at 'Fair Value through Income or Expenditure'

Financial assets and financial liabilities at 'Fair Value through Income or Expenditure' are financial assets or financial liabilities held for trading. The NHS Foundation Trust does not have financial assets or liabilities classified in this category.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The NHS Foundation Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

At each year end, the NHS Foundation Trust reviews trade receivables for recoverability and makes provisions to the extent that recovery of specific debts is considered to be doubtful.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the statement of financial position date, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the statement of financial position date, the NHS Foundation Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income through the use of a bad debt provision.

1.13 Provisions

The NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the reporting date on the basis of the best estimate of the expenditure required to settle the obligation. Provisions are recognised where it is probable that there will be a future outflow of cash or other resources and a reliable estimate can be made of the amount. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms (2012/13: 2.2%), except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.8% in real terms (2012/13: 2.35%).

1.13 Provisions

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed at note 19. A provision is held in the NHS Foundation Trust's accounts for the excess payable by the NHS Foundation Trust to the NHSLA and is disclosed under 'other legal claims' in note 20.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Liabilities to Third Parties Scheme. This is a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.14 Borrowings

The NHS Foundation Trust is permitted to borrow funds. The capital sum is recognised as a liability and Interest incurred is charged to finance expenses in the statement of comprehensive income. Total borrowings of the NHS Foundation Trust are disclosed in note 19.

1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 22 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 22, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.17 Value Added Tax (VAT)

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Corporation Tax

The NHS Foundation Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is power for the Treasury to disapply the exemption in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly, the NHS Foundation Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits therefrom exceed £50,000 per annum.

1.19 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.20 Foreign currencies

The NHS Foundation Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the NHS Foundation Trust's surplus/deficit in the period in which they arise.

1.21 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, excluding provisions for future losses, but including losses which would have been made good through insurance cover had the NHS Foundation Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.22 Accounting standards not adopted

Monitor have directed that NHS Foundation Trusts adopt International Financial Reporting Standards set out by the International Accounting Standards Board. The NHS Foundation Trust have adopted all relevant standards as they apply to NHS Foundation Trusts.

1.23 Accounting standards adopted early

The NHS Foundation Trust has not adopted any accounting standards early in 2013/14.

1.24 Accounting standards not yet effective and not adopted early

The Treasury FReM does not require the following Standards and Interpretations that have been published and are mandatory for accounting periods beginning on or after 1st April 2013 to be applied in 2013-14. The application of the Standards as revised would not have a material impact on the accounts for 2013-14, were they applied:

IAS 27 Separate Financial Statements
IAS 28 Investments in Associates and Joint Ventures
IFRS 9 Financial Instruments
IFRS 10 Consolidated Financial Statements
IFRS 11 Joint Arrangements
IFRS 12 Disclosure of Interests in Other Entities
IFRS 13 Fair Value Measurement
IPSAS 32 - Service Concession Arrangement

1.25 Accounting estimates, judgements and critical accounting policies

Component depreciation

IAS 16 (Property, Plant and Equipment) requires that "each part of an item of property, plant and equipment with a cost which is significant in relation to the total cost of the item, shall be depreciated separately". The standard also states, "A significant part of an item of PPE may have a useful life and a depreciation method that are the same as the useful life and depreciation method of another significant part of the same item. Such parts may be grouped in determining the depreciation charge".

The NHS Foundation Trust has elected to depreciate each building and its constituent elements as a single component on the basis that this more fairly reflects the way that the NHS Foundation Trust is managed and maintained. The appropriateness of this treatment will be reviewed annually.

Revaluation of land, buildings and dwellings

At 31st March 2014 the NHS Foundation Trust's valuer carried out a full revaluation of the land, buildings and dwellings. This has resulted in an downward valuation of these non-current assets by £15.8m, split between a revaluation reserve decrease of £1.2m, impairment charge to operating expenditure of £17.2m and recognition of (£2.5m) in operating income relating to the reversal of impairments previously charged to operating expenses.

See Note 11 for further details on these revaluations.

Selection of asset lives

Property, plant & equipment assets are allocated an asset life as stated in note 1.5 when acquired. The useful economic lives of assets are reviewed annually by management where significant. Individual asset lives are adjusted where these are materially different to their remaining life.

Restructuring costs

The NHS Foundation Trust has recognised termination benefits to staff of £0.882 million during the financial year arising from the efficiency programme. See Note 6 for further details.

Going concern

These financial statements have been prepared on a going concern basis. Management have conducted an appraisal of the NHS Foundation Trust's financial forecasts for a two year period to 31st March 2015 in support of this assessment.

1.25 Accounting estimates, judgements and critical accounting policies continued

Charitable Fund

The NHS Foundation Trust is the corporate trustee to Blackpool Teaching Hospitals Charitable Fund (Registered number 1051570). The NHS Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the NHS Foundation Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff.

Prior to 2013/14, the FT ARM permitted the NHS Foundation Trust not to consolidate the charitable fund. From 2013/14, is required to consolidate, however because the income and expenditure of the fund represent 0.2% of the NHS Foundation Trust income and expenditure, the fund is not considered to be material and has not been consolidated.

1.26 Transfers of functions from other NHS bodies

For functions that have been transferred to the NHS Foundation Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net loss of £20,123 corresponding to the net current liabilities transferred from Blackpool PCT and the net gain of £190,369 corresponding to the non current assets transferred from North Lancashire Teaching PCT are recognised within the income and expenditure reserve.

For the property plant and equipment assets and intangible assets transferred from North Lancashire Teaching PCT, the Cost and Accumulated Depreciation / Amortisation balances from the transferring entity's accounts are preserved on recognition in the trust's accounts. A revaluation reserve balance of £2,685 attributable to the transferring assets has been recognised within the NHS Foundation Trust's revaluation reserve.

