



Together we care

Blackpool Teaching Hospitals **NHS**
NHS Foundation Trust

Annual Report and Accounts 2014/15



People Centred

Positive

Compassion

Excellence

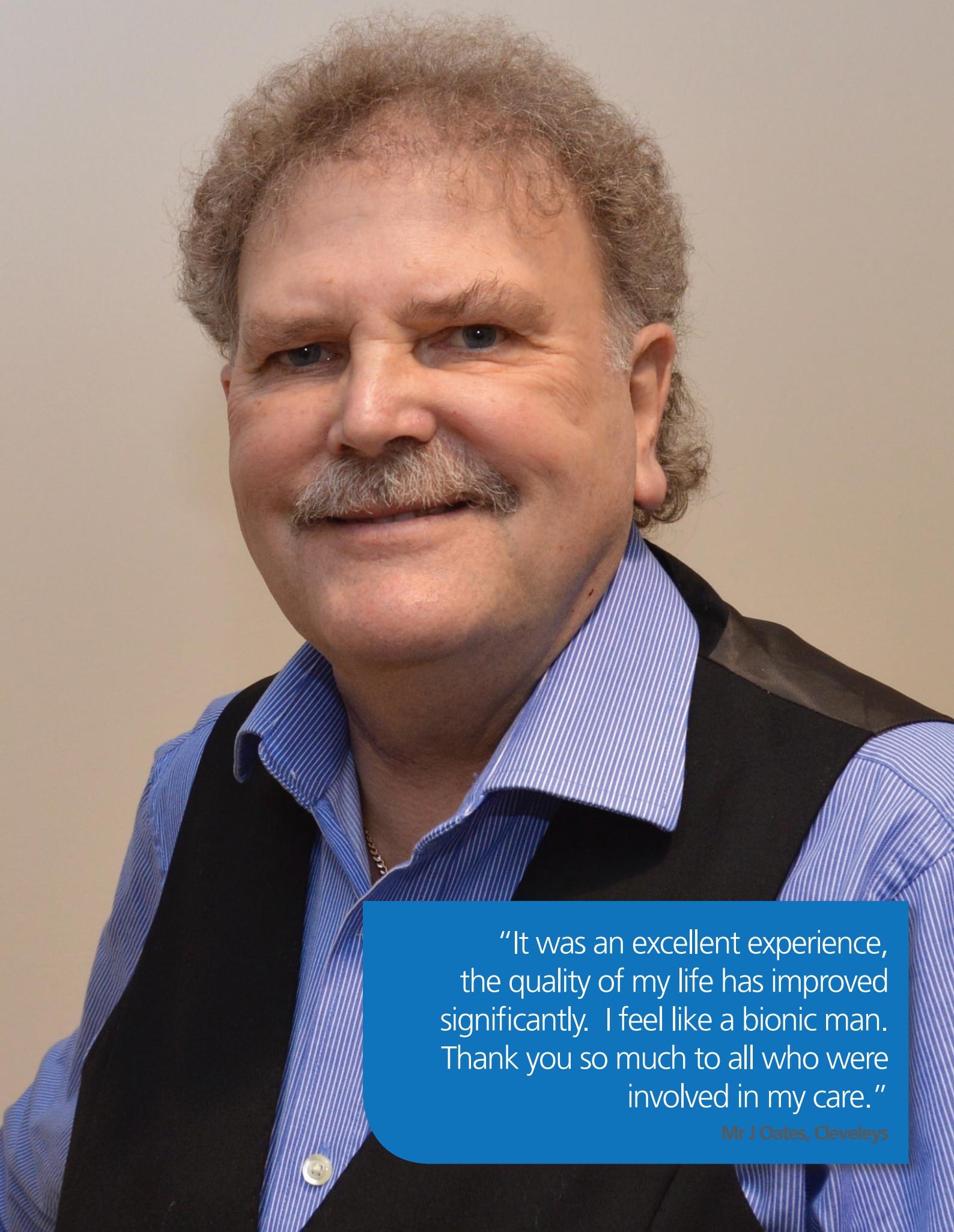
Annual Report

and Accounts 2014/15

**Presented to Parliament pursuant to Schedule 7,
paragraph 25 (4) (a) of the National Health Service Act 2006**

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“It was an excellent experience, the quality of my life has improved significantly. I feel like a bionic man. Thank you so much to all who were involved in my care.”

Mr J Oates, Cleveleys

Chairman's and Chief Executive's Statement

The year 2014/15 has been another challenging but successful period for the Trust.

Quality of care and patient safety have remained our key priorities and we have continued to make positive strides in these areas. We have continued to develop new clinical pathways, which has helped us make improvements to the Trust's mortality figures and we have also continued to expand our Better Care Now programme which looks at reducing waits and aims to make sure we have the right clinical staff in the right clinical areas at the right time.

The reduction of infection rates remain a priority and we have seen significantly fewer incidents of Clostridium difficile (C-diff) over the last six years and 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 remains a priority and we are pleased that patients have highlighted back to us that we have made improvements 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. The Trust was named as one of the CHKS 40 Top Hospitals for 2014. The award is presented to the 40 top-performing CHKS client trusts and the rankings are based on 22 key measures of quality, including clinical effectiveness, patient experience and quality of care.

The Trust was also recognised as one of the top healthcare organisations in the country to work for after being named in the Health Service Journal's Best Places to Work list, which is compiled in partnership with NHS Employers and features the top 100 NHS workplaces across all acute, community, mental health and primary care

sectors. We want to attract the most talented workforce, so we are committed to providing an environment that is welcoming and fosters innovation and creativity and this award is testament to that and is something that all staff should celebrate. This year's Staff Survey produced some extremely positive figures. The survey had 29 key measures which covered a range of topics with us scoring in the best 20% of Trusts for eight of the 29, seven in the better than average and 10 in average.

We have undertaken 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 offering more intravenous (IV) 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. The COMMIT (Community/Home IV therapy) service has continued to go from strength to strength over the past 12 months and has helped more than 200 patients receive treatment either in a primary care centre based clinic or in their own homes, saving more than 2,900 bed days for the hospital.

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 service identifies appropriate transitional care services, mobilises resources in the right places at the right time and reduces over-reliance on care homes and hospitals.

The Trust has piloted a scheme where a dedicated team now works with more than 40 care homes across Blackpool. The scheme focuses on proactive care planning for residents at risk of admission,

training and development for care home staff and works with care homes to reduce avoidable admissions.

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.

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 we would encourage you to read about the numerous initiatives and measures that are in place to improve quality and reduce avoidable harm.

The Trust has undergone a major investment programme with the official opening of our new main entrance, multi-storey car park, Fylde Coast Birthing Centre and the new Blenheim Child Development Centre at Whitegate Drive.

We are now seeing the benefits of these new facilities which have helped provide a far better environment for our patients. The main entrance development was officially opened by Parliamentary Under Secretary of State for Health, Dr Dan Poulter MP, who praised the Trust for its investment which he said supported frontline staff and improved patient experience.

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.

One model we are particularly focusing on this year is 'Extensive Care' which we will be trialling in two areas of the Fylde coast during 2015/16 with our partners. This model is specially designed around patients with complex health and social needs which result in them frequently using our healthcare services.

Currently, the healthcare needs of this group of patients are met in a fragmented way, which means that they are repeatedly admitted to hospital when this is not always where they wish to receive care and is not always the most appropriate

place for us to care for them. In the future, care will be provided out of hospital wherever possible. Care will be overseen by a Consultant or GP, who will review each patient and discuss their needs with the patient's own GP. Following this, a care plan will be created that is tailored to suit their individual needs. The care plan will include goals for the patient, so that they can work towards improving their own health and well-being where possible.

The Consultant or GP will be supported by a team of health and social care professionals, including nurses, therapists, and pharmacists, who will have holistic responsibility for a patient's care – this includes overseeing care provision if the patient does require treatment in a hospital setting. Each team will be responsible for coordinating disease specific care programmes and general intervention programmes (from existing service provision such as community heart failure services or End of Life care), with care taking place at locations that are matched to the needs to the individual and cohort of patients (e.g. domiciliary visits, primary care centres, care homes).

The local health economy has been selected as an Integrated Care Pioneer by NHS England, in recognition of our work to provide better integrated care in community settings and we look forward to developing this work. We have also been selected as one of the New Models of Care Vanguard sites, working with NHS England to take forward the new care models in the NHS Five Year Forward View.

We aim to be responsive to patients' needs and will continue to listen to patients, staff, stakeholders, partners and Foundation Trust members as their views are extremely important to us. We are pleased that Governors and other local stakeholders have played a key 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.

During the year there have been changes to the Board of Directors with Dr Malcolm McIlmurray, a retired former NHS senior doctor, appointed as a Non Executive Director.

We would like to thank our dedicated team of

volunteers who give up their time to support us and everyone who has helped raise funds for the Trust charity, Blue Skies Hospitals Fund. All support really is gratefully received and goes towards the provision of better care for our patients.

While much has been achieved again this year we know that there are always improvements we can make in order to deliver the best possible care for our patients but we know that with the dedication of our staff and the continued support of our Governors, members and volunteers we can look forward to more great things in 2015/16.



SIGNED:

A handwritten signature of Ian Johnson.

Ian Johnson
CHAIRMAN

DATE: 28th May 2015



SIGNED:

A handwritten signature of Gary Doherty.

Gary Doherty
CHIEF EXECUTIVE

DATE: 28th May 2015



“This service has been made a remarkable difference to my husband and to me. It is wonderful to know that the service is there whenever we need it. It's reassuring to feel that we are safe.”

Mrs K Cheetham, Thornton

Strategic Report

The Board of Directors are responsible for the preparation of this Annual Report and Accounts to provide a fair, balanced and understandable analysis of the Trust, providing the information necessary for patients, regulators and stakeholders to assess Blackpool Teaching Hospitals NHS FT's performance, business model and strategy. This includes the Strategic Report which identifies the strategy moving forward as well as a review of last year's progress.

After making enquiries, the Directors therefore have a reasonable expectation that Blackpool

Teaching Hospitals NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust is adopting the going concern basis in the preparation of the accounts.

The accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

This Strategic Report was approved by the Board of Directors on 20th May 2015.

SIGNED:



Gary Doherty
CHIEF EXECUTIVE

DATE: 28th May 2015



About our Trust

Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust was established on 1st December 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 the former NHS Blackpool and NHS North Lancashire.

The Trust is situated on the west coast of Lancashire, and operates within a regional health economy catchment area that spans Lancashire and South Cumbria, supporting a population of 1.6 million. The Trust is a provider of specialist tertiary care for Cardiac and Haematology services across this region. The Trust does not operate outside of the United Kingdom.

The Trust provides a range of acute services to the 340,000 population of the Fylde Coast health economy and the estimated 11-million visitors to the seaside town of Blackpool. Since 1st April

2012, the Trust also provides a wide range of community health services to the 500,000 residents of Blackpool, Fylde, Wyre and North Lancashire.

The Trust also hosts the National Artificial Eye Service, which provides services across England.

During 2014/15 the Trust has provided services from the following main sites:

- Blackpool Victoria Hospital.
- Clifton Hospital.
- Fleetwood Hospital.
- Rossall Rehabilitation Unit.
- Bispham Rehabilitation.
- Blenheim House Child Development Centre (closed in July 2014 – services transferred to Walk In Centre, Whitegate Drive).
- National Artificial Eye Service.

Nurse Led Therapy Services at Bispham and Rossall are provided by Spiral Health Community Interest Company (<http://www.spiralhealthcic.co.uk/>).

The Trust also provides services across the Blackpool, Fylde & Wyre, and North Lancashire communities from a multitude of locations. A number of these locations are provided by NHS Property Services Ltd (<http://www.property.nhs.uk/>). School nursing teams provide services 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).
- NHS Cheshire, Warrington and Wirral Area Team (for specialist services).
- Blackpool Council – Public Health.
- Lancashire County Council – Public Health.
- NHS England.

Our Vision & Values

The Trust's mission is "together we care", which encompasses the vision for 2020 of improving 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. Care will be safe, high quality and managed within available resources, provided in the most appropriate environment and to agreed clinical pathways. The Trust's highly skilled and motivated workforce will be patient-centred, caring and compassionate, living the Trust's values every day.

A set of core values has recently been launched, which were derived from a series of 'Big Conversation' engagement events involving representation from all groups of staff, and describe the way in which all Trust employees will approach their day-to-day lives whether actively



Blackpool Teaching Hospitals **NHS**
NHS Foundation Trust

Our Values

People Centred

Serving people is the focus of everything we do



The Trust Person is...

- Always patient focused
- Always a team player
- Always honest
- Always striving to communicate effectively

The Trust Manager is...

- Always equally patient and staff focused
- Always supporting effective teamwork
- Always honest
- Always striving to communicate widely and effectively

Compassion

Always demonstrating we care



The Trust Person is...

- Always showing empathy
- Always seeking to understand how others are feeling

The Trust Manager is...

- Always showing empathy for patients and staff
- Always seeking to understand how others are feeling

Positive

Having a can do response whatever the situation



The Trust Person is...

- Always staying positive to reassure patients
- Always reflecting about the impact of their own attitude and behaviours upon the service

The Trust Manager is...

- Always staying positive to reassure staff and patients
- Always reflecting about the impact of their own attitude and behaviours upon the service and staff

Excellence

Continually striving to provide the best care possible



The Trust Person is...

- Always striving to do their best for patients and colleagues
- Always appreciating the efforts of others
- Always taking responsibility for their actions
- Always seeking out opportunities for improvements

The Trust Manager is...

- Always striving to do their best for patients and staff
- Always appreciating the efforts of others
- Always taking responsibility for their actions
- Always seeking out opportunities for improvements

The Trust Way "Creating a Great and Safe Place to Work"

providing care or treatment; communicating with patients, carers and families; or when working with colleagues as part of a team:

- People-centred – serving people is the focus of everything we do.
- Excellence – continually striving to provide the best care possible.
- Compassion – always demonstrating we care.
- Positive – having a 'can do' response whatever the situation.



About our Services

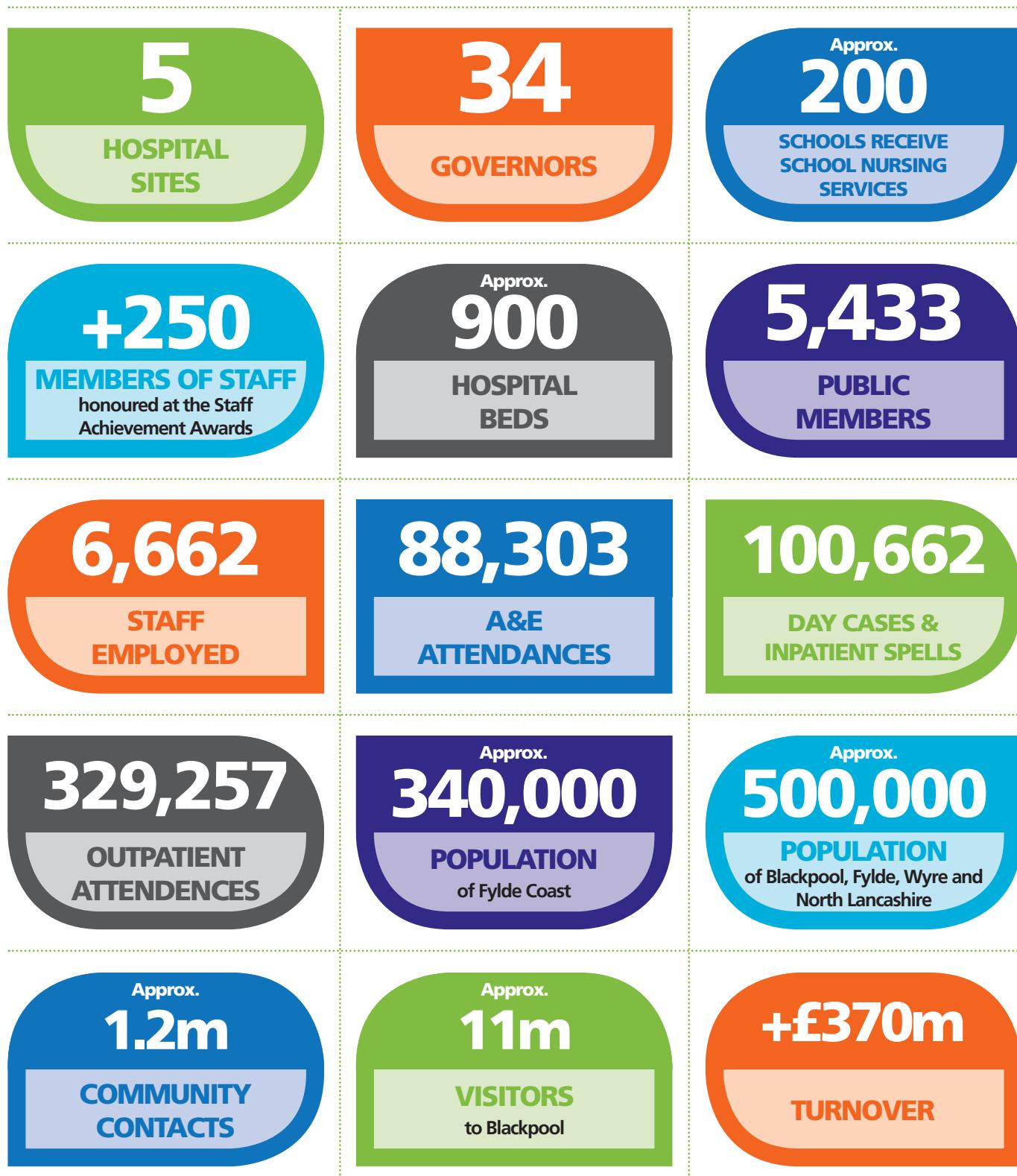
As well as providing the full range of district hospital services and community health services, such as adult and children's services, health visiting, community nursing, sexual health services and family planning, stop smoking services and palliative care, the Trust provides tertiary cardiac and haematology services to a 1.6 million 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 has provided a wide range of community services to residents in Blackpool, Fylde, Wyre and North Lancashire. We employ 6,662 staff (headcount), had a turnover in excess of £370m in 2014/15 and have a total of approximately 900 beds.

Between 1st April 2014 and 31st March 2015 we treated approximately 100,662 day cases and inpatients (elective and non-elective), 329,257 outpatients and had 83,303 A&E attendances. The total number of community contacts were 1,228,494.

Clinicians from Lancashire Teaching Hospitals NHS Foundation Trust provide onsite services for renal, neurology and oncology services. We utilise assets to the value of £189m to support our services.

Blackpool Teaching Hospitals NHS Foundation Trust in Numbers



Strategy

The Trust created its strategic plan in early 2014/15, following a number of engagement sessions with the Board of Directors, Council of Governors and senior divisional leadership teams.