2. Operating segments

2013/14	Unscheduled Care	Scheduled Care	Families	Adult Community Services and Long Term Conditions	Clinical Support & Facilities Management	Corporate Services	Total
	£000	£000	£000	£000	£000	£000	£000
Income	106,108	112,828	38,594	55,107	18,666	39,376	370,679
Expenditure	(80,600)	(95,305)	(30,410)	(55,668)	(58,143)	(35,912)	(356,038)
EBITDA	25,508	17,523	8,184	(561)	(39,477)	3,464	14,641
Restructuring costs							(882)
Net loss on revaluation of non current assets							(14,686)
Depreciation and amortisation							(6,090)
Net loss on disposal of non current assets							(197)
Interest receivable							68
Interest payable							(1,261)
PDC dividend							(4,003)
Deficit for the Financial Year							(12,410)

In 2013/14 the NHS Foundation Trust has reported Surgery and Cardiac divisions as Scheduled Care Division, and created two new divisions: a Families Division incorporating Women's and Children's Health and an Adults and Long Term Conditions comprising of the Community and Therapy Services.

2012/13	Unscheduled Care	Scheduled Care	Community Health Services	Clinical Support & Facilities Management	Corporate Services	Total
	£000	£000	£000	£000	£000	£000
Income	105,170	139,951	70,889	14,016	32,177	362,203
Expenditure	(75,482)	(109,446)	(65,536)	(60,779)	(34,556)	(345,799)
EBITDA	29,688	30,505	5,353	(46,763)	(2,379)	16,404
Restructuring costs						(1,045)
Net gain on revaluation of non current assets						3,978
Depreciation and amortisation						(6,667)
Net loss on disposal of non current assets						(3,095)
Interest receivable						184
Interest payable						(2,343)
PDC dividend						(4,204)
Surplus for the Financial Year						3,212

Segmental information

Financial and operational performance data is reviewed by the Trust Board of Directors on a monthly basis. The Board are responsible for setting financial performance targets for each of the divisions within the Trust. The Trust Board of Directors are therefore considered to be the Chief Operating Decision Maker (CODM).

Each of the NHS Foundation Trust's healthcare divisions have been deemed to be a reportable segment under IFRS 8 (Segmental Reporting).

The financial performance of each segment is managed against an EBITDA target. The NHS Foundation Trust does not report on assets or liabilities by segment.

2. Operating segments continued

The majority of the NHS Foundation Trust's revenue is generated from external customers in England, with the exception of the bodies listed below, and transactions between segments are immaterial.

	2013/14	2012/13
	£000	£000
Scottish NHS bodies	207	322
Local Health Boards in Wales	219	237
Northern Ireland Health and Social Care Trusts	67	59

The Trust has three external customers which generate income amounting to more than 10% of the Trust's total income. The values of income from the largest customers are set out in note 26. The income from these customers is included in all of the segments reported above.

3. Income from activities

3.1 Income from Activities by category

	Year ended 31st March 2014	Restated Year ended 31st March 2013
	£000	£000
Elective income	59,003	60,510
Non elective income	77,280	80,164
Outpatient income	33,490	33,511
A & E income	8,210	8,146
Community Trust income from Primary Care Trusts *	0	68,587
Community Trust income from CCG's & NHS England	59,929	0
Community Trust income not from CCG's & NHS England	7,964	0
Other NHS Clinical income *	99,511	80,996
Private patient income	1,867	1,401
	347,254	333,315

Of which operating income from activities relates to:

	Year ended 31st March 2014
	£000
Commissioner requested services	336,931
Non-commissioner requested services	10,323
	347,254

* Community Trust income from Primary Care Trusts was not separately disclosed in 2012/13 and was previously reported within Other NHS Clinical income. The income note has been restated.

3. Income from activities continued

3.2 Income from activities by source

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
NHS Foundation Trusts	1,387	888
NHS Trusts	0	13
Strategic Health Authorities	0	558
Clinical Commissioning Groups and NHS England	331,413	0
Primary Care Trusts	0	327,902
Department of Health	0	37
Local Authorities *	9,219	1,041
NHS Other	791	0
Non NHS:		
- Private patients	1,866	1,401
- NHS Injury scheme income	1,256	590
- Other	1,322	885
	347,254	333,315

* Income from Local Authorities has increased due to the transfer of commissioning of some services from Primary Care Trusts.

4. Other Operating Income

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Research and Development	1,760	3,189
Education, training and research *	11,642	12,435
Charitable and other contributions to expenditure	115	692
Non-patient care services to other bodies **	4,988	7,252
Profit on disposal of property, plant & equipment	0	198
Reversal of impairments of property, plant & equipment	2,526	5,387
Sales of goods and services ***	2,554	2,333
Income in respect of staff costs where accounted on gross basis	679	932
Other	1,687	1,991
	25,951	34,409

* Education, training and research income comprises income relating the North West Leadership Academy for which the NHS Foundation Trust is the host organisation, and funding received from NHS Northwest for junior doctors training.

** Non-patient care services to other bodies includes service level agreement income from other NHS bodies for estates, IT and payroll services provided by the NHS Foundation Trust.

*** Sales of goods and services includes income from catering sales, commercial laundry services, staff accommodation rentals, and car parking.