Drawing on its strengths and available opportunities, the overarching principles on which the strategic plans are based are:

- To maximise the opportunities available regarding the design and implementation of new models of care through being a provider of both acute and community services.
- To move away from a hospital-centric, reactive and episodic approach to care provision, and instead focus on a community-centric, proactive, continuous approach, which will minimise the demand for true urgent and emergency care services.

This approach is aligned across the local health economy, with shared needs and ambitions to introduce innovative and integrated models of care that address the needs of patients with the most complex health and social care issues, and who are the most intense users of resources within the local healthcare system.

To ensure delivery of the shared vision, the Trust has five strategic objectives:

- 1) To provide a holistic model of care, with treatment undertaken in community settings wherever possible.
- 2) To prevent unnecessary emergency admissions to hospital through delivery of new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients.
- 3) To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes.
- 4) To be financially viable, managing services within available resources, allowing us to invest in our future.
- 5) To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services.

These key objectives are driven by local and national priorities and are promoted internally so that all staff are aware of the Trust's focus for the future. Managers and leaders across the Trust are asked to use these key objectives when setting annual objectives for individuals and teams.

Five Year Strategic Plan

Blackpool Teaching Hospitals NHS Foundation Trust, along with the wider NHS, is facing significant challenges in the years ahead – an ageing population; increasing numbers of people living with complex, long-term health and social care needs; rising expectations about quality of life and the range of services that are provided; and increasing costs of providing care for our patients.

The Trust's aim is to embrace these challenges, seeing them as a real opportunity to reshape the way in which healthcare services are provided to our patients, with care and treatments that are better designed to meet the needs of individuals and their families.

We understand that the majority of patients do not wish to be admitted to hospital unless it is really necessary. We also understand that sometimes treatment isn't joined up well enough across different aspects of care. As a provider of both acute and community services, our future plans aim to provide an holistic model of care that will support the most needy and frail patients closer to their home wherever possible. We will ensure that care for these patients who have multiple, complex health and social care needs is better coordinated.

When patients do need to be admitted to hospital, we recognise that they want timely access to treatment and that patients and their carers want to understand and be involved in decisions about their care, from the investigations to treatment, recovery and rehabilitation. We need to provide safe, high quality care that has good outcomes and means that patients don't stay in hospital any longer than is really needed.

Having reviewed these challenges, the Trust has developed its Five Year Strategic Plan across three key areas:

- Community-based care.
- In-hospital care.
- Lancashire partnerships.

Strategy for 2020 – Integrated care services that are safe, effective and caring

Vision:

- To improve 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
- Our care will be safe, high quality and managed within available resources, provided in the most appropriate environment and to agreed pathways of care
- Our highly skilled and motivated workforce will be patient-centred, caring and compassionate, living our values every day

Values:

- People-centred - serving people is the focus of everything we do
- Excellence - continually striving to provide the best care possible
- Compassion - always demonstrating we care
- Positive - having a can do response whatever the situation

Quality goals

- All patients and carers involved in decisions about their care
- Zero inappropriate admissions
- Zero harms
- Zero delays
- Compliance with standard pathways

Strategic Objectives

- To provide an holistic model of care, with treatment undertaken in community settings wherever possible
- To prevent unnecessary emergency admissions to hospital through delivery of new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients
- To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes
- To be financially viable, managing services within available resources, allowing us to invest in our future.
- To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services

7-day services where required Electronic patient records and sharing of information	 Community-centred care	 In-hospital care	 Lancashire partnerships
 Urgent and emergency care Minimise the demand for true urgent and emergency care services by predicting demand and planning the care that is required	Enhanced integration of community and acute services - attendance at A&E and/or admission to an inpatient ward is only when necessary Urgent Care Centres / Minor Injury Units in the North, Central and South of the region that will accept self-presentation and ambulance arrivals Local protocols / pathways to support patients in choosing where to attend	Attendances at the acute hospital streamed into true "accident or emergency" / minor injury / requires longer assessment Use of a Clinical Decision Unit to allow rapid assessment by experienced, multispecialty clinicians	Major trauma to be treated at a specialist centre based at Lancashire Teaching Hospitals NHS Foundation Trust Partnership working for provision of stroke services
 Frail elderly and long term conditions A holistic health and social care system providing coordinated care for the most needy and frail patients Continuous, proactive management in place of reactive, episodic care	Enhanced Primary Care – patients managed by a GP-led multi-disciplinary team Extensivist services – elderly patients and/or those with multiple LTCs, managed by a generalist-led multidisciplinary team Step-up / down beds in the community Use of telehealth to enable remote monitoring and increase self care	Standardised care pathways across the treatment, recovery and rehabilitation stages Elderly patients to be managed in a dedicated frail elderly unit, with a named clinician responsible for their care Centralised rehabilitation services	Improved integration of health, social and voluntary sector providers to support care models such as End of Life and mental health
 Planned care Standardised care pathways across treatment, recovery and rehabilitation stages	Ambulatory care centres providing treatment regimes and minor surgical procedures Referral criteria for all procedures, with 'readiness for surgery' to be managed in primary / community care including 'prehabilitation' to support timely discharge from acute care 'One-stop' outpatient services integrated with pre-admission	Efficient use of resources in operating theatres and diagnostic services Centralised rehabilitation services	Provision of tertiary care services Federation of services across providers in Lancashire, with decisions based on quality of care and cost effectiveness. Partnership working for provision of vascular services
 Children and families Full integration to provide holistic services around the patient with harmonised pathways across the region	Multi-disciplinary teams supporting child development and families with complex needs Participation in the Head Start and Better Start Projects, supporting children, adolescents and families from deprived areas with physical and mental health and well-being	Increased use of midwifery-led services for birthing Development of a complex pregnancy suite to support women with mental health issues and their families	Partnership working with local authorities and the voluntary sector to support services such as safeguarding and school nursing



Service Profile

Adult and Long Term Conditions		
Community Nursing & Rehabilitation (across three localities:- Blackpool, Fylde & Wyre and Lancashire North);		Specialist Services; Community Dental Service Sexual Health Services:- – Genitourinary medicine (GUM) – Human Immunodeficiency Virus (HIV) – Contraceptive Service – Chlamydia Screening – Psychosexual Counselling Stop Smoking Service Hospital Public Health Team
District Nursing Community Matrons Occupational Therapy & Physiotherapy Rehabilitation Teams Rapid Response & Rapid Response Plus Community Intravenous Therapy Specialist Nurses (Parkinson's, Diabetes, Palliative Care, Heart Failure) Specialist Continence Nurses Hospital Discharge Team Care Home Team Pulmonary Rehabilitation		Mental Health & Learning Disabilities (Blackpool only); Child and Adolescent Mental Health Service (CAMHS) Single Point of Access Integrated Intermediate Mental Health Psychological Therapies Integrated Recovery Team Integrated Community Learning Disability Team
Therapies;		
Podiatry Podiatric Services Speech & Language Therapy Dietetics Hospital Occupational Therapy and Physiotherapy Community Brain Injury Rehabilitation Musculoskeletal Physiotherapy		
Unscheduled Care		
Emergency Acute Medicine End of Life Care Diabetes Endocrine Infectious Diseases	Respiratory Medicine Care of the Elderly Medicine Critical Care General Medicine Gastroenterology	Haematology Oncology Rheumatology Dermatology Stroke
Scheduled Care		
Cardiology Cardiothoracic Pain Management Urology	Colorectal Breast Ear, Nose and Throat (ENT) Maxillofacial	Ophthalmology Orthopaedics General Surgery
Clinical Services		
Pathology	Radiology	Pharmacy
Families		
Gynaecology Maternity Health Visiting School Nursing	Acute Paediatrics Community Paediatrics Safeguarding	Children's Therapy Services; Physiotherapy Occupational Therapy Speech and Language Dietetics



Our Workforce Strategy

Creating a Great and Safe Place to Work

You said you want → **To achieve this we will**

A clear strategic direction → Share our vision and involve you in our 2020 plan

Genuine staff engagement → Ensure you are engaged and involved in key changes and decisions

The right numbers of staff → Continue to focus on attracting, recruiting and retaining staff

Improved communication → Review how we communicate with you, engaging you in shaping how we improve

Good management and leadership → Develop our managers to genuinely engage, inspire and value your contribution

Key Work Streams



Our Workforce Strategy is a key document that brings together strategically all that we do to attract, develop, retain, support and reward our people to meet our strategic priorities. In order to meet the new challenges and opportunities ahead it is vital that we have the right people, in the right jobs with the right skills at the right time. We recognise the impact staff experience has on our patients experience and the delivery of high quality safe and effective care.

Our aim is to create a great and safe place to work and the best place to receive care by ensuring that our staff experience compassion, excellence and positivity and that we are putting people, patients and staff, at the centre of everything we do. Our strategy outlines how we aspire to achieve this aim.

The strategy represents the views of our staff and their representatives as solicited through engagement events, staff surveys and focus groups. The focus of our strategy is to develop our Trust to attract, retain and develop an integrated, responsive and flexible workforce that consistently delivers the best possible care for our patients. The delivery of our strategy will provide us with a workforce that is flexible, responsive, understands their role, is focused on delivering high quality services, that is innovative and has the patient at the heart of everything they do.

The strategy focuses on delivering our key objectives through the following five workstreams:

Workstream One – Attract, Recruit and Retain Our Workforce

Recruitment and retention of good staff remains a huge challenge to ensure we have the appropriate staffing levels to support quality and safe services to our patients. We also need to ensure the recruitment of quality staff who not only exhibit the key skills and experience to undertake their job roles effectively but also demonstrate the right attitudes and behaviours to deliver compassionate care.

Workstream Two – Effective Leadership, Engagement and Accountability

We have a clear sense of direction and purpose; leadership is crucial in defining, reinforcing and maintaining that direction. In order for this to happen, we must have the right people, with the right leadership and management skills to support achievement of the strategic goals and form part of its commitment to ensuring high quality care for all.

Workstream Three – Versatility of the Workforce – To Realign and Transform as Services Change

As a provider of NHS services, we are operating in an ever-changing environment, with health care services now being commissioned differently within the new NHS infrastructure. There is more emphasis on network collaborations for more specialised services. There is a drive to provide more services out of hospital and in our community. Urgent care continues to be a key priority so that patients that need our help urgently can access our services whether this is most appropriate in a GP surgery, Urgent Care Centre or in an Accident and Emergency Department.

Workstream Four - Embed the Values into the Way We Do All Things

The requirement for a fully engaged, competent and flexible workforce to meet the radical changes facing the NHS has never been more important. Staff engagement describes what happens when people think and act in a positive way about the work they do, the people they work with and the organisation that they work in. To achieve this, we have been steadily working towards transforming the culture of the organisation in terms of the way we involve and listen to our staff through the use of a variety of approaches such as staff engagement “conversations” and staff surveys.

Workstream Five - Caring for the Health and Wellbeing of Staff

The national vision is for the full breadth of NHS staff health and wellbeing needs to be met as part of an organisational and system wide approach to improving health in the workplace. We help maintain and improve the health of our staff at work for the benefit of the patients they treat and the organisation as a whole. Our approach is holistic and provides staff with an efficient and effective “wrap around” service that covers both physical and mental wellbeing. We must demonstrate strong leadership, engagement and visible support at Board level protecting and promoting the health of our staff.

Measuring Success

It is essential that we measure the success of our Workforce Strategy through providing evidence to ensure that our work is effective and adding value to the patient and staff experience.

We will measure the implementation of the strategy via the following approaches:

- Continuous monitoring of the achievement of the milestones highlighted in the milestone plan by the Workforce Directorate Board, the Workforce Committee and the relevant reporting working groups which all play a part in the delivery of the strategy.
- We will continue to benchmark ourselves using key quantitative workforce data and correlate this with operational, finance and quality data.
- Regularly review progress with our Joint Negotiating Consultative Committee (JNCC).
- Quarterly staff Friends & Family Test checks.
- Leadership Management Styles Questionnaire (LMSQ) analysis.

Structured Patient Safety Walkabouts continue on a regular basis in all clinical areas, giving front line staff the opportunity to discuss any safety issues or concerns directly with members of the Executive and Non Executive team, Governors and the Risk Management team. The walkabouts are also a way to pick up good practice and to share it with the rest of the organisation. Reports and action plans are produced following each visit, which are shared with staff and the Board, through our Quality Committee. Identified requirements for improvements to services, staffing, resources and the local environment are raised and considered through this process.

More information about our quality and safety improvement work can be found in the Quality Report at Annex A.

Quality

A top priority for the Trust and for each staff member is to put patient safety and quality at the heart of everything we do, providing quality, personal care to every patient, every time. This year we have continued to work with our clinical teams to devise and deliver a range of quality and safety improvement programmes to improve patient safety in our hospitals. These include the development of clinical pathways for high mortality conditions, revised and standardised medical and nursing documentation, falls focus weeks, standardisation of wound care treatments across the region and more recently the Trust has signed up to the National Sign Up To Safety (SUTS) Campaign. The Sign Up To Safety Campaign is a national campaign for patient safety across the NHS in England. The aim of the programme is to reduce avoidable harm by half and save 6,000 lives over the next three years, and to sustain the improvement over the following three years, whilst continuing the focus and drive on safety improvements. Further information can be found in the Quality and Safety of Patient Care Section of this report.

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.

Resilience and Sustainability

The Trust has undertaken an internal review of its position in relation to resilience and sustainability, assessing its performance against locally assumed definitions that are aligned with Monitor's descriptions.

Regarding resilience, the Trust has considered its performance during 2014/15 across a range of clinical, operational and financial indicators (e.g. Monitor Risk Assessment Framework, Care Quality Commission (CQC) Intelligent Monitoring Report, CQC inspection ratings, Continuity of Service (CoS) Rating) and assessed the key areas of risk identified in its Board Assurance Framework. Although 2015/16 will be a challenging year, particularly if the increases in non-elective activity continue, the Trust considers that it will be resilient during this period. The Trust has assessed what it thinks is a challenging but realistic savings target for the year and this equates to £20.6m of savings. The cost savings themes are structured around tactical, transformational and strategic change opportunities. Plans exist for a number of the schemes but a number remain outstanding and therefore subject to confirmation. The delivery of the Cost Improvement Programme will be facilitated by our established Project Management Office.

Regarding sustainability, the Trust has considered its performance during 2014/15, and identified key factors influencing this both within the Trust and across the wider local / regional health economy. These include the need to reduce the reliance on contingent labour, improved matching of capacity and demand for elective and non-elective services, improved integration and streamlining across the urgent / emergency care pathway, and an increased understanding of the financial position of each clinical service. Coupled with the need to make ongoing efficiencies, the Trust considers that in a 'base case' scenario, it would not be sustainable across the longer-term five year planning period, without significant changes to our plans.

Given this, along with the changes to the external environment that are likely to occur through the introduction of new models of care linked to the Five Year Forward View, the Board of Directors has identified the need to refresh the current strategic plan. The Trust has committed to the use of internal and external resources in the completion of a detailed strategic review, using the approach outlined in Monitor's *Strategy Development Toolkit*. This will be completed by the end of the year.

Further financial information is contained in the Financial Performance Review section of this report.

Integration

The Trust is working with a wide range of partner organisations across the Fylde Coast and Lancashire North regions in order to provide better integrated care services for its populations, as well as collaborating with partners across Lancashire to develop effective, efficient and sustainable services across the county.

Key areas of integrated working during 2014/15 included:

Better Start Programme

Blackpool Teaching Hospitals NHSFT, in partnership with Blackpool Council and the NSPCC, was successful in its bid to the Big Lottery to receive Better Start funding. Over 10 years the partnership will receive around £45m to develop services for 0-3 year olds. The programmes will focus on services

to improve communication skills, emotional health and well-being and nutrition. The aim of the programme is to increase the number of babies in Blackpool who are born healthy and to ensure children are ready for school.

The preparation for the bid required all the agencies to work together to demonstrate their commitment to partnership working to improve the care and outcomes for babies and young children. Since the announcement of the success in the summer the teams have continued to work together to recruit staff to key posts and to plan the implementation of schemes such as the expansion of the Family Nurse Partnership programme.



Head Start Programme

Head Start is a project funded by the Big Lottery to support partnership working for 10-14 year olds. Through investment and partnership working the Trust is working to improve young people's resilience by giving them support and skills to cope with adversity and to do well at school.

Blackpool Teaching Hospitals NHSFT is working with Blackpool Council and NSPCC to help young people cope with difficult circumstances, preventing them from experiencing common mental health problems before they become serious issues. Working with CAMHS and School Nursing Teams, the collaborative working wants to support young people, giving them the knowledge and skills to cope with periods of depression and anxiety.



Better Care Together

Over the last two years the health and social care community across the north and west Lancashire have been working together on the 'Better Care Together' programme for high quality services that are safe, affordable and fit for the future.

The main aim of the programme is to develop the new model of 'out of hospital' care, which centres on GP practices being the gateway for patients to access all care. Hospitals will wrap around this new model of care with emergency care and consultant led maternity units remaining as core essential services at either end of the patch. This will allow hospitals to focus on essential care they provide to drive up standards, reduce costs and lengths of hospital stay, and improve waiting times. The partner agencies involved in Better Care Together are:- University of Morecambe Bay Hospitals NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust, Cumbria Clinical Commissioning Group, North Lancashire Clinical Commissioning Group and Cumbria Partnership NHS Foundation Trust and Lancashire Care NHS Foundation Trust.

Development of Clinical Pathways (100 day pathways)

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. The introduction of these standardised clinical pathways helps ensure that patients receive appropriate, timely and evidence-based care. The 100 day pathway workstream focused on introducing standardised pathways across the health community for the top elective procedures that the Trust performs on a yearly basis. Consultants and Specialist Nurses from the Trust joined with GPs representing local Clinical Commissioning Groups, to design and launch over 40 patient pathways in areas such as general surgery, gynaecology, ear, nose and throat, ophthalmology, orthopaedics, urology and cardiac surgery. One of the workstreams that came from this was to focus on improving clinicians in the health communities compliance with interventions of limited clinical value (ILCVs). As part of this, a GP referral criteria was introduced into their clinical system (EMIS Web) that prompts them to ensure that they follow the correct criteria before referring a patient to the Trust.



Environmental Sustainability

We believe that as a healthcare organisation we should aspire to delivering care in a way that eliminates harmful environmental impacts and puts sustainability at the heart of the business model.

The Trust recognises the need to operate as a financially and socially responsible organisation, minimising its impact on the environment in order to deliver the highest quality healthcare to the communities we serve, now and into the future. This report has been prepared in line with guidance issued by the NHS Sustainable Development Unit and the Department of Health.

Carbon and Energy Management

As part of our carbon footprint and energy awareness campaign we are embracing the development changes in the use of LED lighting and one of our projects in 2015/16 will see us review all external lighting on our sites with a view to utilising a potential funding stream reduce the number of lights we have, improve lighting levels all in tandem with reducing our energy consumption.