5. Operating expenses

5.1 Operating expenses comprise:

	NOTE	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Services from Foundation Trusts		1,361	1,435
Services from NHS Trusts		276	126
Services from other NHS bodies		2,968	2,488
Purchase of healthcare from non NHS bodies		6,571	7,187
Non Executive Directors' costs		138	139
Executive Directors' costs	6	1,076	1,055
Employee costs (excluding Executive Directors' costs)	6	235,231	224,045
Redundancy *	6	882	1,045
Drug costs		24,242	23,637
Supplies and services - clinical		40,680	38,427
Supplies and services - general		8,071	8,168
Establishment		5,116	5,602
Transport		1,034	908
Premises		15,028	16,214
Rentals payable under operating leases		1,932	2,141
Increase / (decrease) in provision for impairment of receivables		393	(426)
Increase in other provisions	20	490	1,355
Depreciation	11	5,408	5,566
Amortisation	10	682	1,101
Non-current asset impairments	11	17,212	1,409
Loss on disposal of property, plant and equipment **	11	197	3,293
Audit services - statutory audit		76	76
Clinical negligence		5,307	4,010
Training, courses and conferences		2,271	4,259
Legal, professional and consultancy fees		2,913	2,057
Insurance costs		195	288
Other ***		669	2,544
		380,419	358,149

* Redundancy costs consist of amounts paid to staff and an accrual for other agreed redundancies as part of the NHS Foundation Trust's efficiency programme.

** The loss on disposal of property, plant and equipment in 2012/13 relates to demolition of properties prior to the construction of the multi-storey car park and main entrance. See note 7 for further details.

*** Other expenditure includes costs for internal audit services, and losses and special payments.

5. Operating expenses continued

5.2 Other auditor's remuneration

PricewaterhouseCoopers LLP provide statutory audit services to the NHS Foundation Trust and to the Blackpool Teaching Hospitals Charitable Fund. The cost of audit services for the charitable fund are not included in operating expenses but are paid for by the charity. The cost for statutory audit of the charity was £9,600 in 2013/14 (2012/13: £9,600)

Pricewaterhouse Coopers LLP did not provide any other services to the NHS Foundation Trust in 2013/14 (2012/13: Nil) other than for statutory audit.

5.3 Auditor liability limitation agreements

The audit engagement contract with PricewaterhouseCoopers LLP approved by the Board of Governors on 17th March 2014 contains a £1million limit on their liability for losses or damages in connection with the audit contract for their audit work. This limitation does not apply in the event of losses or damages arising from fraud or dishonesty of PricewaterhouseCoopers LLP.

5.4 Operating leases

As lessee

5.4.1 Payments recognised as an expense

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Minimum lease payments	1,932	2,141
	1,932	2,141

5.4.2 Total future minimum lease payments

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Payable:		
Not later than one year	733	1,648
Between one and five years	905	1,245
Later than five years	31	0
	1,669	2,893

5.4.3 Significant leasing arrangements

The significant operating lease arrangements held by the NHS Foundation Trust relate to medical equipment and buildings and are subject to the following terms:

- No transfer of ownership at the end of the lease term.
- No option to purchase at a price significantly below fair value at the end of the lease term.
- Leases are non-cancellable or must be paid in full.
- No secondary period rental or at best market rate.
- Lease payments are fixed for the contracted lease term.

Significant operating lease arrangements held by the NHS Foundation Trust relate to:

	Annual commitment £000	Lease term Years
- MRI Scanner	167	5
- Electric Beds	129	7
- Theatre patient monitoring	82	5
- Endoscopy equipment	52	5
- Patient Monitors	47	5
- Theatre Ultrasound	36	5

6. Employee costs and numbers

6.1 Staff costs

			Year ended 31st March 2014	Year ended 31st March 2013
	Permanently employed £000	Other £000	Total £000	Total £000
Salaries and wages	186,327	0	186,327	179,739
Social security costs	12,922	0	12,922	12,798
Employers contribution to NHS Pension Scheme	21,726	0	21,726	20,507
Agency / Contract staff	0	15,332	15,332	12,056
Termination benefits	882	0	882	1,045
Total	221,857	15,332	237,189	226,145

Employee costs above reconciles to the total of Executive Directors' costs and Employee costs on Note 5.1 Operating expenses.

Termination benefits relate to amounts paid to staff for agreed departures under the schemes set out in note 6.2.

6.2 Exit Packages

As part of its efficiency programme the NHS Foundation Trust has commenced a review of its functions to reduce costs. During the year exit packages have been agreed with staff to enable a reduction in pay costs. Termination benefits consist of three types of exit package used by the NHS Foundation Trust:

- Compulsory redundancy
- Voluntary redundancy
- Mutually agreed resignation scheme (MARS)

The following table discloses the number and cost to the NHS Foundation Trust of all exit packages that were agreed as at 31 March 2014. **(2012/13 comparatives shown in brackets).**

Exit package cost band

	Compulsory redundancies	Other departures agreed	Total
	Number	Number	Number
<£10,000	3 (0)	0 (10)	3 (10)
£10,000 - £25,000	2 (0)	4 (12)	6 (12)
£25,001 - £50,000	5 (0)	3 (10)	8 (10)
£50,001 - £100,000	2 (0)	3 (4)	5 (4)
£100,001 - £150,000	1 (0)	0 (0)	1 (0)
£150,001 - £200,000	0 (0)	0 (1)	0 (1)
£200,001 - £250,000	0 (0)	0 (0)	0 (0)
Total number of packages by type	13 (0)	10 (37)	23 (37)
	£000	£000	£000
Total resource cost - 2013/14	505	377	882
Total resource cost - 2012/13	0	1,045	1,045

Details of exit packages agreed for non executive and executive directors of the NHS Foundation Trust can be found in the Remuneration Report

6. Employee costs and numbers continued

6.3 Average number of persons employed

			Year ended 31st March 2014	Year ended 31st March 2013
	Permanently employed	Other	Total	Total
	WTE	WTE	WTE	WTE
Medical and Dental	360	70	430	412
Administration and estates	1,102	142	1,244	1,220
Healthcare assistants and other support staff	1,272	0	1,272	1,220
Nursing, midwifery and health visiting staff	2,031	59	2,090	1,993
Scientific, therapeutic and technical staff	748	32	780	710
	<u>5,513</u>	<u>303</u>	<u>5,816</u>	<u>5,555</u>

6.4 Retirements due to ill health

In the year ended 31st March 2014 there were 5 early retirements from the NHS Foundation Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £471,479. (2012/13: 6 cases with estimated liability of £337,087) The cost of these ill-health retirements will be borne by the NHS Pension Scheme. Accordingly, no provision is recognised in the NHS Foundation Trust's accounts.

6.5 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme: the cost to the Trust of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2014, is based on valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

7. Net (loss) on disposal of non current assets

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Gain on disposal of property, plant and equipment	0	198
(Loss) on disposal of property, plant and equipment	(197)	(3,293)
	<u>(197)</u>	<u>(3,095)</u>

The loss on disposal of property, plant and equipment in 2012/13 has arisen due to the demolition of properties on the Victoria Hospital site in advance of construction of the new multi-storey car park and hospital main entrance. The gain on disposal arises from the sale of residential properties no longer required.

8. Finance income

	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Interest from bank accounts	68	184

9. Finance costs

	NOTE	Year ended 31st March 2014 £000	Year ended 31st March 2013 £000
Interest on obligations under on-statement of financial position PFI schemes		0	303
Finance charge on early termination of PFI schemes	21	0	794
Contingent rentals under on-statement of financial position PFI schemes		0	169
Loans from Foundation Trust financing facility		1,228	1,037
Unwinding of discount on provisions	20	33	40
		<u>1,261</u>	<u>2,343</u>

10. Intangible assets

Intangible assets comprise the following elements:

	Software Licences £000	Licences & Trademarks £000	Total £000
Cost at 1st April 2013	5,347	1,081	6,428
Additions purchased	598	0	598
Cost at 31st March 2014	5,945	1,081	7,026
Accumulated amortisation at 1st April 2013	3,751	499	4,250
Charged during the year	205	477	682
Accumulated amortisation at 31st March 2014	3,956	976	4,932
Net book value at 31st March 2014	1,989	105	2,094
Net book value			
Purchased at 31st March 2014	1,989	105	2,094
Total at 31st March 2014	1,989	105	2,094
Prior year:			
Cost at 1st April 2012	5,187	1,072	6,259
Additions purchased	160	9	169
Cost at 31st March 2013	5,347	1,081	6,428
Accumulated amortisation at 1st April 2012	1,416	356	1,772
Charged during the year	958	143	1,101
Impairments recognised in operating expenses	1,377	0	1,377
Accumulated amortisation at 31st March 2013	3,751	499	4,250
Net book value at 31st March 2013	1,596	582	2,178
Net book value			
Purchased at 31st March 2013	1,596	582	2,178
Total at 31st March 2013	1,596	582	2,178

11. Property, plant and equipment

11.1 Property, plant and equipment

Property, plant and equipment comprises the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1st April 2013	9,209	166,380	3,873	4,448	26,610	76	7,182	43	217,821
Additions purchased	0	3,085	0	11,613	2,998	0	536	0	18,232
Additions donated	0	0	0	0	115	0	0	0	115
Transfers by absorption - Modified	0	0	0	0	99	51	0	42	192
Impairment charges to revaluation reserve	(535)	(5,218)	(136)	0	0	0	0	0	(5,889)
Impairments recognised in operating expenses / income	(157)	(14,529)	0	0	0	0	0	0	(14,686)
Reclassifications	0	16,061	0	(16,061)	0	0	0	0	0
Revaluations	0	4,696	31	0	0	0	0	0	4,727
Disposals	0	0	0	0	(1,547)	(8)	0	(42)	(1,597)
Transfer of depreciation to gross book value following revaluation	0	(2,648)	(76)	0	0	0	0	0	(2,724)
Cost or valuation at 31st March 2014	8,517	167,827	3,692	0	28,275	119	7,718	43	216,191
Accumulated depreciation at 1st April 2013	0	0	0	0	21,069	71	4,076	14	25,230
Charged during the year	0	2,648	76	0	1,647	52	978	7	5,408
Disposals	0	0	0	0	(1,390)	(8)	0	(2)	(1,400)
Transfer of depreciation to gross book value following revaluation	0	(2,648)	(76)	0	0	0	0	0	(2,724)
Accumulated depreciation at 31st March 2014	0	0	0	0	21,326	115	5,054	19	26,514
Net book value at 31st March 2014	8,517	167,827	3,692	0	6,949	4	2,664	24	189,677
Net book value									
Owned									
Purchased at 31st March 2014	8,517	164,148	3,692	0	5,923	4	2,661	24	184,969
Donated at 31st March 2014	0	3,679	0	0	1,026	0	3	0	4,708
Total at 31st March 2014	8,517	167,827	3,692	0	6,949	4	2,664	24	189,677

11. Property, plant and equipment (continued)

Revaluation of property, plant and equipment

Land and buildings (including dwellings) valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. The last full asset revaluation took place on 31st March 2014 based on modern replacement cost and was undertaken by Andrew M Wilson MRICS of DTZ.

The revaluation of some assets has resulted in market value revaluation gains that reverse market value impairments charged to operating expenses in previous years. Gains up to the value of any previous impairment on the same asset have been recognised in operating income with any excess being recognised in the revaluation reserve.