Energy, utilities and transport compete for financial resources that are needed for improving our patient experience. Therefore, it is vital that we work hard to minimise energy use and lower our carbon emissions. The Trust's Carbon Management Plan outlines how we will reduce our current carbon emissions by at least 25% by 2020, in line with national targets set by the NHS Sustainable Development Unit. Our Carbon Management Plan supports the Trust's Environmental Policy which commits the Trust to promote responsible and efficient management of energy use and water.

Over the forthcoming years, the Trust will implement a programme of Energy Efficiency projects, utilising external funding sources where possible, to reduce demand across all sites, and ensure that all new build and refurbishments meet the above criteria. Further efficiency savings will be achieved through healthy transport strategies, improvement in waste management and through the sustainable procurement of Trust resources.

Waste

The Trust introduced a transformational change in the segregation of clinical and domestic waste, and ran a successful pilot at Clifton Hospital of a "bag



to bed" system for disposing of waste at ward and departmental level. This formed part of the Trust's ongoing commitment to waste segregation and cost reduction and will also include the further roll out of recycling bins throughout the Blackpool Victoria Hospital site.

Travel and Transport

It is the aim of the Trust to provide an additional 30 secure cycle pods on the Blackpool Victoria site in the coming year which builds upon the additional pods provided as part of the main entrance/multi storey car park development in 2014/15.

Discounted bus tickets continue to be available and the Trust is working in close partnership with the Council and other agencies to develop a coherent healthy transport plan across the health economy.

Priorities for 2015/16

- Maximise the return on investment through continuous commissioning of the building management system and other energy saving initiatives.
- Reaffirm governance arrangements for sustainability reporting within the Trust and the requirement for a sustainable development management plan.
- Roll out Trust wide of the 'bag to bed' system of disposal of waste at ward and departmental level.
- Support the medical directorate to increase staff participation in physical activity through the promotion of active travel such as walking and cycling.

In 2015/16, we will continue to work with contractors and suppliers to identify alternative products and systems to improve compliance and reduce costs.



Business Review

Key Developments in 2014/15 against Objectives

Objective 1: To provide an holistic model of care, with treatment undertaken in community settings wherever possible

Long Term Conditions Management

The Trust is committed to providing appropriate care to its patients as close to home as possible. Over the past 12 months, the following developments have demonstrated this.

The COMMIT (Community/Home IV therapy) service has continued to go from strength to strength over the past 12 months. The service allows patients, requiring IV antibiotics, to have treatment either in a primary care centre based clinic or in their own homes if there are mobility restrictions. Normally these patients would have to get admitted or stay in hospital for the duration of the course of drugs, sometimes taking months. In just under 2 years the service has helped over 225 patients and has reduced admissions and saved nearly 2,960 bed days for the hospital.

Another innovative service, which has also been traditional in hospital care is now provided in a community setting. A successful NHS England Regional Innovation Fund/NHS IT Innovation Programme initiative saw the Trust's Speech & Language Therapy (SLT) Team remotely deliver dysphagia (swallowing) assessments in nursing home settings via a tele-assessment approach. This telesolution was a result of studies which demonstrated that patients who receive formal swallowing assessments and adequate fluid and nutrition have reduced risk of poor patient outcome. Prompt assessment can avoid deterioration in health in vulnerable patients and subsequent admission to hospital. However, patients' swallowing difficulties may go unrecognised by community carers allowing deterioration. The SLT Department Teleswallowing approach has demonstrated: decreased patient transport usage; reduced specialist travel time; increased and easier access to clinical expertise with more timely assessment, advice and intervention; improved quality of care achieved by more rapid assessment time and no requirement to travel; better decision-making through peer-to-peer discussions and improved community skills and knowledge through on-site education and training.

The benefits of patients with long term conditions, like COPD and diabetes, receiving care closer to home has long been identified and a number of initiatives have been able to realise this over the past 12 months. There is a sustained focus on developing an holistic model of diabetes foot care to reduce diabetes foot complications that lead to hospital admissions and, in some cases, amputations. The Diabetes Foot Care Service has introduced a weekly multi-disciplinary team (MDT) meeting with membership from a wide range of services to ensure a co-ordinated approach to diabetes foot complications. Referrals are accepted from both inpatient and outpatient settings. Further developments of the foot service are planned to ensure provision of a co-ordinated rapid response service for both inpatient and outpatient urgent referrals. Respiratory services have also been enhanced to include the delivery of Endobronchial Ultrasound Service (EBUS), a diagnostic procedure for patients on the lung cancer pathway. This supports earlier diagnosis and local delivery of care.

Objective 2: To prevent unnecessary emergency admissions to hospital through delivery of new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients

Rapid Plus, IV Therapy + other admission avoidance scheme

This is an integrated Health & Social Care Assessment Team with a range of skills and expertise, able to undertake a Single Assessment Process (SAP) compliant assessment within 2 hours of referral. The team provide a point of contact for health and social care professionals working with patients needing an urgent care response that does not require acute intervention but requires urgent intervention.

The Rapid Response Plus Team provide an integrated assessment from 08.00 to 20.00hrs, 365 days a year. Referrals to the service are received by a health or social care professional. The team facilitate the commissioning of Short Notice / Immediate Social Care packages and reduce non-elective admission by signposting and mobilising alternative appropriate services. The service identify appropriate transitional care services, mobilise resources in the right place at the right time and reduce over-reliance on care homes and hospitals.

Blackpool Care Home Support Team

The Care Home Support Team is a scheme funded to support the reduction in hospital admissions. The scheme has been in operation since April 2013. The scheme focuses on proactive care planning for residents at risk of admission, training and development for care home staff and a root cause analysis approach with care homes when patients are seen to have had avoidable admissions to identify lessons learnt. In 2014/15 the scheme has been working with an additional cohort of around 25 homes, which totals 42 homes.

In cohort one, the 17 care homes where hospital admissions were the most challenging, hospital admission avoidance rates have been variable throughout 2014, but currently the scheme is over delivering on target. In cohort two the model of delivery changed and this group has proved more challenging. Admissions have reduced, but not at the level seen in cohort one. However, if taken together the two cohorts are currently over performing against the overall target of admission avoidance for the care home scheme.

Quality indicator "Knowing how we're doing" reports have been introduced for care homes on the numbers of pressure ulcers, falls and urinary tract infections in residents. The data is shared with the homes on a monthly basis. Each area has seen a significant reduction in the number of patients harmed. In June 2013 when the scheme commenced almost 15% of the resident care home population being reviewed had pressure ulcers. In December 2014, despite the number of care homes being supported that number has fallen to 3%.

North Lancashire Care Home Support Team

Studies and anecdotal evidence suggests that people residing in care homes with nursing do not receive an equitable standard of health service. Lack of advanced care planning, timely access to other health services and the lack of partnership working with GPs culminated in patients reaching crisis and accessing A&E via ambulance services.

Following the 2014 Care Home Support Team Pilot, a Commissioner led review on the number of hospital admissions from four Care Homes with Nursing, supported the substantive funding and extension of the service to all Care Homes with Nursing within the Lancashire North CCG (LNCCG) footprint.

The Care Home Support Team is a collaborative project between Blackpool Teaching Hospitals community staff, Care Home staff, their residents and families. Working together with GP Practice based staff, North West Ambulance (NWAS), Social Services, community health services and the University Hospitals of Morecambe Bay (UHMB), the team supports the reduction in hospital admissions for patients, speedy hospital discharge, thus enhancing the quality of care given to residents in Care Homes with Nursing.

The service will be accessible by any Care Home with Nursing in the LNCCG footprint, and is staffed by community nurses, Allied Health Professionals (AHPs), Pharmacy and SALT support, with additional collaborative working with the Care Home Liaison Team (Mental Health for Older People Lancashire Care Foundation Trust (LCFT)). The Care Home Support Team will work together in a co-ordinated way to provide a first point of contact for staff in care homes, requiring support and advice about the care of their residents. Advice, triage and face to face assessment, as a first response, will be provided and the team will support the staff in care homes to develop care plans for the residents and to acquire the techniques to deliver these and to review them over time.

The expected outcomes include a reduction in hospital attendances and admissions, improved knowledge, skills and confidence of care home staff, improved utilisation of supportive health care services and more appropriate transitions to secondary care and rapid discharge back to care home for residents/patients.

Extensive Care Service

During 2014/15, the Trust has been working in partnership with a wide range of stakeholders across commissioning, provider and third sector organisations to develop New Models of Care for patients across the Fylde coast, particularly those with multiple and complex health and social care needs. We have looked at care models that exist across the world which focus on the provision of integrated and coordinated care for patients with the highest needs. There are two models – ‘Extensive Care’ and ‘Enhanced Primary Care’ – which have been successful in improving quality, clinical outcomes and patient experience, and we have been working with our partners to localise

these new models of care for trialling in the Fylde coast region during 2015/16.

The ‘Extensive Care’ model is specially designed around patients with complex health and social needs which result in them frequently using our healthcare services. Currently, the healthcare needs of this group of patients are met in a fragmented approach, which means that they are repeatedly admitted to hospital when this is not always where they wish to receive care and is not always the most appropriate place for us to care for them. In the future, care will be provided out of hospital wherever possible. Care will be overseen by a senior doctor, who will review each patient and discuss their needs with the patient’s own GP. Following this, a care plan will be created that is tailored to suit their individual needs. The care plan will include goals for the patient, so that they can work towards improving their own health and well-being where possible. The doctor will be supported by a team of health and social care professionals, including nurses, therapists, and pharmacists, who will have holistic responsibility for a patient’s care – this includes overseeing care provision if the patient does require treatment in a hospital setting. Each team will be responsible for coordinating disease specific care programmes and general intervention programmes (from existing service provision such as community heart failure services or End of Life care), with care taking place at locations that are matched to the needs to the individual and cohort of patients (e.g. domiciliary visits, primary care centres, care homes).

The local health economy has been selected as an Integrated Care Pioneer by NHS England, in recognition of our work to provide better integrated care in community settings. The selection panel, comprising representatives from national organisations such as National Voices, Public Health England, Monitor, NHS England and the Local Government Association considered applications from across the country demonstrating ‘impressive ambition’.

Objective 3: To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes

Implementation of pathways associated with high mortality

The development of clinical pathways supports a reduction in mortality as well as enhancing best practise standards including:

- Introduction of evidence-based medicine and nursing care.
- Standardised management.
- Identification of key interventions.
- Delivery of care within clinical guidelines.
- Improved patient outcomes.
- Reduced Length of Stay.
- Reduction in in-hospital complications.
- Clinical effectiveness, risk management and clinical audit.
- Multidisciplinary communication and teamwork.
- Have a proven track record in health care systems world-wide.

In 2013, Blackpool Teaching Hospitals was one of a number of hospitals to have been identified as having had unusually high death rates in 2012-13.

Blackpool acted on this information with the launch of the Better Care Now project in August 2013 which linked our quality and safety initiatives under one umbrella. One of these strands was to introduce clinical pathways for the top conditions that impact most on our mortality and morbidity. These conditions were Pneumonia, Sepsis, Stroke, Acute Myocardial Infarction, Acute Kidney Injury and COPD.

The project is led by the Assistant Director of Nursing (Quality & Safety) and a Consultant Intensivist, supported by a multi-disciplinary team. The team develop pathways in collaboration with all medical, nursing and AHP Specialists and teams, all quality points are reviewed before drafting to include National Institute for Health and Care Excellence (NICE), Advancing Quality Alliance (AQuA) and best practice indicators. The pathways focus on the identification, observation and treatment of patients to ensure that the right care is provided by the right person at the right time, and that best practice is inherent in care planning and delivery. An interactive, multi-disciplinary pathway for each condition is easily accessible on the intranet and via a mobile phone app. A pathway checklist was introduced on the wards to provide clear guidance to clinical staff. Recognising that nurses are key to driving and

sustaining quality improvement, these checklists are used as a communication tool by nursing staff to promote team working and prompt care planning during ward rounds. The pathways, also serve as an educational tool for both nursing and medical staff.

Critical points in the pathway are audited daily, with issues immediately escalated to the senior clinical leads and real time feedback given to clinical staff involved in the care of each individual patient within hours of them being treated. This has proved to be a vital element in the project as we have been able to address areas where we need to improve quickly and make suitable interventions. The data is also published on the intranet so anyone can see how we are performing.

To date clinical pathways have been developed and launched in Pneumonia, Sepsis, Stroke, Acute Chest Pain, Acute Kidney Injury, Fractured Neck of Femur, Chronic Obstructive Pulmonary Disease and Acute Abdominal Injury and seen corresponding reductions in our SHMI post implementation in 6 of the pathways. The data proves that the introduction of these pathways is leading to more timely and improved care, to support better patient outcomes.

The outcome of this improvement is an increase in safety for patients and the provision of key criteria that impacts recovery rates and positive outcomes for patients. The intention is to develop new pathways and to embed the pathways by increasing awareness of nursing staff as well as medical staff.

Objective 4: To be financially viable, managing services within available resources, allowing us to invest in our future

Delivery of CIP Programme

The Trust achieved the highest level of savings of £20.3m with it's Cost Improvement Programme (CIP) for 2014/15.

The success of this achievement was through delivery of schemes which had productivity and/or efficiency opportunities.

A number of cross-divisional transformational CIP schemes were delivered and were supplemented with smaller, divisionally based schemes and transactional CIP schemes.

Examples of the cross-divisional transformational schemes that were focused are below:

Better Care Now

This project implemented new models of care and redesigned services within the hospital and community settings so that a reduction in costs through reducing avoidable admissions and length of stay for patients. This was delivered through two main workstreams:

- Alternative to Hospital – reducing avoidable admissions through new models of care.
- Better Care Now: Waits – reducing delays for inpatients through new ways of working and service redesign.

Outpatient Reform Programme

This project enabled joint working with key stakeholders to optimise the utilisation of outpatient resources, by maintaining and improving patient experience and ensuring consistent compliance with internal and external quality, financial and productivity benchmarked standards.

The programme of work focused on:

- Business Processes (incorporating referral management, medical records, IM&T and workforce).
- Pathways (incorporating patient journey, productivity and workforce).
- Estate Rationalisation.

Theatre Productivity

The project improved systems and processes that sought to match demand and capacity for elective and emergency surgery in order to increase theatre utilisation and productivity. By effectively planning and managing the services to patients, ensured optimum use of operating theatre capacity and the theatre workforce. Also, by more efficient use of the operating theatres, store room facilities and procedures, and effective scheduling reduced operating costs, waiting times for patients and avoided cancellations. The project consisted of six workstreams:

- Better scheduling and increased productivity on theatre/catheter laboratory lists.
- Rationalisation of theatre capacity via demand and capacity modelling.
- Patient pathway improvement - reducing

variation in practice and operating costs including prevention of patient DNA's and medical on the day cancellations.

- Medical workforce review.
- Store facility efficiency review.
- Implementation of IT systems to support productivity gains.

Reduction in Agency Scheme

This project was a corporately driven strategy that aimed to reduce the agency/locum pay bill across the Trust for all staff groups. The project focused on a number of key areas working closely with the Divisions to identify opportunities to reduce the pay bill spend.

By partnership working with recognised providers of managed recruitment services, the project enabled to:

- Manage the recruitment demands of the service needs.
- Manage processes and systems to fill difficult to recruit to positions.
- Ensure value for money for posts required.
- Set up a medical workforce bench.
- Ensure strict adherence to governance requirements.
- Identify areas currently not scoped out for workforce opportunities.
- Explore nurse bench/bank expansion across the organisation and standardise.

Income Generation

Significant potential income was identified through a process of national benchmarking and internal audits of clinical coding. In order to match peer best practice the coding establishment was increased with audit and training qualified seniors now providing a quality assurance role.

Changing the clinical coding provision in this way has allowed for a truly dedicated quality assurance function providing evidence to the board on quality standards and income generation. It has also allowed clinical coders the time required to engage purposefully with clinicians to improve quality standards being able to attend ward rounds and multidisciplinary team meetings.

Objective 5: To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services.

Launch of Values

The Trust's mission is "together we care", which encompasses the vision for 2020 of improving 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. Care will be safe, high quality and managed within available resources, provided in the most appropriate environment and to agreed clinical pathways. The Trust's highly skilled and motivated workforce will be patient-centred, caring and compassionate, living the Trust's values every day.

A set of core values has recently been launched, which were derived from a series of 'Big Conversation' engagement events involving representation from all groups of staff, and describe the way in which all Trust employees will approach their day-to-day lives whether actively providing care or treatment; communicating with patients, carers and families; or when working with colleagues as part of a team:

- People-centred – serving people is the focus of everything we do.
- Excellence – continually striving to provide the best care possible.
- Compassion – always demonstrating we care.
- Positive – having a 'can do' response whatever the situation.

Overseas Recruitment

Several initiatives have been delivered;

- Successful overseas recruitment campaigns to increase the number of registered nurses employed in the Trust.
- Establishment of a Recruitment and Retention Group to focus on developing action plans for recruitment and retention.
- Successful cadet and apprenticeship schemes in place.
- Secondment of staff to undertake nurse training via the Widening Access Programme and development of staff through Assistant and Advanced Practitioner programmes.
- Successful Return to Practice campaign.

- Development and piloting of the Extensive Care model with new roles and ways of working.
- Establishment of Best Place2Be group to improve staff engagement across the Trust.
- Workforce Day to showcase new ways of working.
- Trust working on the introduction of the Physician's Associate.
- Agency Spend project has delivered a number of improvements in the approach to the management of temporary staffing in the Trust. Clear processes in place for booking and authorisation of medical agency locums through Medacs service.

Levels of Clinical Staffing

Current levels of Nurse, Midwifery and Care Staffing establishment across the organisation are reviewed 6 monthly, with each Division building on previous review work undertaken in 2012/13 and 2013/14 resulting in identification of priority areas for support and investment. Where national guidance is available this has been applied and each month safe staffing exception reports are presented to the Board of Directors, nationally published and locally available on the Trust internet site. Staff actually on duty across all clinical areas are reviewed every shift against agreed staffing level templates and a local alert system triggers action to address lower than planned staffing levels.

Trust Performance against National Targets

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

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

Quality Performance Review

The Trust has worked within revised C-diff trajectories for 2014/15 of 28 cases which is monitored through commissioners and reported

quarterly to Monitor. Performance against this target has shown a final reported number of cases of 24. An external review of practice was commissioned to provide assurance that current measures to prevent and control C-diff infection were appropriate. The Trust sees it as good practice to review the appropriateness and completeness of current control measures which has enabled the team to determine measures and interventions that could be adopted to enhance these measures and future performance.