The impact of the revaluation on charges to operating expenses and reserves is as follows:

	2013/14 £000	2012/13 £000
Revaluation gains recognised in the revaluation reserve	(4,727)	(4,407)
Impairments charged to the revaluation reserve	5,889	997
Impairments recognised in operating expenses	17,212	32
Reversal of impairments recognised in other operating income	(2,526)	(5,387)
	<u>15,848</u>	<u>(8,765)</u>

11. Property, plant and equipment (continued)

Prior year:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1st April 2012	9,209	158,564	6,530	182	27,700	76	7,509	328	210,098
Additions purchased	0	2,143	0	4,266	285	0	173	6	6,873
Additions donated	0	296	0	0	396	0	0	0	692
Impairment charges to revaluation reserve	0	(996)	(1)	0	0	0	0	0	(997)
Impairments recognised in operating expenses / income	0	5,355	0	0	0	0	0	0	5,355
Reclassifications	0	0	0	0	339	0	(48)	(291)	0
Revaluations	0	4,334	73	0	0	0	0	0	4,407
Disposals	0	(888)	(2,657)	0	(2,110)	0	(452)	0	(6,107)
Transfer of depreciation to gross book value following revaluation	0	(2,428)	(72)	0	0	0	0	0	(2,500)
Cost or valuation at 31st March 2013	9,209	166,380	3,873	4,448	26,610	76	7,182	43	217,821
Accumulated depreciation at 1st April 2012	0	0	0	0	20,976	70	3,514	146	24,706
Charged during the year	0	2,447	109	0	1,971	1	1,034	4	5,566
Reclassifications	0	0	0	0	156	0	(20)	(136)	0
Disposals	0	(19)	(37)	0	(2,034)	0	(452)	0	(2,542)
Transfer of depreciation to gross book value following revaluation	0	(2,428)	(72)	0	0	0	0	0	(2,500)
Accumulated depreciation at 31st March 2013	0	0	0	0	21,069	71	4,076	14	25,230
Net book value at 31st March 2013	9,209	166,380	3,873	4,448	5,541	5	3,106	29	192,591
Net book value									
Owned									
Purchased at 31st March 2013	9,209	162,480	3,873	4,448	4,278	5	3,102	29	187,424
Donated at 31st March 2013	0	3,900	0	0	1,263	0	4	0	5,167
Total at 31st March 2013	9,209	166,380	3,873	4,448	5,541	5	3,106	29	192,591
Purchased at 1st April 2012	8,871	147,992	6,530	182	5,509	6	3,990	182	173,262
Donated at 1st April 2012	0	3,349	0	0	1,215	0	5	0	4,569
Assets under PFI arrangement									
Finance lease at 1st April 2012	338	7,223	0	0	0	0	0	0	7,561
Total at 1st April 2012	9,209	158,564	6,530	182	6,724	6	3,995	182	185,392

12. Capital Commitments

Commitments under capital expenditure contracts at the statement of financial position date were £3.499m (2012/13: £13.19m). All commitments relate to the acquisition of property, plant and equipment assets.

	2013/14 £000	2012/13 £000
Multi-storey Car Park / Main Entrance	706	12,126
Stroke Ward	0	433
Midwife Led Therapy Unit	0	631
Energy Efficiency Scheme	296	0
Complex Needs Suite	497	0
Other - Equipment replacement programme	2,000	0
	3,499	13,190

13. Public Dividend Capital

During 2013/14 the NHS Foundation Trust has received Public Dividend Capital to for the following schemes:

	2013/14 £000
Energy Efficiency Improvements	1,375
Improving Birthing Environments	682
Electronic Prescribing	150
Electronic Document Management System	300
Improving Maternity Care	22
Nursing Technology Fund	54
	2,583

The Trust has received assets and liabilities as at 1st April 2013 from the transfer of functions from Blackpool PCT and North Lancashire PCT. For the period 1st April 2013 to 31st August 2013 payments in respect of receivables and payables were met by the Department of Health on behalf of the NHS Foundation Trust. At 31st August 2013 the NHS Foundation Trust accounted for the net payments made by the Department of Health as an increase in Public Dividend Capital as follows:

	2013/14 £000
Blackpool PCT	26
North Lancashire PCT	0
	26

14. Inventories

	31st March 2014 £000	31st March 2013 £000
Drugs and consumables	2,314	2,394

There have been no write-downs or reversal of write-downs of inventories during 2013/14 (2012/13: Nil). Management have performed a review for obsolete or slow moving stock in order to identify the need for an inventory provision and do not consider that a provision is required as at 31st March 2014.

Inventories charged to operating expenses include drugs totalling £19.143m (2012/13 £18.731m) issued through the in-house pharmacy and cardiac consumables totalling £3.236m (2012/13: £3.596m). The figure reported for drugs in operating expenses includes costs of non-inventory items.

15. Trade and other receivables

15.1 Trade and other receivables

	31st March 2014	31st March 2013
	£000	£000
NHS receivables	4,144	3,460
Other receivables with related parties	1,506	1,037
Provision for impairment of receivables	(639)	(338)
Prepayments	1,077	1,013
Accrued income	1,402	2,298
Interest receivable	6	39
PDC dividend receivable	467	214
VAT receivable	971	705
Other receivables	3,558	3,012
Trade and other receivables - current	12,492	11,440
Other receivables	971	808
Provision for impairment of receivables	(351)	(259)
Trade and receivables - non-current	620	549
Total	13,112	11,989

The NHS Foundation Trust has declared an amount receivable of £2.2m (2012/13 £2.1m) from the Compensation Recovery Unit (CRU) in respect of charges due under the NHS Injury Scheme. The NHS Foundation Trust recovers approximately £1.25m each year and this amount has been classified as current.

15.2 Ageing of receivables past their due date but not impaired

	31st March 2014	31st March 2013
	£000	£000
0 - 30 days	273	385
30- 60 days	153	193
60- 90 days	157	79
90- 180 days	306	274
Over 180 days	154	136
	1,043	1,067

15.3 Analysis of provision for impairment of receivables

	NHS Debts	Non NHS Debts	Total
	£000	£000	£000
As at 1st April 2013	167	430	597
Amounts written off during the year as uncollectible	0	0	0
Amounts reversed unused during the year	(167)	(39)	(206)
Increase in allowance recognised in operating expenses	246	353	599
As at 31st March 2014	246	744	990

15. Trade and other receivables (continued)

15.4 Ageing of impaired receivables

	31st March 2014 £000	31st March 2013 £000
0 - 30 days	25	167
30- 60 days	0	0
60- 90 days	45	9
90- 180 days	83	9
Over 180 days	837	412
	990	597

16. Cash and cash equivalents

	31st March 2014 £000	31st March 2013 £000
Balance at beginning of the year	27,358	19,641
Transfers by absorption	0	(453)
Net change in the year	(2,066)	8,170
Balance at 31st March	25,292	27,358
Made up of:		
Cash with Government Banking Service	25,184	27,238
Cash in transit and in hand	108	120
	25,292	27,358

17. Trade and other payables

	31st March 2014 £000	31st March 2013 £000
NHS payables	2,750	4,074
Amounts due to other related parties	4,549	2,963
Non-NHS trade payables - revenue	16,507	10,712
Non-NHS trade payables - capital	3,020	1,900
Accruals	4,690	7,992
Subtotal	31,516	27,641
Tax & social security costs	4,292	4,439
Trade and other payables - current	35,808	32,080

18. Other liabilities

	31st March 2014 £000	31st March 2013 £000
Deferred income	5,060	5,673
Other liabilities - current	5,060	5,673

19. Borrowings

19.1 Borrowings

	31st March 2014 £000	31st March 2013 £000
Loans from Foundation Trust Financing Facility	3,172	2,762
Borrowings - current	3,172	2,762
Loans from Foundation Trust Financing Facility	40,430	37,568
Borrowings - non-current	40,430	37,568
Total borrowings	43,602	40,330

Loan 1: £25m expiring on 30th March 2034 and attracts interest at a fixed rate of 3.7%. The NHS Foundation Trust is committed to repaying 2.17% of the balance in each September and March with effect from 30th September 2011.

Loan 2: £5.6m expiring on 30th March 2016 and attracts interest at a fixed rate of 1.45%. The NHS Foundation Trust is committed to repaying 12.5% of the balance in each September and March with effect from 30th September 2012.

Loan 3: £16.5m expiring on 18th June 2037 and attracts interest at a fixed rate of 2.06%. The NHS Foundation Trust is committed to repaying 2.08% of the balance in each September and March with effect from 18th December 2013.

Loan 4: £9.25m expiring on 18th September 2021 and attracts interest at a fixed rate of 1.42%. The NHS Foundation Trust is committed to repaying 7.69% of the balance in each September and March with effect from 18th September 2015. At 31st March 2014 the NHS Foundation Trust had drawn down £2.9m against this loan.

19.2 Prudential borrowing limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. NHS Foundation Trust compliance with the code is no longer required.

20. Provisions

20.1 Provisions analysis

	31st March 2014 £000	31st March 2013 £000
Pensions relating to other staff	17	17
Permanent Injury Benefit	76	71
Other legal claims	158	162
Other	4,852	5,162
Provisions - current	5,103	5,412
Pensions relating to other staff	142	140
Permanent Injury Benefit	1,232	1,093
Other	550	0
Provisions - non-current	1,924	1,233
TOTAL	7,027	6,645

20.2 Provisions in year movement and timing of cash flows

	Pensions relating to other staff £000	Permanent Injury Benefit £000	Other Legal Claims £000	Other £000	Total £000
At 1st April 2013	157	1,164	162	5,162	6,645
Change in discount rate	4	68	0	0	72
Arising during the year	11	122	117	4,132	4,382
Utilised during the year	(17)	(75)	(121)	0	(213)
Reversed unused	0	0	0	(3,892)	(3,892)
Unwinding of discount	4	29	0	0	33
At 31st March 2014	159	1,308	158	5,402	7,027
Expected timing of cash flows:					
Within one year	17	76	158	4,852	5,103
Between one year and five years	66	290	0	550	906
After five years	76	942	0	0	1,018
Total	159	1,308	158	5,402	7,027

The provisions for pensions relating to other staff and permanent injury benefit are stated at the present value of future amounts estimated as payable using life expectancy tables provided by the Office of National Statistics. Payments are made on a quarterly basis to the NHS Pension Scheme and NHS Injury Benefit Scheme respectively.

Other legal claims represent an estimate of the amounts payable by the NHS Foundation Trust in relation to the excess on claims for clinical negligence and injury to third parties. In return for an annual contribution from the NHS Foundation Trust to the NHS Litigation Authority, the claims are settled by the NHSLA on the NHS Foundation Trust's behalf and excess amounts charged to the NHS Foundation Trust at that point. £58,337,293 is included in the provisions of the NHSLA at 31 March 2014 in respect of clinical negligence liabilities of the NHS Foundation Trust (2012/13: £52,994,659).

The other category consists of provisions for the following:

- 1) Potential return of £4.7m non-recurrent funding conditional on completion of development initiatives in 2014/15.
- 2) Lease property dilapidation costs £0.15m
- 3) Additional contract costs relating to the Victoria Hospital Commercial Centre, £0.55m

21. Private Finance Initiative Transactions

PFI scheme deemed on-Statement of Financial Position

During 2012/13 the NHS Foundation Trust terminated the PFI Partnership Agreement for the provision of healthcare services to the public at Wesham, Rossall and Bispham. The contract was due to run for 27 years from April 2001.