The CQC published their quality report on the Trust following an announced inspection visit, a review of information from their 'Intelligent Monitoring' system and information given to them by patients, the public and other organisations. The inspection team highlighted that patient care in the hospital was recognised as being good by patients that they spoke to and that staff were praised by many who used the service. The Trust wide Chaplaincy and End of Life Care Service was recognised as being highly responsive and valued by those who use it. The new facilities for the children and maternity services were also recognised as being a good development. There were a number of areas that were recognised as requiring actions to improve these services further and these have been integrated into a Trust action plan that is embedded into the Trust's key strategies and progress against this action plan is monitored by commissioners, CQC and by Monitor.

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

Financial Performance Review

Income and Expenditure Performance

The Trust had planned a deficit of £1.3m as part of the Annual Planning process for 2014/15. At the end of Quarter 2, the Trust reported a material change to the original projections and therefore the Trust was requested to submit an in-year reforecast in December 2014. This latest projection forecasted a deficit of £2.9m for 2014/15.

Table 1 below compares performance against the 2014/15 reforecast submitted in mid-December 2014.

Before the reporting of exceptional items the Trust reported a deficit of £4.1m for the year, however taking into account a net loss on the revaluation of assets £3.2m, net loss on disposal of assets of £0.1m, and net restructuring costs of £0.1m, the deficit is £7.5m for the year.

Full details of the Trust's financial performance are set out in the accounts for April 1st 2014 to March 31st 2015 that accompanies the Annual Report in Annex G.

Table 1 compares the 2014/15 actual performance to the 2014/15 reforecast.

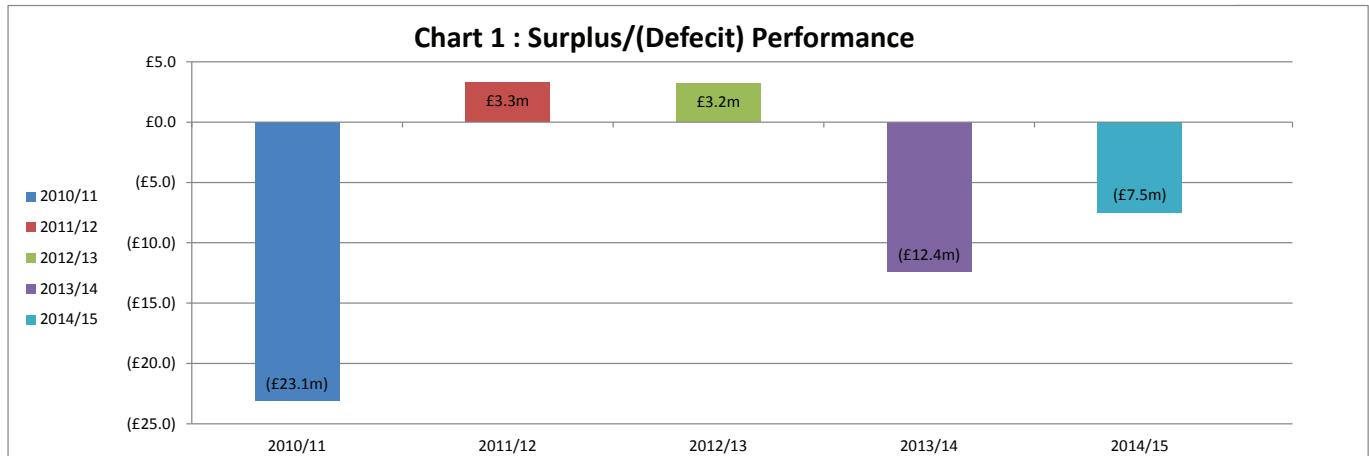
Table 1	Reforecast £'m	Actuals £'m	Variance £'m
Total income	372.4	373.1	0.7
Expenses	(363.9)	(366.3)	(2.4)
EBITDA*	8.5	6.8	(1.7)
Depreciation	(6.6)	(6.4)	0.2
Dividend**	(3.7)	(3.3)	0.4
Loss on asset disposal	0	(0.1)	(0.1)
Loss on Revaluation	0	(3.2)	(3.2)
Restructuring costs	0	(0.1)	(0.1)
Interest income	0.1	0.1	0.0
Interest expense	(1.2)	(1.3)	(0.1)
Surplus / (Deficit)	(2.9)	(7.5)	(4.6)

*Earnings before interest, tax, depreciation, impairment and loss on asset disposal and amortisation.

**Public Dividend Capital

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

Chart 1: Surplus/(Deficit) performance



The financial performance prior to exceptional items was £1.2m below plan.

Chart 2: Completed Patient Spells

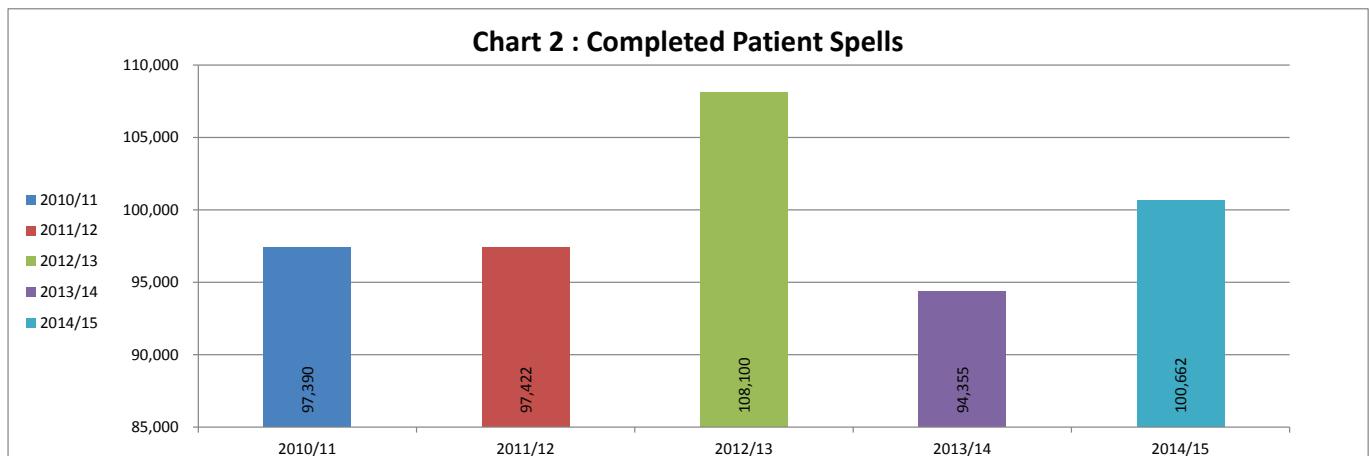


Chart 3: Outpatient Attendances

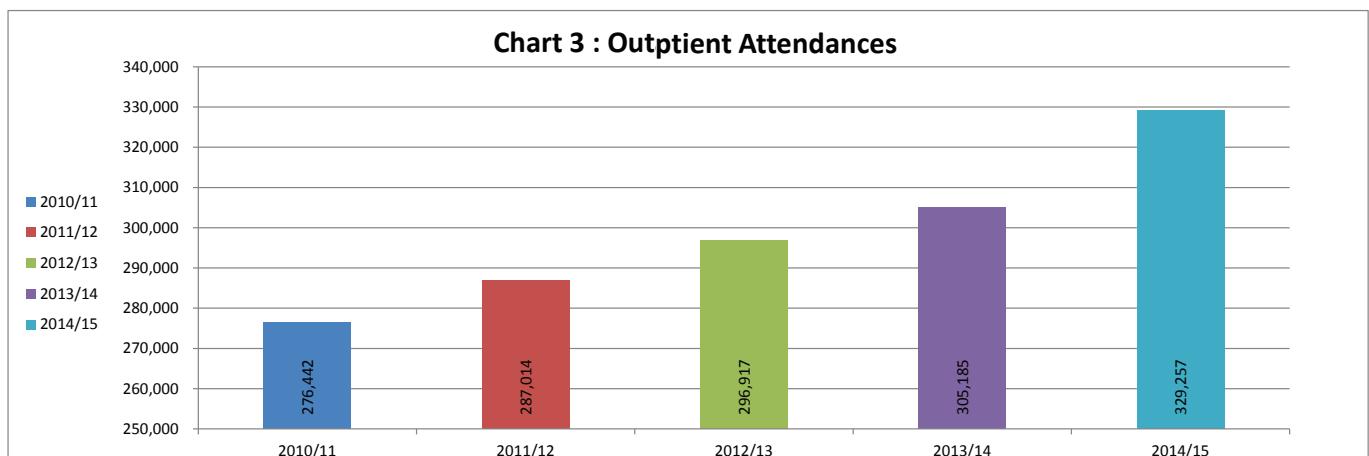
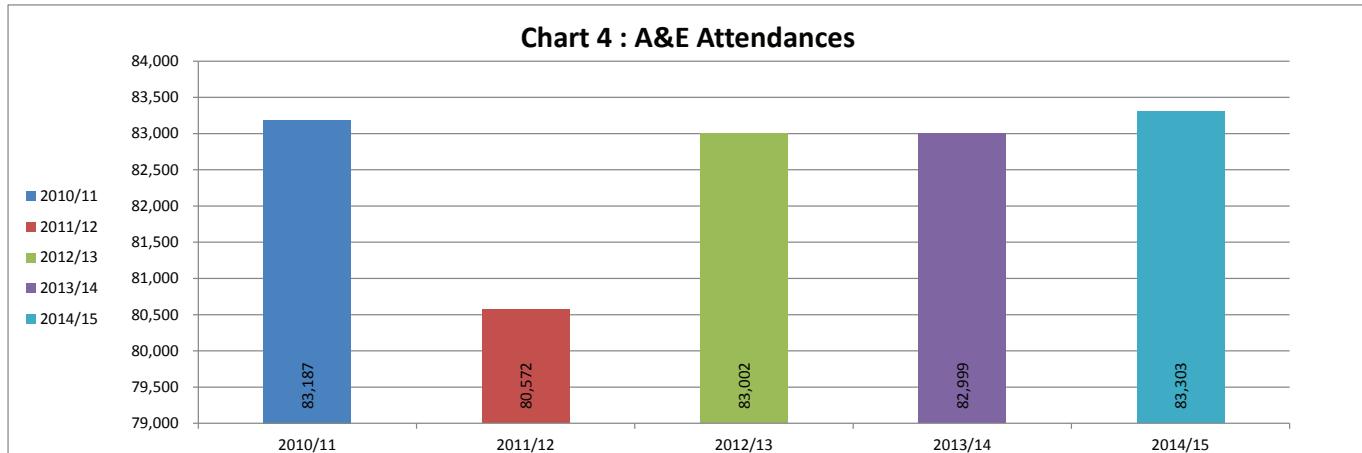


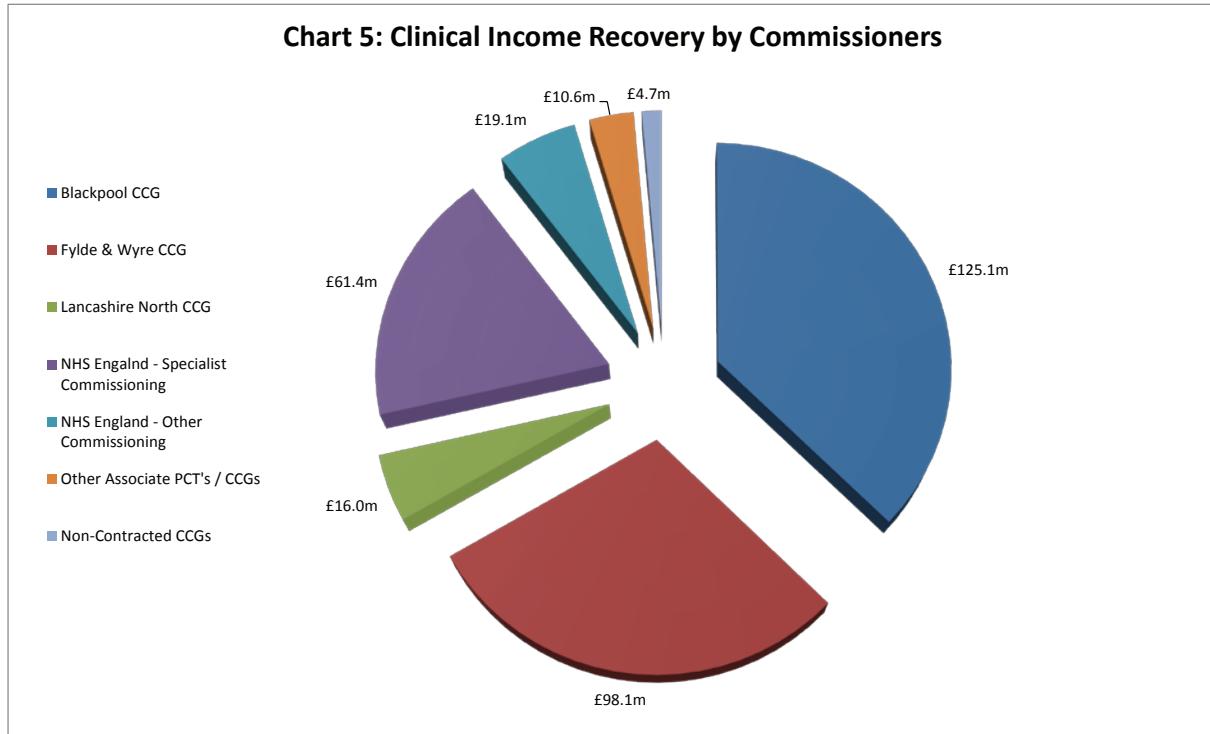
Chart 4: A&E Attendances



Income from providing clinical services to NHS patients, as below, represents the majority of the Trust's income (£335.0m or 89.7%; 2013/14: £335.3m or 91%). 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 Department of Health (DoH) and priced using the National Tariff or locally agreed prices as appropriate.

Chart 5: Clinical Income by Commissioner



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 2014/15 is summarised in Chart 7.

The Trust has had a revaluation of its assets in March 2015 which has resulted in an upward valuation of previously impaired assets of £0.5m (2013/14: £2.5m) as a result of a change in indices.

Chart 6: Non-NHS Clinical/Non-Clinical Income 2010/11 to 2014/15

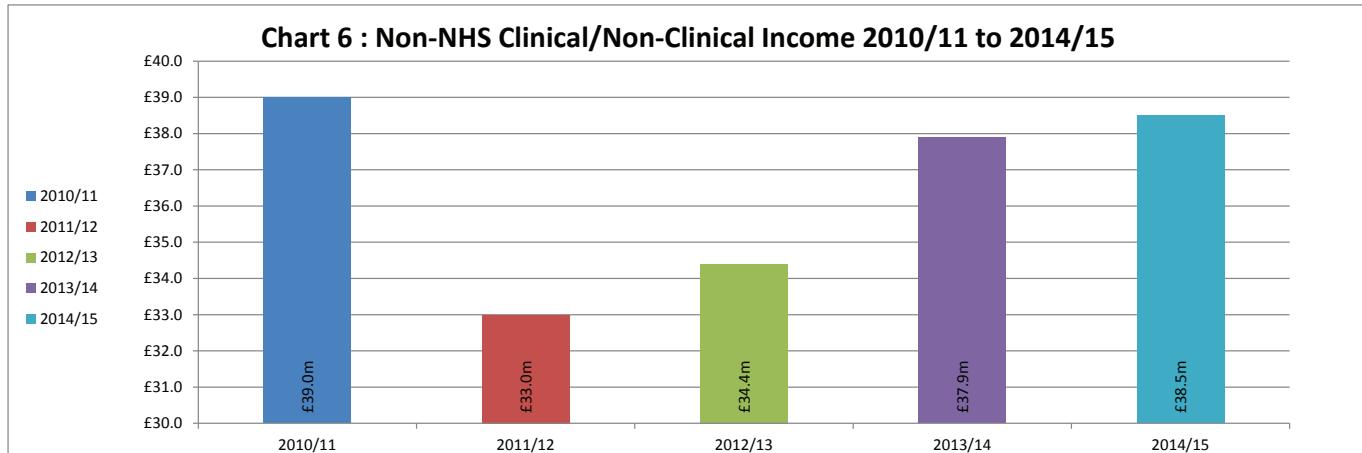
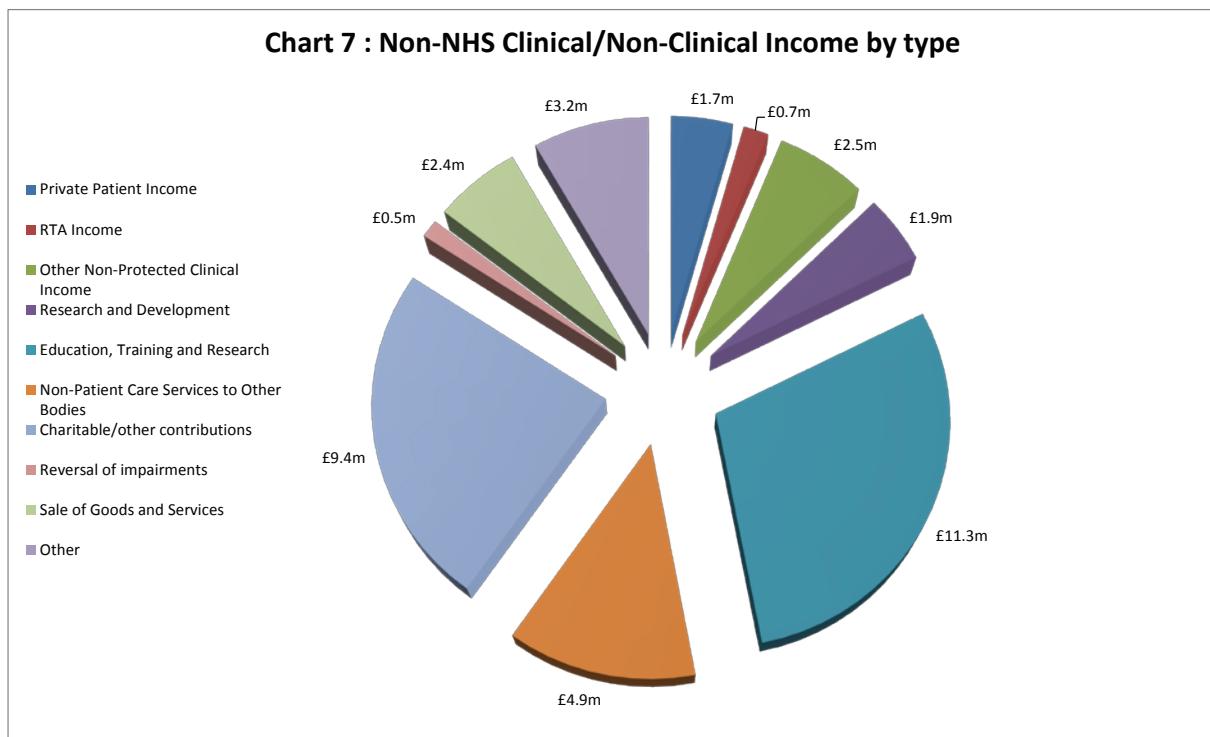
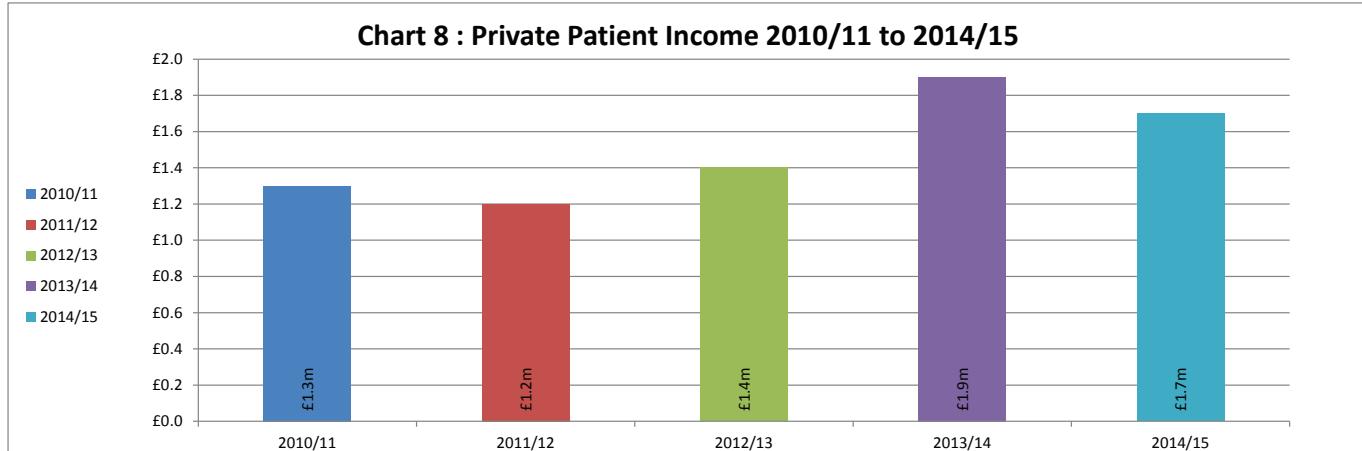


Chart 7: Non-NHS Clinical/Non-Clinical Income by type



These income streams equated to £38.5m or 10.3% of the total income earned for the year. Of this £24.2m or 6.5% relates to the provision of other services not directly related to healthcare, including catering and car park income. Any surplus from these services helps reduce the cost of patient related activities.