The termination of the contract has resulted in the NHS Foundation Trust acquiring the rights, title and interest in the assets which are recorded as held under freehold ownership at 31st March 2013. The NHS Foundation Trust has also brought in-house the facility management services previously provided by the contractor.

The financial impact of the termination agreement, which took effect on 24 August 2012 was that the liability of £7.722 million with the contractor was extinguished and a finance charge arising from the early termination of £0.794 million was recognised.

During the year the following PFI financing payments have been made to the contractor:

	31st March 2014 £000	31st March 2013 £000
Repayment of borrowings	0	7,722
Finance expense - Interest	0	303
Finance expense - Contingent rent	0	168
Finance expense - Termination charge	0	794
	0	8,987

The NHS Foundation Trust has made no service payments (2012/13: £0.5 million) for facility management during the year.

22. Contingencies

Contingent liabilities	31st March 2014 £000	31st March 2013 £000
Employer and Occupier Liability	82	77

This is the maximum potential liability for Staff and Occupiers Liability, which represents the difference between the balance provided and the excess due to the NHS Litigation Authority (NHSLA) scheme of which the NHS Foundation Trust is a member. This estimate is based on an assessment of the outcome of each case and as such may vary up to the point of settlement or withdrawal. Costs are charged to the NHS Foundation Trust up to the value of the excess by the NHSLA as they are incurred.

The NHS Foundation Trust has no contingent assets.

23. Financial Instruments

The NHS Foundation Trust does not have any listed capital instruments and is not a financial institution. Due to the nature of the NHS Foundation Trust's current financial assets/liabilities and non current financial liabilities, book value equates to fair value.

All financial assets and liabilities are held in sterling.

The NHS Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Foundation Trust's standing financial instructions and policies agreed by the board of directors. NHS Foundation Trust treasury activity is subject to review by the NHS Foundation Trust's internal auditors.

Credit Risk

The bulk of the NHS Foundation Trust's commissioners are part of the NHS, which minimises the credit risk from these customers. Non-NHS customers do not represent a large proportion of income and the majority of these relate to bodies which are considered low risk - e.g. universities, local councils, insurance companies, etc.

Liquidity Risk

The NHS Foundation Trust's net operating costs are incurred under service agreements with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The NHS Foundation Trust largely finances capital expenditure through internally generated funds and from loans.

Market Risk

All of the NHS Foundation Trust's financial liabilities carry nil or fixed rate of interest. In addition the only element of the NHS Foundation Trust's financial assets that is currently subject to variable rate is cash held in the NHS Foundation Trust's main bank account and therefore the NHS Foundation Trust is not exposed to significant interest rate risk.

23.1 Financial Assets by category	31st March 2014	31st March 2013
	Loans and Receivables £000	Loans and Receivables £000
NHS Trade and other receivables	5,153	4,917
Non-NHS Trade and other receivables	3,568	3,303
Cash and cash equivalents	25,292	27,358
Total Financial Assets	34,013	35,578

23.2 Other Financial Liabilities by category	31st March 2014	31st March 2013
	£000	£000
NHS Trade and other payables	(2,965)	(4,074)
Non-NHS Trade and other payables	(28,551)	(23,567)
Subtotal - Trade and other payables	(31,516)	(27,641)
Other borrowings	(43,602)	(40,330)
Subtotal - Borrowings	(43,602)	(40,330)
Total Financial Liabilities at amortised cost	(75,118)	(67,971)

The NHS Foundation Trust has four loans with the Foundation Trust Financing Facility categorised within financial liabilities. The carrying value of the liability is considered to approximate to fair value as the arrangement is of a fixed interest rate and equal instalment repayment feature and the interest rate is not materially different to the discount rate.

24. Third party assets

The NHS Foundation Trust held the following cash and cash equivalents on behalf of third parties which have been excluded from cash and cash equivalents in the NHS Foundation Trust's statement of financial position:

	31st March 2014 £000	31st March 2013 £000
Patients' monies	18	5
Blackpool Teaching Hospitals Charitable Fund	2,116	1,580
	2,134	1,585

25. Losses and special payments

	2013/14		2012/13	
	Number	£'000	Number	£'000
Losses:				
Cash losses	0	0	14	31
Bad debts and claims abandoned	0	0	4	46
Total losses	0	0	18	77
Special payments:				
Extra-contractual payments	0	0	1	30
Ex-gratia payments	59	29	58	73
Special severance payments	1	20	0	0
Total special payments	60	49	59	103
Total Losses and Special Payments	60	49	77	180

Losses and special payments are reported on an accruals basis but do not include provisions for future losses.

26. Related party transactions

Ultimate parent

The NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. Monitor, the Regulator of NHS Foundation Trusts has the power to control the NHS Foundation Trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the NHS Foundation Trust's parent. Monitor does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts. The NHS Foundation Trust Consolidated Accounts are then included within the Whole of Government Accounts. Monitor is accountable to the Secretary of State for Health. The NHS Foundation Trust's ultimate parent is therefore HM Government.

26. Related party transactions continued

Whole of Government Accounts Bodies

All government bodies which fall within the whole of government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes, for example, all NHS bodies, all local authorities and central government bodies.

During the year the FT has had a significant number of transactions with the other NHS bodies. The entities with which the highest value of transactions occurred are listed below:

	Income		Receivables	
	2013/14	2012/13	31st March 2014	31st March 2013
	£'000	£'000	£'000	£'000
Blackpool CCG	123,550	0	969	0
Blackpool PCT	0	130,846	0	1,349
Central Lancashire PCT	0	4,147	0	68
Cumbria CCG	2,188	0	0	0
Cumbria PCT	0	1,781	0	250
East Lancashire Teaching PCT	0	1,294	0	224
Fylde & Wyre CCG	99,475	0	161	0
Greater Preston CCG	5,235	0	56	0
Health Education England	8,062	0	86	0
Lancashire Care NHSFT	943	1,384	122	110
Lancashire North CCG	15,393	0	0	0
Lancashire Teaching Hospitals NHSFT	2,195	1,823	446	821
NHS England	81,871	0	2,624	0
North Lancashire PCT	0	145,229	0	1,258
North West SHA	0	10,119	0	0
University Hospitals of South Manchester NHSFT	2,256	1,821	10	25
Western Cheshire PCT	0	43,798	0	10
	341,168	342,242	4,474	4,115

Most income from CCG's (2012/13: PCTs) is in respect of services provided under healthcare contracts and priced using national prices (Payment by Results).

	Expenditure		Payables	
	2013/14	2012/13	31st March 2014	31st March 2013
	£'000	£'000	£'000	£'000
Blackpool PCT	0	3,508	0	544
Lancashire Teaching Hospitals NHS Foundation Trust	800	1,373	474	434
National Blood Authority	2,729	2,832	42	71
NHS Litigation Authority	5,307	4,014	0	0
NHS Property Services	5,725	0	1,395	0
North Lancashire PCT	0	2,948	0	1,645
Pennine Acute Hospitals NHS Trust	0	43	615	503
University Hospitals of South Manchester NHS Foundation Trust	1,537	41	12	8
	16,098	14,759	2,538	3,205

None of the receivable or payable balances are secured. Amounts are generally due within 30 days and will be settled in cash.

In addition to the amounts above, provisions in respect of the excess on legal claims have been recognised and, if due, are payable to the NHS Litigation Authority. These are disclosed and explained in note 20.

26. Related party transactions (continued)

Non Whole of Government Accounts Bodies

Some of the Governors of the NHS Foundation Trust hold positions at Universities or with Spiral Health CIC. The NHS Foundation Trust has had transactions with these bodies as set out below:

	Income		Receivables	
	2013/14	2012/13	31st March 2014	31st March 2013
	£'000	£'000	£'000	£'000
University of Central Lancashire	173	234	13	7
University of Cumbria	147	105	0	28
Spiral CIC	1,270	1,334	306	634
	1,590	1,673	319	669

	Expenditure		Payables	
	2013/14	2012/13	31st March 2014	31st March 2013
	£'000	£'000	£'000	£'000
Age UK	29	0	5	0
University of Central Lancashire	297	397	0	191
University of Cumbria	3	14	1	2
Spiral CIC	3,629	2,964	0	0
	3,958	3,375	6	193

Key management personnel

Key management includes directors, both executive and non-executive. The compensation paid or payable in aggregate to key management for employment services is shown below:

	Aggregate		Highest paid director	
	Year ended 31st March 2014	Year ended 31st March 2013	Year ended 31st March 2014	Year ended 31st March 2013
	£000	£000	£000	£000
Salaries and other short term benefits	1,083	1,183	219	268
Exit package	92	0	0	0
Pension contributions:				
Employer contributions to the NHS Pension Scheme	132	141	25	24
Accrued pension under NHS Pension Scheme	350	349	81	78
Accrued lump sum under NHS Pension Scheme	1027	1020	243	234
			Number	Number
Number of directors to whom benefits are accruing under the NHS Pension Scheme			10	10

During the year reported in these accounts, none of the Board Members, Governors or key management staff have undertaken any material transactions with Blackpool Teaching Hospitals NHS Foundation Trust.

None of the key management personnel received an advance from the NHS Foundation Trust. The NHS Foundation Trust has not entered into guarantees of any kind on behalf of key management personnel. There were no amounts owing to Key Management Personnel at the beginning or end of the financial year.

26. Related party transactions (continued)

Blackpool Teaching Hospitals Charitable Fund

The NHS Foundation Trust has also received revenue and capital payments from Blackpool Teaching Hospitals Charitable Fund and related charities (formerly Blackpool, Fylde and Wyre Hospitals Charitable Fund). The Charity is registered with the Charity Commissioners (Registered Charity 1051570) and has its own Trustees drawn from the NHS Foundation Trust Board.

Transactions with the fund are as follows:

	2013/14	2012/13
	£'000	£'000
Donations received from the charitable fund, recognised as income	115	691
Amounts receivable from the fund as at 31st March	348	105

The amount receivable at 31st March is not secured and is not subject to particular terms and conditions.

NHS Pension Scheme

The NHS Pension Scheme is a related party to the Foundation Trust.

Transactions with the NHS Pension Scheme comprise the employer contributions disclosed in note 6.1. At 31st March 2014 the Trust owed £2.972 million (31 March 2013: £2.752 million) relating to employees and employer contributions to the scheme. Additionally, the Trust has recognised provisions in respect of reimbursements to the NHS Pension Scheme for early retirement costs. These are explained in note 20.

27. Events after the reporting period

There are no events after the reporting period.

Notice of the Trust's Members and Annual Public Meeting

The Annual Members and Public Meeting of the Blackpool Teaching Hospitals NHS Foundation Trust will be held on Monday, 22nd September 2014 at 6.00 pm.

Further copies of the Annual Report and Accounts for the period 1st April 2013 to 31st March 2014 can be obtained by writing to:

Miss J A Oates

Foundation Trust Secretary

Blackpool Teaching Hospitals NHS Foundation Trust
Trust Headquarters
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
FY3 8NR

Alternatively the document can be downloaded from our website www.bfwhospitals.nhs.uk

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

Mr Gary Doherty

Chief Executive

Blackpool Teaching Hospitals NHS Foundation Trust
Trust Headquarters
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
FY3 8NR

Blackpool Teaching Hospitals 
NHS Foundation Trust

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