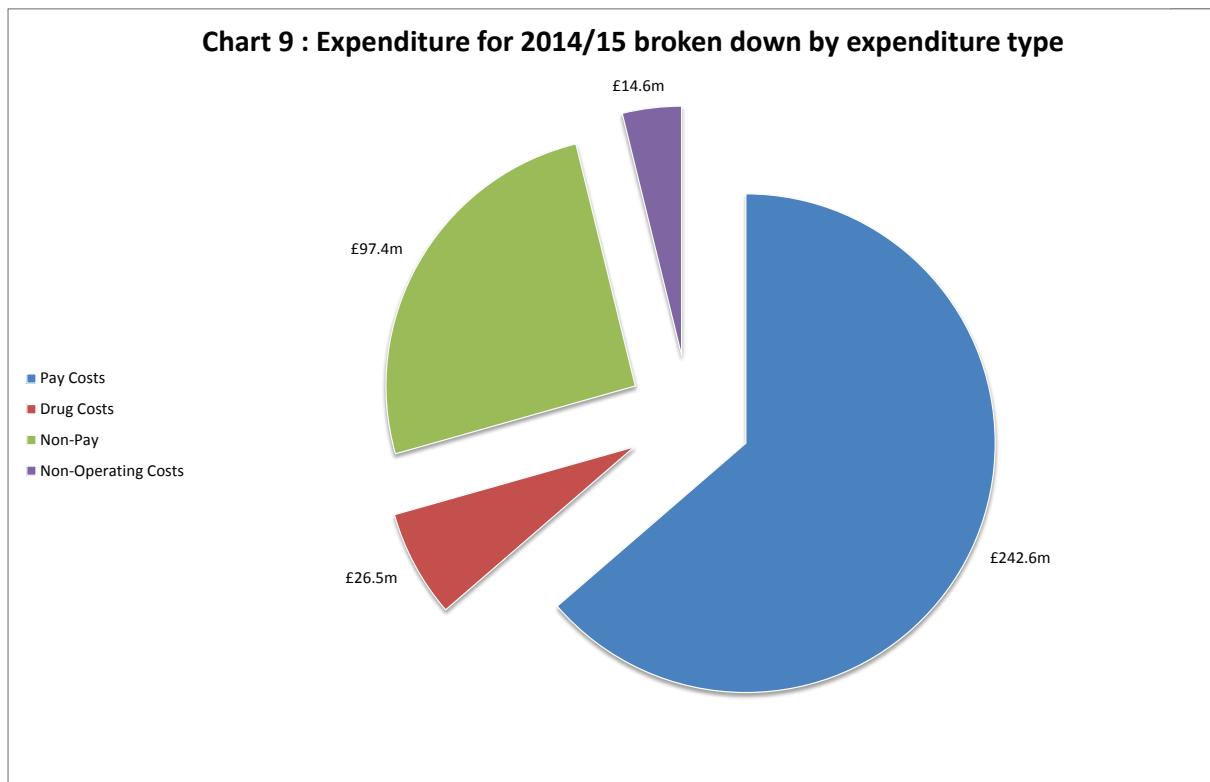
Chart 8: Private Patient Income 2010/11 – 2014/15



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 2014/15 broken down by expenditure type.



The above expenditure reflects the higher than planned activity delivered for both planned and emergency activity. Furthermore, the CCGs funded a number of developments throughout 2014/15 including winter resilience. The Trust delivered £20.3m in Cost Improvement Programmes (CIP) against a target of £20.6m. In addition, the Trust has also accounted for an impairment charge as a result of downward valuation of £3.6m which is included within non-operating costs.

The Trust has in place a Programme Management Office to scrutinise CIP planning and delivery, 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.

During the year the Trust spent £5.3m on

management costs which represents 1.46% of turnover. By comparison, in 2013/14, management costs as a percentage of turnover were 1.45%.

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.

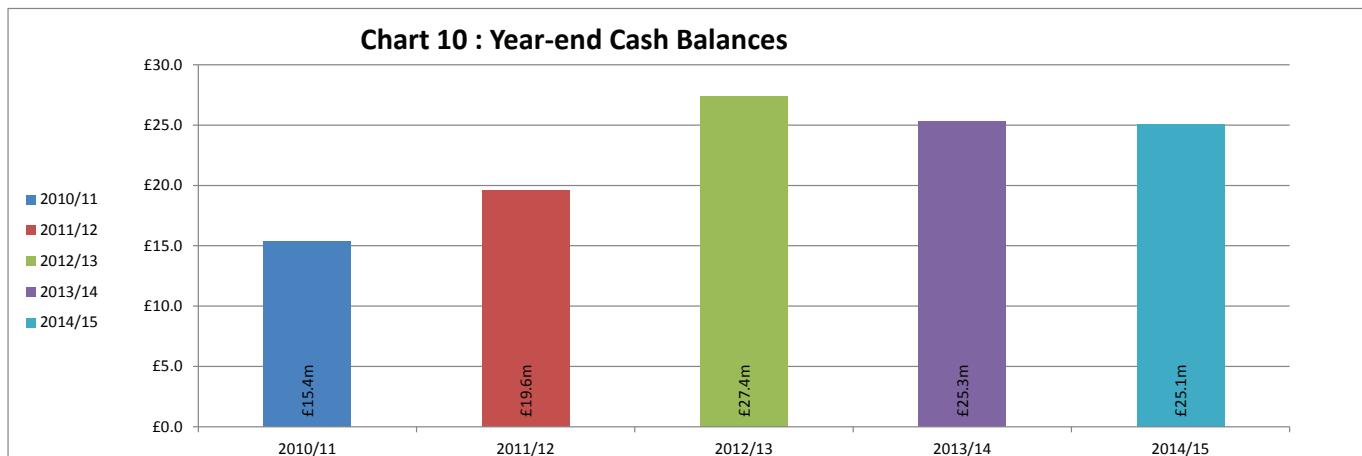
Cash Flow and Balance Sheet

The Trust's cash balance at the end of the financial

year was £25.1m against a reforecast balance of £18.0m. The cash balance was £7.1m above the reforecast due to the renegotiation of repayment terms for returnable funding with commissioners of £2.8m, higher than anticipated North West Leadership Academy cash balances and active management of working capital balances £4.3m.

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.

Chart 10: Year-end Cash Balances



As a Foundation Trust, the Trust is required to ensure that it has enough liquidity to support its working capital requirements. The Trust has maintained sufficient cash and liquidity to support ongoing demands during 2014/15. For further information on cash and liquidity expectations for 2015/16 see the Going Concern section within

the Financial Performance Review, regarding the Trust's going concern assessment.

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 2014/15.

Chart 11: Better Payment Practice Code

Subject	Number 2014/15	£'000 2014/15	Number 2013/14	£'000 2013/14
Total Non-NHS trade invoices paid in the year	105,295	147,764	97,021	136,233
Total Non-NHS trade invoices paid within target	42,038	73,542	34,042	61,080
Percentage of Non-NHS trade invoices paid within target	39.9%	49.8%	35.1%	44.8%
Total NHS trade invoices paid in the year	3,190	25,982	2,698	32,937
Total NHS trade invoices paid within target	1,359	13,978	1,183	18,302
Percentage of NHS trade invoices paid within target	42.6%	53.8%	43.8%	55.6%

The payment performance which is lower than the Prompt Payment Code requirement is reflective of the Trust's strategy to maintain cash balances.

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

The Trust invested over £10.3m in capital schemes during 2014/15. Expenditure during the period included the following investments;

	£m
Medical Equipment	5.1
Electronic Information Projects	2.1
Main Entrance / Multi-story car park	1.0
Energy Efficiency Schemes	0.7
Other Schemes	1.4

Financial assistance for the 2014/15 capital programme was sourced from the ITFF (£4.9m), Energy Efficiency Loans Programme (£0.5m) and PDC drawdown of £1.1m, the remainder being internally funded.

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 Risk Assessment Framework

Monitor is the Independent Regulator of Foundation Trusts. Monitor has devised a system of regulation described in its *Risk Assessment Framework*, which is available from the Monitor website: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421204/RAF_update_revmar15.pdf.

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 2014/15 by the application of two risk ratings which are updated each quarter in relation to:

- Continuity of Service Rating (COS) rated 1-4, where 1 represents the highest risk and 4 the lowest; and
- Governance risk rating (rated red, amber-red, amber-green or green).

Continuity of Services Risk Rating

Monitor, the independent regulator of Foundation Trust's, requires the Trust to comply with the *Risk Assessment Framework*, which includes the Continuity of Services Risk Rating as the measure of financial performance.

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

NHS Foundation Trusts should be well-governed; this includes how the Trust oversees care for patients, deliver national standards and remain efficient, effective and economic.

There are three categories to the governance rating applicable to all NHS foundation trusts:

1. Green rating - Where there are no evident grounds for concern or where Monitor are not currently considering investigating a trust;

2. Under Review - Where Monitor have identified a concern at a Trust but have not yet taken action; and

3. Red rating - Where Monitor have already begun enforcement action'.

Financial Performance – Against Monitor’s Risk Assessment Framework

Based on its 2014/15 Annual Plan resubmission, the planned risk rating was assessed at Continuity of Service Risk Rating 2. Actual performance for 2014/15 is a Continuity of Service Risk Rating of 2 and the table below summarises the Trust’s performance against the *Risk Assessment Framework*.

	2014/15 plan	2014/15 Re-plan	2014/15 Annual Performance
Liquidity ratio	-14.5 days	-13.3 days	-12.5 days
Capital Service Cover	1.29x	1.05x	0.86x

Governance Performance – Against Monitor’s Risk Assessment Framework

Monitor has rated Blackpool Teaching Hospitals Foundation Trust ‘Green’ for governance risk for the first two quarters of 2014-15, however the governance is currently under review due to the Trust financial performance. 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.

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.

The tables below also provide a summary of the actual quarterly regulatory risk rating performance compared with expectations in the annual plan.

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

Regulatory Ratings Report 2014/15					
Subject	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Continuity of Service Rating	2	2	2	2	2
Governance Risk Rating	Green	Green	Green	Under Review	Under Review

During 2014/15, the Trust has reported a deficit before exceptional items of £4.1m (and a deficit of £7.5m after exceptional items). The exceptional items impact relates to asset impairments of £3.2m, loss on disposal of assets of £0.1m, and restructuring of £0.1m.

The Trust's main accounting policies, that are used to prepare the accounts are set out in Annex G to this report. Details of Directors' remuneration is included in the Remuneration Report.

As at the end of the reporting period the Trust had signed a contract for the sale of Rossall Hospital to Bellsfield Care Ltd for £0.975m with a completion date of 18th May 2015.

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 2014/15 accounts, which is outlined at Annex F.

Blackpool Teaching Hospitals NHS Foundation Trust has met the requirement for the 2014/15 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 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.

Liquidity Risk

The Trust's net operating costs are incurred under service agreements with NHS England and local Commissioning Care Groups and local authorities, 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).
- NHS Cheshire, Warrington and Wirral Area Team (for specialist areas).
- Blackpool Council – Public Health.
- Lancashire County Council – Public Health
- NHS England.

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 Health Community Interest Company – Nurse Led Therapy Services.
- 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 at their meeting on 17th March 2014 approved the appointment of PwC as the Trust's external auditors until 31st May 2017 with the option to extend until May 2018. PwC were paid £57,500 in respect of statutory audit fees, including 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 2014/15 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 Director of Finance and Performance 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.

This appointment enables the anti-fraud culture to become embedded and tackle fraud, bribery and

corruption in accordance to an annual workplan which dictates counter fraud work will be conducted under four subject headings:

- Strategic Governance.
- Inform and Involve.
- Prevent and deter.
- Hold to account.

The Local Counter Fraud Specialist will develop an anti-fraud culture across the Trust by;

- Applying a strategic, co-ordinated, intelligence-led and evidence based approach to all aspects of counter fraud work.
- To work in partnership with and provide key stakeholders, such as the Police, Crown Prosecution Service, UKBA, Local Authorities and professional organisations the opportunity to coordinate the delivery of counter fraud work.
- To ensure robust policies and/or processes are in place to protect NHS assets.
- To ensure that the highest standard of work is achieved by means of a clear professional and ethical framework that is consistently used throughout the counter fraud field of work.
- To prevent and deter fraudulent acts throughout the Trust, by promoting successful counter fraud work.
- Conducting fraud detection exercises into areas of risk.
- Investigation of all allegations of suspected fraud.
- Obtaining, where possible, appropriate sanctions and redress.

Progress against the plan is regularly reported to the Audit Committee.

The Local Counter Fraud Specialist completes an annual self-assessment, which is monitored by NHS Protect and reviewed at a local level to ensure existing controls continue to mitigate the risk of fraud, bribery and/or corruption.

Going Concern

The management of risk is a key function of the Board of Directors. We seek to minimise all types of service, operational and financial risk through the Board Assurance Framework, which is subject to regular review and audit.

The Trust financial plan is to deliver a deficit of £11.3m in 2015/16. The high level of deficit is a result of higher than expected year on year financial pressures in relation to nationally mandated changes, the Trust's underlying deficit and the continued requirement to invest in key frontline clinical staff to meet the quality and operational standards used the NHS standard contract.

At its meeting of 21st April 2015 the Audit

Committee considered the budget for 2015/16 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.

After making enquiries, the Directors believe that it is appropriate to prepare the financial statements on a going concern basis.



Risks and Uncertainties

The NHS is changing rapidly and this provides many opportunities as well as uncertainty for the Trust. The Board of Directors has identified a number of strategic risks facing the organisation on the Board Assurance Framework and many high level operational risks on the Corporate Risk Register. All the risks will continue to impact on the organisation throughout 2015/16; however mitigation plans are in place and are monitored bi-monthly by the Board of Directors. The current risks are predominately financial, workforce and quality centred, and are contained within the Annual Governance Statement in the table in section 4.3.

Emerging Trends and Factors affecting the Trust

The Trust is facing significant challenges in the years ahead;

- Population growth, particularly the elderly.
- Increased demand for healthcare services, particularly related to the management of long term conditions.
- Attracting and retaining a workforce in sufficient numbers and with suitable skills.
- Delivering cost savings of £20.6m.
- Investment in new technologies (medical equipment and ICT infrastructure).



Blackpool Teaching Hospitals supports a population of 1.6 million. The population is wide ranging presenting many challenges, with areas of considerable deprivation, transience, poor health and high death rates neighboured by areas of prosperity, good health and longer life expectancy. In 2010, Blackpool was ranked as the sixth most deprived region of 354 local authorities in England and the highest ranked region for the concentration of deprivation. It has high rates of smoking (the fourth highest prevalence in England), including smoking in pregnancy (the highest reported prevalence in the country); high rates of alcohol consumption and associated alcohol-related hospital stays; high rates of drug misuse; and a high number of hospital stays associated with self-harm, which will all impact on the Trust. These specific social factors have a huge impact on the healthcare service as smoking is determined as the single most important factor explaining the difference in death rates between the most and least affluent areas. In Blackpool over 30% of adults are cigarette smokers. It also has some of the highest levels of alcohol related harm in the country, not only direct health effects such as premature death and chronic liver disease but other consequences such as disorder and violence. Whilst in contrast the life expectancy in Lancashire North CCG has increased over the last 20 years and

Fylde and Wyre CCG has an older population with a significantly higher proportion of older people (aged > 65 years) than observed at a national level – 24% compared with 17% across England, this emerging trend will put significant pressure on elderly healthcare provision.

The local demographics, coupled with the lifestyle choices of the population, are reflected in the prevalence of long term conditions in within region. The particularly prevalent diseases are chronic kidney disease, chronic obstructive pulmonary disease (COPD), asthma, coronary heart disease, heart failure, diabetes and hypertension. In addition, the region has higher than the national average rates of other physical health issues such as epilepsy and stroke / transient ischaemic attacks (TIA), and mental health issues such as depression and learning disabilities. Mortality rates in Blackpool for chronic liver disease (including cirrhosis) are the highest in the country, and mortality from circulatory diseases is the second highest in the country, which all requires health service interventions.

A key emerging factor which will impact on healthcare will be the Better Care Fund, as there will be a shift of resources from the acute hospital setting to provide more community based health

and social care. Community health services will be aligned to clusters of GP practices working in multi-disciplinary teams in neighbourhoods to provide care and support to vulnerable patients. Blackpool Teaching Hospitals working in partnership with local GPs from NHS Blackpool CCG, NHS Fylde and Wyre CCG, and our Local Authorities are implementing two new care models – ‘extensivist’ and ‘enhanced primary care’.

The Extensivist Service will provide pro-active and co-ordinated care wrapped around the patient with a single point of access and be fundamentally orientated toward supporting patients to become empowered to make informed decisions and to support the management of their own condition(s) which improves their care experience. This exciting new service will focus on caring for the highest need and sickest patients who are frail elderly with multiple long term conditions. This extensivist led approach, in which a community-based doctor is responsible for wrapping services around the sickest patients no matter the setting in which they receive care, will support the 3% of patients who are intensive users of the current health and social care system, with each care team able to provide coordinated care to 500 patients, and each patient receiving highly personalised care, supported by a

Care Co-ordinator and Well Being Support Worker. Regular contact with a Well Being Support Worker (a non-clinical role recruited for the individual’s emotional intelligence) and effective use of innovation like telehealth approaches will be some of the elements that make the service feel very different.

We are also working in partnership with local GPs from NHS Blackpool CCG, NHS Fylde and Wyre CCG and our Local Authorities to introduce ‘enhanced primary care’ as a new model of care for the larger group of patients who have a single long term condition. Again, this group of patients has healthcare needs that are currently met in a fragmented, episodic approach which can lead to unnecessary, unplanned hospital admissions. As a minimum, the Trust will provide community health service support to the enhanced primary care service, with teams linked to each neighbourhood and tailored to the population’s specific needs.

Disclosure of Public Interest

The Trust has not held any public consultations between April 1st 2014 – March 31st 2015.



Corporate Review

Corporate Assurance

Risk Management

In 2014/15, the Trust has begun to implement the Monitor, Well-led Framework, which has been undertaken this year as part of the Internal Audit Plan. This review will evaluate: if the Trust has a credible strategy; if the Board of Directors has the capability to lead the Trust; if the Trust has appropriate processes in place to manage risk, finance and quality, and finally how Trust performance monitoring systems operate. In conjunction with the Well-led Review a substantial review of the Reservation of Powers and Scheme of Delegation, Standing Orders, Standing Financial Instructions and Constitution has been undertaken to incorporate any necessary recommendations. Upon completion of these reviews the Trust's Risk Management Strategy will be revised.

The Carrying out a Risk Assessment and Developing a Risk Register and Board Assurance Framework procedure was updated in the summer to simplify the risk management documents and to ensure a more robust accountability for escalating the documentation. This has largely been a success in improving the number of risk assessments and quicker escalation for the divisions in raising high priority risks. The Board Assurance Framework has been closely aligned to the Trust's strategic objectives and to embed this work two Risk Appetite Sessions have taken place exploring the use of the Board Assurance Framework and the Corporate Risk Register with the Board of Directors. This has facilitated wider discussions and enhanced Board's understanding of the Trust risks and what actions would be the most appropriate to be taken to address the risks.

In light of the national changes to indemnity cover undertaken by the NHS Litigation Authority, the cessation of the Risk Management Standards, the Trust has reviewed how it should maintain high standards of risk management. The new approach will ensure that the key principles from the old Risk Management Standards are monitored to give an appropriate level of assurance and this will be monitored and reported across Trust committees,

with an oversight by the Corporate Assurance team.

Quality & Safety of Patient Care

The Trust is committed to patient safety and the delivery of high quality care, and recognises the need for a robust governance framework to be in place to support staff deliver safe and effective care. To facilitate the development and implementation of safety initiatives, we continue to review and monitor the implementation of NICE (National Institute for Clinical Excellence) guidance standards and National Confidential Enquiry reports to ensure ongoing learning and development is implemented to promote safe care within best practice guidelines.

Linking in to the Trust strategy is our Compassionate Care Strategy. This three year strategy, which this year saw great progress against year 2 objectives, sets out a professional direction for Nurses, Midwives, Health Visitors and Therapists and also reflects our local adoption of the Chief Nursing Officer, NHS England Strategy – 'Our Culture of Compassionate Care'.

Developed with staff and by staff, this strategy reflects our shared ambitions to develop and improve care for our patients and ensure that the delivery of compassionate and safe care is driven by a shared and 'common' set of values that all staff can identify with and ensure they role model in day to day practice.

Compassionate Care Strategy 2013-2016

VISION - Nurses, Midwives, Health Visitors and Therapists will provide high standards of care to our patients and families within a culture of compassionate and safe care.



Care

Compassion

Competence

Courage

Communication

Commitment



Reducing harm

Between April 2014 and January 2015, 95.5% of our patients received harm free care as a result of new harms (measured by the Safety Thermometer).

The Trust recognises harm as being suboptimal care which reaches the patient either because of something we shouldn't have done or something we didn't do that we should have done. Hospital acquired infections, medication errors, pressure sores and other complications are examples of harm which can occur within a healthcare setting. Here at Blackpool Teaching Hospitals we aim to reduce harm and review the outcome of any harm to drive any improvement work we undertake. We are proud of the achievements we have made to reduce harm, both in the hospital and community setting, however we recognise we still have work to do and embarking upon the 'sign up to safety' campaign will provide the framework to progress this work further.

Sign Up To Safety Campaign

The Sign Up To Safety (SUTS) Campaign is a national campaign for patient safety across the NHS in England. The aim of the programme is to reduce avoidable harm by half and save 6,000 lives over the next three years, and to sustain the improvement over the following three years, whilst continuing the focus and drive on safety improvements. The Campaign is

supported by the Trust Board, and has identified the Director of Nursing and the Medical Director as Executive sponsors. Trust Safety Leads have also been identified. The Board has committed to turn our implementation plan into reality to support our drive to improve patient safety. The executive sponsors and safety leads will lead the implementation and monitoring of the Safety Improvement Plan, supported by a Safety Improvement Project Group.

We have made five safety pledges which are summarised below:

- 1. Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally.
 - Delivering our Strategic Quality Goals.
 - Improving our Staffing establishments.
- 2. Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are:
 - Blackpool Teaching Hospitals NHS Foundation Trust aims to continually learn from our incidents, complaints, staff and patient satisfaction surveys and direct feedback.

3. Honesty. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong:

- Blackpool Teaching Hospitals NHS Foundation Trust will implement duty of candour to promote a culture of openness and transparency.
- We will also review how we use data to provide board assurance through the development of an integrated board report, which will also give the general public access about our performance on a range of key activities.

4. Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use:

- Blackpool Teaching Hospitals NHS Foundation Trust is committed to continuing to work collaboratively with all key stakeholders to deliver our strategy of 'together we care' across our integrated services.
- We will also continue to work with national and local partners and organisations to drive forward improvement through patient programmes.

5. Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress:

- Blackpool Teaching Hospitals NHS Foundation Trust will support our staff to have a can do attitude that will provide a positive staff and patient experience.
- We will continue to roll out our patient revolution programme and Talksafe initiative to support staff to challenge poor practice, support each other and celebrate success.
- We will also continue to develop our staff through the talent management scheme and support them with access to effective coaching, mentoring and preceptorship to equip them to lead the safety agenda.
- We will invest in training our staff in core features of human factors to organisationally embrace a safety culture.
- We will also provide a robust staff wellbeing service to ensure staff are supported through

their involvement in traumatic and stressful incidents, complaints or claims.

The Trust has identified that its key focus of safety will cover the following areas:

- Falls.
- Pressure Ulcers.
- Clinical Pathways.
- Care of the deteriorating patient.

Work within these areas of focus is already on going within the Trust and links to the Trust's Strategy and Quality Goals, it is therefore anticipated that this work will continue and be built on as part of the campaign via the following work streams:

- Care of the Critically Ill Patient / Mortality reviews.
- Pressure Ulcer Prevention.
- Falls Prevention.
- Better Care Now – Clinical Pathways.

The work of the Sign up to Safety Campaign will be further complimented through the work of the remaining workstreams associated with the Better Care Now project 'reducing delays' and 'avoiding re-admissions' and the overall campaign will be underpinned and supported by the education of staff via the established Talk Safe Programme and liaison with the Health Professionals Education Centre and NW Deanery.

Open and honest care

The Trust was one of the first of eight trusts to sign up to be a member of the 'Open and Honest Care: driving improvement' programme and this year has played a key role in working with NHS England and partner Trusts to support the development and implementation of the Maternity Open and Honest Care programme, becoming the first Trust to publish the report in September. This programme means we have made a commitment to publish a set of patient outcomes, patient experience and staff experience measures along with an improvement story identifying how we have responded to any lessons learnt from patient feedback, it informs the patients and the public how we are performing in these areas and using the information to improve the quality of the care we deliver and further reduce the harm that

patients can sometimes experience when they are in our care. Further information can be found on the Trust's website.

Talk Safe Programme

The Trust has implemented a TalkSafe programme in conjunction with the Learning and Development Department and Health Professional Education Team. This training focuses on enabling cultural and behavioural change through leadership and learning and individual and 'community' engagement to support the development and implementation of a safe culture, working and caring environment. Our staff are encouraged to challenge practice to make a difference and improve our safety culture through conversations based on a coaching approach.

Improving our Nurse Staffing Establishments

Inadequate staffing levels on hospital wards were highlighted as a major issue by the Francis Report into care failures at Mid Staffordshire NHS Foundation Trust. The Trust Board recognises the correlation between safe and effective staffing levels and the quality and safety of patient care, and takes full and collective responsibility for Nursing, Midwifery and Care Staffing Capability and Capacity whilst supporting evidence Based Decision making to inform staffing requirements, including numbers and skill mix.

At Blackpool Teaching Hospitals NHS Foundation Trust, we believe it is important to provide assurance to the Trust as well as reassurance for patients and their relatives that we are paying adequate attention to safe staffing levels. On a daily basis our senior divisional nursing teams review the staffing levels in each clinical area. This provides the opportunity to highlight areas of immediate concern and take action to address staffing issues and minimise patient safety risk.

We also display staffing levels at the entrance of every ward this provides patients and their families the details of the Shift Coordinator, the numbers of qualified and unqualified nurses the ward should have for each shift, and the numbers they actually do have on duty. Each month safe staffing exception reports are also presented to the board, nationally published and locally available on the Trust internet site. At least once every 6 months Nursing, Midwifery and Care Staffing establishment is discussed at a public Board meeting.

In 2013/2014 the Trust invested £1.5 million to uplift the Nursing establishment within the Medical Wards and the Orthopaedic Rehabilitation Ward. A further £1 million investment was agreed, following the February 2014 staffing review, which was invested into A&E, medical wards and surgical assessment unit throughout 2014/2015.

Preceptorship in the Community – Equipping Our Staff With The Skills To Support Quality Care

One of the aims of the Nursing and Midwifery Council (NMC) is 'to enable nurses to give and support high quality care in rapidly changing environments' (NMC 2010). In line with the aspiration of Modernising Nursing Careers (Department of Health (DH) 2006) to move towards more nurses 'starting their career in the community', the intention was that students would be equally prepared to work in hospital or community settings. (www.primaryhealthcare.net)

To meet this need, a newly qualified community nurse preceptorship programme has been developed and implemented at Blackpool Teaching Hospitals as described below.

The framework is designed to meet and/or develop specific competencies to allow individual staff to work effectively as a community staff nurse. It will further develop the knowledge, skills and values they have already gained as a student nurse and support their transition from student to Registered Nurse.

Each new member of staff is allocated a mentor on commencement and a tailored development programme is implemented to support their development and competency attainment. The programme is based on two-way commitment. The Trust commits to provide each member of staff with a mentor and the tools to become a competent practitioner. The mentor commits to release the staff member to attend each session and to support their learning.

The staff member commits to engaging with the programme and attending all planned sessions. The programme equips newly qualified community based staff with the necessary skills to become a competent and skilled registered nurse.

The preceptorship programme has proved very successful and has received positive feedback from staff engaged with it who feel supported in their role.

Blackpool Care Home Support Team - Working Collaboratively across Health Care Settings

Commissioned as a one year pilot, The Care Home Team commenced in April 2013 as a new innovative service supporting residents and care home staff within the Blackpool footprint.

The aims of the scheme were to reduce avoidable admission and A&E attendance by following alternative pathways to meet the health needs of 15 Blackpool care homes residents' involved in the scheme. Education and awareness of current methods of evidence would support care home staff to identify other community care options when residents have a particular conditions. Care in the right place at the right time. Key performance indicators requested by the CCG for the pilot were as follows:

- 95% of patients in the care homes were to have a care plan written and in place.
- Care staff were to receive training in falls, urine infections and pressure ulcer prevention and management.
- A 20% reduction of A&E attendance and admissions.

Holistic assessments are completed using nursing clinical indicators as a framework to proactively write care plans for all 600 residents within the scheme. Once written, the care plan is electronically shared with GP and the Care Co-ordination Team and a hard copy given to care homes providing written guidance of the planned management for each individual resident. Educational aid memoir tools were provided to support staff education, including interventional training in falls, pressure ulcer prevention and urine infection prevention. Training packages were devised and aimed at care home staff to support improved care and harm reduction.

Monthly safety audits are undertaken to demonstrate improvement or areas of focus, and using the same ethos as in the hospital wards a "how well are you doing" approach has been designed to effectively encourage staff to raise

focus on the quality of care. A root cause analysis approach is used retrospectively for all ambulance calls, conveyances and admissions to evaluate emergency admissions and develop action plans for future management and provides a lessons learned approach to reduce avoidable admissions.

Two years on from the launch of the scheme the following has been achieved:

- KPI's have been achieved.
- Funding agreed to expand the scheme to 42 care homes.
- Positive staff and patient experience.
- Reduction in patient harms particularly pressure ulcers.
- Reduction in A&E attendance and admission.
- Quality of care improved.

Serious Untoward Incidents

During the 2014/15 financial year, there were 122 Serious Untoward Incidents (SUIs) reported through the Department of Health's Strategic Executive Information System (StEIS). From these 122 incidents reported, 21 were downgraded, as they were identified as being non-Trust acquired pressure ulcers. These incidents were identified for management as SUIs requiring a high level Executive led investigation, involving a multi-disciplinary team of healthcare professionals.

As part of our SUI investigations, we ensure that systems and processes are reviewed, along with human factors, and recommendations for change are made, where it is identified that by making these changes, we as an organisation can mitigate the risk of further re-occurrence.

The main areas of highly reported incidents include Pressure Ulcers, Medication Errors, Falls and Documentation Errors.

The new Duty of Candour Regulation 20 was introduced in November 2014 which instructs all Trusts to record all communications and apologies to patients or their families when 'moderate' harm has occurred to a patient whilst under our care. As part of the SUI process, patients and/ or their relatives are consulted throughout the investigation process and are offered meetings with clinicians/senior nursing staff to receive feedback following completion of the investigation

report. Recommendations, changes in processes/systems and practices and lessons learned from incidents are shared with all those involved and more widely across the organisation, through our dissemination of lessons learned processes.

Emergency Planning

The Trust has a robust suite of emergency planning documents including major incident, business continuity, pandemic influenza and decontamination plans, which have been reviewed in 2014/15. All NHS Trusts were requested by NHS England to review their emergency preparedness against the NHS England, Emergency Preparedness, Resilience and Response Core Standards, the Trust declared a substantial compliance level rating in response to those standards for 2014/15.

Patient Experience

Learning from Patients

2014/15 has been a year of consolidating plans and fostering cultural change within the Trust, and the patient experience and involvement agenda has firmly been one of the key driver's behind that. We want to ensure that we provide the best possible treatment and outcomes for each and every patient and that everyone accessing our services feels welcomed, listened to, and valued by our well-trained and respected staff.

We acknowledge that patients, their families, and carers, are the experts in terms of their experience of our care. Taking on board their comments and suggestions allows us to design the type of services that they need and will use. A Patient Panel was developed in April 2014 to create a "critical friend" and ensure a more person centred approach is taken when considering proposals for local healthcare. Alongside the Patient Experience and Involvement Committee, this forum obtains insights on the needs and views of people across the Fylde Coast, and involves input from staff, and representatives from partner organisations such as Healthwatch to ensure that services are monitored and improved.

During the last 12 months there has been a 40% increase in all patient feedback the Trust receives; thanks to the continued promotion of a range of ways people can contact us with the award

winning 'Tell Us' campaign. This has provided more open access and support to enable patients, relatives and carers to raise issues not only via traditional methods, but also using third party advocacy services or online avenues such as patient opinion, the Trust's website and social media sites like Twitter and Facebook.

NHS Friends and Family Test

Since April 2013 we have been asking patients whether they would recommend us to their friends and family. Initially this was for adult inpatients and those using our Emergency Department, but maternity, community and mental health services now also ask the NHS Friends and Family Test question. Between April 2014 and March 2015 we have had responses from 27,076 patients. The vast majority (93%) of those responding said they would be either 'likely' or 'extremely likely' to recommend us and their additional comments have been overwhelmingly positive.

For further NHS Friends and Family Test results please view sections in the Quality Report.

Patient Relations Contacts

The Patient Relations Team received 3,825 contacts from members of the public over the last 12 months, an increase of 441 cases when compared to the number they received last year. The increase is due to the Patient Relations Team relocating to the main entrance foyer at Blackpool Victoria Hospital so they are more accessible to the local community, which is positive to Trust with regards to resources and issues are now being resolved a lot more swiftly, preventing them from requiring a formal investigation.

2,101 of these contacts were general enquiries and 1,724 of the contacts were informal concerns which were resolved within 24 hours.

Compliments

Compliments helps us to improve staff morale and ultimately leads to a better patient experience, as it allows us to develop good practice and improve the quality of care. During 2014/15 we obtained positive feedback regularly via thank you letters, and tokens of appreciation from patients and their families, and developed an e-compliment form to enable staff to let us know when they have provided great care or help and support to a member of the public.

Total number of compliments

	2012/13	2013/14	2014/15
Total number of compliments	3,789	4,331	4,666

Complaints

Over the last 12 months we have implemented a centralised approach to complaints which enables staff to better and more proactively manage negative patient experiences. With the Complaint Review Panel and clearer guidelines on how to handle a complaint at the point of origin or in a complaint investigation there is now a real impetus of 'getting it right the first time – every time'.

The number of formal complaints received by the Trust in 2014/15 was 501 this includes 418 written complaints and 83 verbal complaints made. The overall number of formal complaints show a decrease of 2 for the Trust figures.

Patient complaints are a regular agenda item on the Trust Board and are also discussed at each Divisional Clinical Quality and Risk meeting, the Learning from Incidents and Risks Committee and the Trust's monthly Complaint Review Panel to ensure recommended action plans are embedded in practice across the divisions, preventing quality and safety issues from arising again. In the last financial year complainants have shared their experiences in a variety of ways, including participation in the recording of educational DVDs, telling their story and sharing it with staff or by filling in the complaint evaluation survey issued with every formal response the Trust issues.

Further details on complaint performance are contained in the Quality Report at Annex A.

Parliamentary and Health Service Ombudsman

During 2014/15, the Ombudsman investigated 18 Trust complaints. Of these, the Ombudsman decided one case to be reported as partially upheld, one case not upheld, one case resolved via local resolution and 15 are still under consideration and classed as being 'referred to the second stage'. The Ombudsman made recommendations to the Trust in regard to the partially upheld case and an apology letter was provided.

In other instances (cases resolved during 2014/15 but referred to the Ombudsman prior to this financial year) the Ombudsman made six recommendations which included an acknowledgments from the Trust for the failings identified in the Ombudsman's final report, two payments of £1,000 financial redress for injustice suffered and the development of action plans describing what has been done to ensure lessons learnt from the failings identified. These will be monitored by our Board of Directors until completion.

National A&E Survey 2014

A questionnaire was sent to 850 patients of Blackpool Teaching Hospitals between January and March 2014 – responses were received by 267 patients giving a respectable response rate of 32%.

The Trust performed 'about the same' as the majority of all participating trusts in England in all of the seven areas of care examined – see table below.

Patient survey	Patient response	Compared with other Trust's
Arrival at the Emergency Department	7.9/10	About the same
Waiting Times	6.1/10	About the same
Doctors and Nurses	7.9/10	About the same
Care and treatment	7.4/10	About the same
Tests	8.1/10	About the same
Hospital environment and facilities	8.3/10	About the same
Leaving A&E	5.9/10	About the same

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. One Never Event was reported within the financial year 2014/15, which was investigated under the Serious Untoward Incident investigation process.

The Trust reported this 'Never Event' incident through the Department of Health's Strategic Executive Information System (StEIS) in July 2014. This incident came under the criteria of 'Wrong Site Surgery' and related to a patient procedure of excision of a mole of the wrong site. All never events are subject to a full Executive led SUI investigation, which was carried out and led by the Director of Nursing & Quality, with a detailed report being finalised and signed off by the Chief Executive. Recommendations and lessons learned have been identified from the investigation, which have informed a Divisional plan of improvements, specifically around taking consent and the use of body maps and medical photography.

The Never Events Policy Framework is designed to provide healthcare workers, clinicians, managers, boards and accountable officers with clarity around their responsibilities and on the principles of never events. In particular, it is designed to be clear about what they are expected to do in terms of preventing never events and how they must respond to them if they should occur, including clarity around incident reporting. 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.

NHS England aim to publish the final revised Never Events Policy Framework by the end of the year, which the Trust is committed to integrating into its current processes for the management of never events.

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.

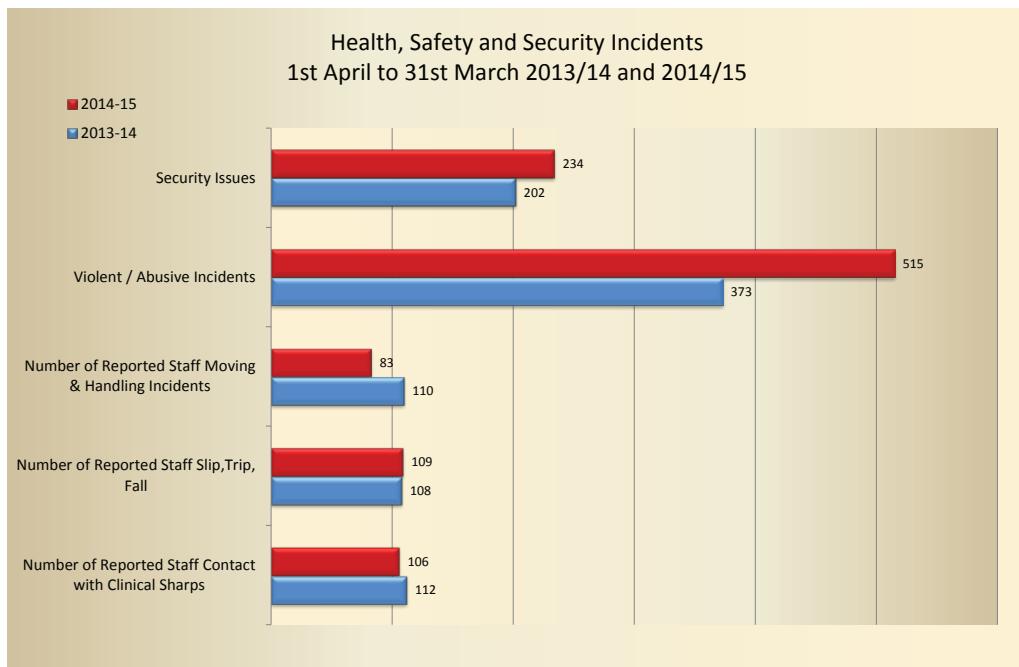
There has been a decrease of less than 1% in needlestick injuries from 90 to 89.

Moving and handling incidents have shown an increase of 10%, an increase of 10 incidents over the previous year (100 incidents). 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 increased by less than 1%, up by 1 incidents over the year. 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 an increase of 21% on reporting of Health and Safety incidents of 1,180 in 1st April 2013 to 31st March 2014 compared with 1,432 for 1st April 2014 to 31st March 2015. 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 overleaf details reported Health and Safety, Security and Violence and Abusive Incidents 1st April 2014 to 31st March 2015 compared with 1st April 2013 to 31st March 2014.



Security Management

The delivery of a safe environment 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.

The Trust currently employs two accredited Local Security Management Specialists (LSMS) to lead on security work to identify and tackle crime. The aim is to protect both its staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals.

One of the key areas of work for the 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.

The number of verbal abuse and/or aggressive incidents reported between 1st April 2014 and 31st March 2015 were 515, compared to 373 reported incidents in the previous financial year, showing an increase of 38%. The A&E Department accounted for 15% (79 reported incidents) of all violence and aggression reported across the Trust.

The LSMS attends all North West Regional Forums and refresher training sessions, in order to ensure a continual update process on the latest guidance and regulations.

A Security Management Strategy has been produced that sets out the Trust's security priorities and how it is delivered to ensure all members of the Trust understand its priorities in relation to security management and identify ways of working towards achieving them.

The LSMS responsibilities are broad, but nationally dictated priority areas of action have been identified to deliver the anti-crime work, outlined under the four NHS Protect standard areas of:

- Hold to Account.
- Inform and Involve.
- Prevent and Deter.
- Strategic Governance.



It is important the Trust develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets and participates in all national and local publicity initiatives to raise security awareness. The LSMS continues to work closely with its partner agencies as well as developing new and extended contacts.

A standing item on the Security Committee agenda is the statistics from the Police and from the LSMS relating to criminal and Trust related incidents showing a definitive form of evaluation in regard to partnership working relationship between the (LSMS and Police) this also embeds a form of measurement in regard to the success of said relationship.

We are committed to ensuring that Trust staff are properly protected and appropriate training is recognised, as a key factor, Conflict Resolution 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 more new camera installations during the 2014/15 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 memory has also been updated to allow a more streamlined efficient system with the operating platform being upgraded from ASM100 – ASM200 which also give greater usability and

search facility. The security room both monitor and control some 200 cameras.

Further details on patient care activities are contained in the Quality Report at Annex A.

Workforce

As detailed above, our Workforce Strategy 2014-2019 is a key document that brings together strategically all that we do to attract, develop, retain, support and reward our people to meet our strategic priorities. In order to meet the new challenges and opportunities ahead it is vital that we have the right people, in the right jobs with the right skills at the right time. We recognise the impact staff experience has on our patients experience and the delivery of high quality safe and effective care.

Our aim is to create a great and safe place to work and the best place to receive care by ensuring that our staff experience compassion, excellence and positivity and that we are putting people, patients and staff, at the centre of everything we do. Our strategy outlines how we aspire to achieve this aim.

Never has it been more important to continue the staff engagement work by continuously involving staff in things that affect them alongside implementing new ways of working, managing changes and transformation of the workforce.

Breakdown of Staff

As at year end the breakdown of Director's, other senior managers and employees by male and female categories is indicated in the table below.

Breakdown of Staff as at 31st March 2015		
	Male	Female
Directors and other senior managers*	9	6
Employees	1,308	5,339

*Directors and senior managers comprises Executive Directors and Non-Executive Directors in post at 31st March 2015 as disclosed in the Remuneration Report.

Staff Survey

What our staff said:-

As a Trust we have achieved average scores or above average for the majority of the key findings and we are in the top 20% of Trusts for 8 out of the 29 key findings. Our overall engagement score has slightly deteriorated by 0.5% since 2013, however this is average when compared to other Trusts of a similar type.

A number of key findings require some work to improve upon. One of these is the percentage of our staff that have experienced bullying, harassment or abuse from patients or the public. Work is underway within the divisions to identify exactly where the areas are that have a significant problem in order that we can support actions going forward.

Survey Questions	2013/14 %		2014/15 %		Trust Improvement/Deterioration
Response Rate	Trust	National Average	Trust	National Average	
	47%	46.9%	42.6%	42%	4.4% Deterioration – however this is in line with the average decrease seen across the NHS

Survey Questions	2013/14 %		2014/15 %		Trust Improvement/Deterioration
	Trust	National Average	Trust	National Average	
Top 5 Ranking Scores					
Percentage of staff experiencing discrimination at work in last 12 months	7%	11%	8%	11%	1% deterioration since 2013/14 – remains better than national average
Percentage of staff working extra hours	62%	70%	63%	71%	1% deterioration since 2013/14 – remains better than national average
Percentage of staff having well-structured appraisals in last 12 months	38%	38%	44%	38%	6% improvement – this question was in our bottom 5 ranked scores in 2013/14
Percentage of staff receiving job-relevant training, learning or development in last 12 months	82%	81%	84%	81%	2% improvement
Percentage of staff appraised in last 12 months	92%	84%	94%	85%	2% improvement – significantly higher than national average

Survey Questions	Staff Survey Results 2013/14 %		Staff Survey Results 2014/15 %		Trust Improvement/ Deterioration
Bottom 5 Ranking Scores	Trust	National Average	Trust	National Average	
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	28%	33%	34%	34%	6% deterioration
Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department	Not surveyed last year		50%	56%	No comparable data available
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	15%	15%	16%	14%	1% deterioration
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	29%	29%	33%	29%	4% deterioration
Percentage of staff able to contribute towards improvements at work	74%	68%	68%	68%	6% deterioration since 2013/14. We were in the best 20% for this question last year

Actions to Address Areas of Concerns

- Detailed analysis is currently being undertaken by Division and Occupational group to identify key differences within the data.
- HR Business Partners will work with all of the Divisions/Directorates to support the development of their specific action plans.
- An improvement plan is being developed for the key themes overall arising from the staff survey.
- An Improvement programme is under development to include representatives from across the Trust who will drive improvements in quality, safety and experience.
- A communication plan is being developed to provide feedback to staff on the outcome of the staff survey in respect of a You Said, We

Did campaign which will also be aligned to the Workforce Strategy.

Engaging with our Staff - Vision and Values Strategy for 2020

The Trust has published its strategic intentions and finalised the review of the Trust values earlier this year. By way of consulting and communicating visibly and openly with staff the Chief Executive and Executive Directors led a series of nine engagement events throughout July 2014.

A total of 615 staff from across the Trust were randomly selected from the Electronic Staff Record (ESR) and invited to the events. A total of 182 staff attended, representing their divisions as shown in the table below:

	Attendees	Percentage
Adult Community Services and Long Term Cond. Division	61	34
Clinical Support & Facilities Management Division	26	14
Corporate Services Division	28	15
Families Division	27	15
Research & Development Division	2	1
Scheduled Care Division	22	12
Unscheduled Care Division	16	9
Total Attended	182	100

As part of the event programme staff were asked to identify ideas that would contribute towards the delivery of the strategic intentions. This enabled staff to describe and share their individual day to day experiences of providing care and services, identifying non value adding activity and ideas for improvements.

An analysis of the main themes and comments from the evaluations highlight that a number of key actions need to be implemented in order to maintain and sustain enthusiasm and belief that the Trust has truly listened and acted upon the experiences and opinions of staff.

It is clear that central to making a difference is the responsibility of all managers and leaders on a day to day basis to increase levels of commitment and positivity of staff at all levels.



Vision and Values Implementation Plan

Description	Actions	By When
Launch and embed the Trust Values	<ul style="list-style-type: none"> Secure an official launch event for the Trust Values Implement actions from the Values Implementation Plan Embed the Values in to all aspects of the organisational life (recruitment, appraisal, policies, management of complaints, incidents and investigations) Regularly audit the Values through appraisal and staff survey 	October 2014
Establish a 'Best Place to Be' (BP2B) group to become the guardians of the Trust Values (focus on launch, ongoing development and sustainability)	<ul style="list-style-type: none"> Identify Executive level group chair Identify group membership (representation from each Division and staff group with authority to act and feedback). To be actively supported by DDOP Active management of staff survey/ FFT response rates and outcomes 	November 2014
Actively address issues limiting the benefits of Trust integration	<ul style="list-style-type: none"> Establish a 'common purpose' campaign to unify staff at all levels to agree a suitable name for the Trust. Led by the BP2B Mandatory PDP objective for all staff to shadow a related service/ process to increase understanding/ appreciation and identify staff and patient improvements 'in your shoes' initiative Identify key service improvement work streams associated with strategic intention/priorities 	January 2015
Assess leadership competence and capability as measured by outcome performance (Quality Dashboard, staff survey) and implement a revised effective management and leadership development programme	<ul style="list-style-type: none"> Implement monthly 'Management Forum' to provide two way comms and best practice Implement Medical Engagement Team Review the purpose and mandate attendance at Team Brief Implement an intensive leadership development programme (include assessment using LMSQ for all 1.400 and HLM for top 100 initially. Align with actual performance, talent management, succession planning and development)** 1400 Band 7 and above = £80m Implement suite of Management and Leadership development programmes to support effectiveness, including performance coaching/mentoring 	October 2014 onwards

Undertake a comprehensive review of IT and information systems	<ul style="list-style-type: none"> Establish an improvement workstream and working group Audit priority areas Report bi-monthly to BP2B group Lead to identify specifications here 	October 2014 onwards
Review communications	<ul style="list-style-type: none"> Communicate outcomes from the summer engagement events 'You said – we are going to do/we have done'. Undertake audit of Trust communications Establish an improvement workstream and working group Report bi-monthly to BP2B group Revise Team Brief 	October 2014 onwards
Improve the effectiveness of appraisal	<ul style="list-style-type: none"> Undertake a comprehensive review of the quality, content and process Revise related policy and documentation Integrate Values into the process Audit the process annually 	September 2014 Report by January 2015
Continue 'Engagement Events' approach to communicate key messages, be open to feedback and integrate staff	<ul style="list-style-type: none"> Quarterly CEO roadshows Implement quarterly Divisional roadshows Train facilitators for consistency (?BP2B group members and HRBP/ Advisors/PE&Dev teams) Continue to identify themes and agree appropriate and timely actions 	Ongoing
Establish a formal Innovation Hub	<ul style="list-style-type: none"> Scope requirements to implement an effective innovation hub service (virtual membership and operating processes to be determined) Incubator for talented staff/ succession planning 	March 2015
Trust Staff Awards	<ul style="list-style-type: none"> Continue the awards Review the categories to reflect the Trust Values for 2015 	

Promoting Equality and Diversity

Table: Summary of Performance – Workforce Statistics

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 below identifies the breakdown of staff groups for April 2014 to March 2015.

Organisation	Ethnic Origin	Full Time Equivalent (FTE)	Headcount
Blackpool Teaching Hospitals NHS Foundation Trust	0 White	7.97	10
	4 Indian	5.2	6
	5 Pakistani	2	2
	7 Chinese	7.47	8
	9 Not given	0	0
	A White - British	4880.2	5787
	B White - Irish	32.3	38
	C White - Any other White background	91.82	99
	C3 White Unspecified	0.49	1
	CA White English	4.64	5
	CB White Scottish	2.55	3
	CFWhite Greek	1	1
	CK White Italian	28	28
	CM White Traveller	1	1
	CN White Gypsy/Romany	1	1
	CP White Polish	9.15	10
	CQ White ex-USSR Total	1	1
	CY White Other European	40	40
	D Mixed - White & Black Caribbean	8.27	10
	E Mixed - White & Black African	3	3
	F Mixed - White & Asian	13.41	15
	G Mixed - Any other mixed background	8.04	9
	GC Mixed - Black & White	1	1
	GF Mixed - Other/Unspecified	2.6	3
	H Asian or Asian British - Indian	117.03	123
	J Asian or Asian British - Pakistani	31.68	33
	K Asian or Asian British - Bangladeshi	4.53	5
	L Asian or Asian British - Any other Asian background	46.23	50
	LA Asian Mixed	1	1
	LE Asian Sri Lankan	1	1
	LH Asian British	1	1
	LK Asian Unspecified	1	1
	M Black or Black British - Caribbean	5	5

Blackpool Teaching Hospitals NHS Foundation Trust	N Black or Black British - African	16.44	18
	P Black or Black British - Any other Black background	2.6	3
	PC Black Nigerian Total	1	1
	R Chinese	11.42	15
	S Any Other Ethnic Group	56.57	61
	SC Filipino	17.8	18
	SD Malaysian	2	2
	SE Other Specified	5	5
	Undefined	6.89	9
	Z Not Stated	200.13	228
Total		5,680.43	6,662

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:

- Working with the local Low Vision Group to improve Trust communications.
- Working with the local Deaf association to improve understanding and communications.
- Memory Trees to assist patients with Dementia during their stay on a ward.
- Reviewing mechanisms to support patients in hospital with a learning difficulty.
- Understanding the needs of minority/hard to reach groups to make 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's current Equality Objectives are:

- Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.

- Improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience.

The objectives are monitored by the Trust's Equality Diversity and Human Rights Steering (ED&HRS) Group. Following the outcome of the 2014 Equality Delivery System (EDS) public consultation and engagement event it was agreed these objectives should continue for 2014/15. By maintaining the two equality objectives it provides the ideal opportunity for the Trust to further improve in these areas. 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 held its fourth Equality Delivery System (EDS) public consultation and engagement event in June 2014 at venues in Blackpool and Lancaster. The report from the consultation identified:

- Further evidence was required in relation to work carried out with community teams particularly in the Lancaster area.
- To improve service user involvement in policy development.
- More evidence required across all protected characteristics in service provisions and delivery of healthcare.
- Improve the evidence to show complaints are handled efficiently and with respect.

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.

Recruitment and Two Ticks

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.

Recruiting and Retaining the Best Staff

Key challenges for us during 2014/15 have been recruitment and retention of medical and nursing staff. This reflects current regional and national difficulties in nursing recruitment and in a number of specialties for medical staff.

The Trust will continue with its overseas recruitment campaign to fill the majority of nursing vacancies along with continuing to attend recruitment fairs and advertise across the UK. In addition to this, there is to be a clear focus on addressing the poor retention of both qualified and unqualified nurses.

The Trust has also been invited to take part in a project which will research the retention of nurses and will identify a clear plan of action needed to improve it. We envisage that a concerted effort to improve retention and a clear recruitment plan

to reach required staffing levels will significantly reduce our current reliance on the use of bank and agency staff.

Developing our Staff

We consolidated much of our clinical leadership in 2014 and began to analyse any gaps whereby improving leadership can help improve patient care. The skills required to lead local and organisational change programmes, manage projects, and lead service improvement remain equally high on the learning agenda.

Our coaching programme continues with staff 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.

We have invested heavily in training for Appraisers in 2014, across all our locality areas. The key focus was on the quality of the appraisal conversation which was supported by the delivery of "Courageous Conversations" training and in-house videos of examples. 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 2014 highlighted that staff are much more satisfied with the quality of their appraisal and how their role links to the corporate objectives:

Did the Appraiser explain the Trust Objectives in a manner relevant to your job role?		
Answer Options	Response Percent	Response Count
Yes	87.2%	951
No	12.8%	139
Please explain your response		179
answered question		1,090
skipped question		133
Did the Appraiser discuss and agree clear departmental objectives?		
Answer Options	Response Percent	Response Count
Yes	90.2%	983
No	9.8%	107
Please add any further comments you believe useful		82
answered question		1,090
skipped question		133

Did you and your Appraiser agree a meaningful Personal Development Plan?								
Answer Options				Response Percent	Response Count			
Yes				92.8%	1011			
No				7.2%	79			
Please add any relevant comments that enhances these statement or supports your answer:					113			
answered question					1090			
skipped question					133			
How would you rate your experience of the following?								
Answer Options	Excellent	Very Good	Good	Fair	Poor	Response Count		
Use of the Electronic system	170	347	360	127	38	1042		
Quality of the Appraisal discussion	277	378	266	96	25	1042		
Appraisal overall	247	361	297	104	33	1042		
answered question					1042			
skipped question					181			

Mandatory training came very close to the Trust target of 90% for over half of 2014, staying stable at 82% going into 2015. Completion of the workbooks account for approximately half the compliance rates with 2153 staff accessing around 3700 books. ELearning is now well established and work continues to ensure staff are able to complete training requirements in a more timely and convenient way, allowing a more blended approach to learning.

From October 2014, all new starters commenced the Trust Induction programme as their first day in employment. 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. Staff also then commence in post with mandatory training compliance and are therefore immediately safe to practice. The programme content is based around the Trust Values and 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 all our non-medical students.

We supported 115 apprentices at work and offered in excess of 150 Work Experience placements for our local youngsters.

We are accredited Investors in People Gold and underwent a full assessment against the standard with Investors in People in November 2014. The key themes from the assessment were:

- Great place to work.
- Dedicated and resilient staff.
- Strong commitment to safety and quality.
- Best practice approach in many areas eg strategic planning, L&D strategy, coaching, occupational health.
- Significant progress on integration.
- Continuous improvement ethos.

There is a plan in place to concentrate on some indicators which apply to the Gold standard and to provide assurance that the Trust is at this level by December 2015.



Medical Education

Throughout the year we have continued to develop and make improvements to the way we train and educate our medical student doctors and doctors in training (Trainees).

Our medical students are from Liverpool and Lancaster Universities. Many of them spend either a full year or two years on placement at the Trust, training and preparing to become Foundation Trainee Doctor's. The medical students are supported by the education team, trained by our medical workforce, local GP's and other multi-professional staff across the organisation. The fourth year medical students sit their final medical exams while they are on placement, we provide extra support which includes a full revision teaching programme and offer different types of support, such as relaxation classes during this period. We host the clinical final exams for Liverpool University each year in the summer and we are particularly grateful to our local patients who get involved. We have had great success with the newly developed Blackpool Medical Society which is aimed at supporting and creating a community for the medical students and the foundation trainees. Having medical students on placement is very important for the Trust as it helps to create a dynamic learning culture, a teaching environment and supports the recruitment of a future medical workforce.

The Trainees across the different training years and specialities are offered support in careers advice, leadership and management, education

and research. The Foundation Year Two trainees enrolled on a twelve month leadership programme through Lancaster University. One of the key outcomes from the programme is to lead on a local initiative in clinical practice to help make a difference to clinical practice and the care we provide to our patients.

The state-of-the-art Simulation and Clinical Skills Facility offers all clinical staff an opportunity to learn new skills, refresh existing skills and to test out new pathways of care in a safe learning environment. The centre is focused on patient safety and is driving forward safety initiatives such as 'talk safe' and training in human factors and non-technical skills which impacts on individuals and team performance. A Team Resources Management programme has been developed for the ward Managers. The clinical pathway initiative feeds directly into many of the simulation scenarios being taught and there is now a 'Better Care Now' training room for all staff to use throughout the working day. A very new and exciting element of the simulation work this year has been insitu-simulation. This is where a team of trained simulation staff go out into clinical practice to run clinical scenarios using the high technical manikins with natural teams of staff who normally work together. This has enabled us to test systems, support staff and improve training which supports safer care. The centre was delighted this year to receive recognised accreditation from HENW for its faculty and a number of its courses and we are currently seeking centre accreditation.

Knowledge and Library Services

The Knowledge and Library Service is a valuable resource which supports all areas of the Trust in providing evidence based information to support clinical and corporate decision making, staff development, and service transformation.

Staff development is one of the Trust's top priorities to ensure an engaged and high performing workforce and the library supports this by reaching out to all staff, regardless of their role or location. To this end the library is supporting the Trust's objective of ensuring our staff at all levels are equipped with the right knowledge, skills and behaviours for the roles they undertake.

To ensure we are reaching staff based in the community, one of our team of professional librarians travels to Moor Lane Mills in Lancaster each month to provide a drop-in session for staff wanting to know more about library services and how to access the wealth of online information resources provided by the Trust and by NHS England. This service continues to be utilised and the numbers of staff attending are increasing as awareness grows amongst community staff. Staff have commented that it was really helpful to have a training session on how to access papers of interest and find out how to use library services for their own professional development

As users become more familiar with the use of online resources through a variety of devices and mobile technologies in everyday life, it is important that libraries provide access to a wide range of resources to be accessed at the point of need. Our online resources continue to be well utilised and activity is monitored to enable us to make sensible purchasing decisions. The types of online services we provide include website updates; Horizon Scanning bulletins on a variety of topics; Journal content alerts; e-learning courses on accessing and using library resources.

A recent survey demonstrated that the library service is used widely by staff from diverse specialties. Significantly, the service has been used to obtain information and evidence in support of service development initiatives, thereby consolidating the fact that the service has expanded in recent years to provide literature searches for managers. The library service continues to play a vital role in providing evidence to support the development of Better Care Now pathways,

as well as Trustwide policies and guidelines. It is also apparent that staff members across the organisation rely upon the service to confirm or consolidate information that they have previously sourced. The Clinical Librarian therefore performs a quality assurance function in reaffirming the correctness, appropriateness, and timeliness of information used in clinical practice.

The quality of our library services is maintained at a high level by ensuring compliance with national standards for health library services. Following the latest assessment (August 2014), the Knowledge and Library Service at Blackpool Teaching Hospitals was 93% compliant with the national standards (above average for Acute Trusts in the North West) and received the comment "You are continuing to do some excellent work around knowledge management."

Staff Communication

The Trust this year refreshed its vision and values after widespread consultation with staff.

In early 2013 as a result of integration with our community services, the previous Trust values were reviewed through a series of engagement events with over 350 staff involved from across all areas of our organisation. Later that year Big Conversations were held with over 500 front line staff in both the community and hospital to identify the behaviours that underpin each value. In 2014 we continued to organise a series of focus groups with staff which helped refine and agree the core values alongside the underpinning behaviours.

The core values were launched this year which were derived from these events and describe the way in which all Trust employees will approach their day-to-day lives whether actively providing care or treatment; communicating with patients, carers and families; or when working with colleagues as part of a team. These values are:

- People-centred – serving people is the focus of everything we do.
- Excellence – continually striving to provide the best care possible.
- Compassion – always demonstrating we care.
- Positive – having a 'can do' response whatever the situation.

From this work the Trust also launched its

'Together We Care' strapline which encompasses the vision for 2020 of improving the health and well being of the population through partnership working with community services, health and social care, focusing on ill-health prevention, management of long term conditions, and timely access to treatment.

The Trust also held its biggest ever internal communications survey. The key findings indicated that although the vast majority of staff, 97%, reported that the quality of information received was very good, good or satisfactory, that there were elements that could be improved upon.

The main theme was that there was too much information overall and it needed to be targeted better to make it more relevant to staff, particularly those in the community who felt much of the communication provided was too acute focused.

A number of changes have taken place as a result of the feedback with a new staff magazine launched called The Pulse which is now published bi-monthly, but contains a number of previously separate publications and all stories are now



linked to the above values and feature community services on a more regular basis.

Staff have been engaged to help improve other Trust services with annual surveys dealing with Information Governance, Fraud Awareness, Security and Finance. Key results from the survey have been used to design future learning and development plans.

The Trust has rewarded excellence and innovation through awards given out at the annual general meeting including the Cardiac Nurse of the Year award and the Dottie Hall memorial award.

Members of staff have also been recognised for their hard work and dedication through the Trust's annual Celebrating Success awards.

The Trust's Communications team has promoted site improvements such as the official opening of the new main entrance at Blackpool Victoria Hospital, the Midwifery-Led Unit and Fylde Coast Birth Centre.

Media and social media campaigns have included Takeover Day, Paediatric Diabetes Care Plans, Research and Development awareness, heart health campaigns, NHS Change Day, blood donation campaigns, an ovarian cancer campaign, the new Memory Corridor for dementia patients at Blackpool Victoria Hospital and a new Plan of Care for the Dying Person.

In terms of reputational communication the Trust has focused on the CQC, Dr Foster, mortality figures, community services, ensuring balanced media coverage and minimising potential adverse publicity.

The Communications team continues to champion the good work that goes on throughout the Trust by securing positive coverage within a wide spectrum of media and through its own publications – News Round, This Week, Health Matters, Your Hospitals and The Pulse.

The Trust's Vision and Values are reflected throughout these publications.

Sickness Absence

Absence is above the target of 3.5% finishing at 4.47% year to date at the end of March. However the latest benchmarking figures available indicate that at the end of January 2015, the average absence rate across the North West region was 5.2% and 4.8% nationally. The latest figures released by the Health and Social Care Information Centre (HSCIC) also show an increase in overall sickness absence, rising to 4.48% in November 2014 from 4.24% in November 2013. They also report that the North West has the highest regional sickness absence at 5.25%

Every division is continuing to work through an action plan to improve absence rates which is reviewed monthly. The retention of nurses has remained a continuing challenge throughout the year and the subsequent vacancies that result from this along with re-organisations within certain

divisions have contributed to sickness levels across the nursing community.

Focus on the importance of entering accurate absence reason codes continues. Greater detailed analysis of the reasons reported for absence will help us to identify areas requiring closer scrutiny and to develop targeted interventions to reduce sickness absence.

We have undertaken significant analysis around sickness absence. The split between short term absence (up to 28 days in duration) and long term absence (absence that continues beyond 29 days) is close. The top 5 absence reason codes have also been identified by division, by staff group, by banding as a percentage of absence and total of full time equivalent days lost. There has been a continuing theme around stress, anxiety and depression as one of the highest reasons for absence.

Overall Trust Sickness Absence Rates	
Year	Sickness Absence Results
2010/2011	4.23%
2011/2012	3.52%
2012/2013	3.85%
2013/2014	3.92%
2014/2015	4.47%

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 (2014 Calendar Year)	Average FTE 2014	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
4.3%	5,726	1,288,273	55,317	9.7

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 2014/15 which is the quality assurance standard for Occupational Health providers. Our seasonal flu campaign achieved an uptake of 75% for front line staff and we are looking for another 222 colleagues from across the Trust to meet the national target of 75% - this is an improvement on last years' uptake. The Occupational Health

Physiotherapy service trial was well received by staff, with many stating that attendance at a clinic prevented them from going off sick with a muscular-skeletal problem.

The Trust has set up a Healthier Workforce Taskforce and is involved in two exciting new projects with NHS Employers which are aimed at improving emotional health and wellbeing across the Trust. Both are designed to help managers and employees consider their own and others emotional health and how it can be improved so that attendance levels can be improved. These projects will be included in a new Health and Wellbeing Strategy which is currently being developed.

The department continues to offer Occupational Health 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.

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 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 made recommendations for 20% of doctors in 2013/14, and has made 40% in 2014/15. We are expected to make recommendations for a further 40% of our doctors in 2015/16 respectively and thereafter the process will continue as per regulation.

Information Management

Health Informatics Overview

The financial year has seen the consolidation of all Health Informatics functions into one divisional structure, this includes ICT, Information Management, Health Informatics Programme, Information Governance and Web Development. This restructuring has also seen the closing of the Poulton Office site and the consolidation of all staff

into Victoria Hospital site with the majority of the division housed in a single building, this has helped with coordinating and managing the multiple complex projects the division is involved with.

During 2014/15 the Health Informatics Committee (HIC) has been reviewed with revised terms of reference and membership, the Senior Information Risk Owner (SIRO) role has been passed to the Deputy Director of Information and the governance processes for the committee revised.

The 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.

Information Communications Technology (ICT)

This year has seen ICT expand collaborative working with Blackpool Council, allowing for a shared server room environment at the new council building, this has reduced costs to the Trust as well as providing a state of the art environment providing more reliability and resilience as well as more scope to expand in the future.

A dedicated PC replacement programme has also been initiated allowing the Trust to remove aging Windows XP computers and replace them with Windows 7 machines that will improve performance and reduce unproductive time in clinical and non-clinical areas.

Other ICT projects have included:

- Active Directory Upgrade.
- Remote E-mail Server Upgrade.
- Voice Recording Server Upgrade.
- Backup Server Upgrade.

Information Management (IM)

Major developments and delivered projects for 2014/15 have included:

- Clinical Hub – a in house developed solution allowing clinicians a single point of access to information to aid in the treatment of patients.
- eReferrals – in house developments for various



departments allowing the real time requesting of interventions/assessments from other departments within the Trust.

- eForms – Various electronic forms developed for the collection of real time data to improve the care given to patients including patient pathways, community in reach, anesthetic assessment.
- Changes to the clinical coding department structure with dedicated quality assurance function to improve the timeliness and accuracy of clinical coding to ensure better provision of information to plan and deliver clinical services.

Health Informatics Programme

During 2014/15 the Health Informatics Strategy has been rewritten and a draft operational plan produced. This has enabled a more structured programme and project approach across the wider

Health Informatics Division and the creation of a single programme of work.

The aim is to achieve a paper light way of working by 2018 in line with the Governments challenge to the NHS. Projects started in 2014/15 include:

- Electronic Prescribing EPMA.
- Community Systems Replacement.
- Electronic Document Distribution to Primary Care.
- Clinical Portal.

Projects starting imminently:

- Acute Patient Administration System (PAS) Replacement – Open Source Approach.
- Accident and Emergency System Replacement - Open Source Approach.

- Theatres System Replacement - Open Source Approach.
- Order Communications and Results Reporting - Open Source Approach.
- Bed Management - Open Source Approach.

Projects being planned:

- Electronic Document Management (EDMS).
- Clinical Noting - Open Source Approach.
- Electronic Observations and Vital Signs capture
- Blood Tracking.
- Clinical Workflow Engine - Open Source Approach.
- Advanced Scheduling - Open Source Approach.

The Trust has adopted an “open source first” approach to the implementation of clinical systems and has been working closely with NHS England on this exciting and innovative approach and has become an inaugural member of the OpenMaxims Community of Interest Company. The aim is to reduce the total cost of ownership of clinical IT systems for the Trust and the wider NHS working in a more flexible and collaborative way.

Facilities Current Developments

The Trust is currently engaged on a rationalisation of the estate to consolidate the footprint it occupies in all buildings where we deliver a service from. This is designed to provide a better level of integrated care to all patients who access our services and recognising the need to provide more care in the community.

The Trust has made significant investment this year into the facilities and the environment at Clifton Hospital to improve the care and facilities available to patients and relatives. The work that has been started will continue in 2015. It includes the refurbishment of the ward areas, improving facilities for patients with dementia and to create a friendly and safe environment for patients to receive care. The work has also improved the physiotherapy facilities for patients and staff facilities on the site.

Blackpool Teaching Hospitals has entered into a partnership working arrangement with Blackpool Council by jointly tendering a number of maintenance contracts which have resulted in cost savings for both organisations and this partnership working has extended into the sharing of senior staff resources across both organisations.

Following on from the work we undertook in 2014/15 we will continue the improvements to our building management system to ensure all plant is operating as efficiently and economically as possible, while maintaining a safe and comfortable patient environment.



Environment and Sustainability

Investment into energy efficiency technologies during 2013/14, via a £1.3m Department of Health grant, has led to 2014/15 being a successful year for the Estates Department. Upgrades to the heating and hot water systems, alongside improvements to the steam distribution system, have realised energy savings circa £0.3m and resulted in a decrease in CO₂ emissions by 2,000 tonnes. External funding was sought to extend the project for a second phase in 2014/15, which saw an additional three plant rooms at Blackpool Victoria Hospital upgraded from steam calorifiers and replaced with energy-efficient plate heat exchangers. This has resulted in further savings of £0.1m and 530 tonnes of CO₂ emissions.

Improvements to the Trust's Building Management System have taken place and modifications made to heating/cooling systems to allow for better control and to create a more comfortable environment for the patient. Existing controllers have been upgraded at remote sites, such as National Artificial Eye Service, and these can now be monitored and adjusted via the Trust's central system.

A 100kW CHP unit was commissioned in July 2014 at Clifton Hospital to provide clean electricity and heat to the site. Since commissioning, the system has achieved savings of 100 tonnes CO₂ emissions and is predicted to save £0.015m per annum going forward. The CHP unit has been supplied under a financed energy purchase contract, installing the unit at Clifton Hospital is anticipated to save in the region of £0.01m per annum on the current energy bills.

Under the EuroSite Power contract, Carbon tax savings are shared 50:50. The Trust savings are therefore assured by the CHP tariff indexed to utility tariffs and increase as utility prices increase. The Trust also does not carry the efficiency risk and only pay for metered electricity and heat, while Eurosite Power also maintain the equipment.

2014/15 continues to see the financial benefits of the 1.2MW CHP onsite at Victoria Hospital. Although there was an extended period of downtime due to engine failure, the CHP has still achieved an annual net saving of £160,000 for the Trust and prevented 1,887 tonnes CO₂ emissions being emitted into the atmosphere.

The Carbon Reduction Commitment Energy Efficiency Scheme entered into Phase 2 of reporting, with a predicted liability under the scheme of £280,000 for 2014/15. Despite the reduction in carbon emissions due to the above projects, the cost per tonne of CO₂ has increased significantly for Phase 2 and is forecast to do so for the remainder until March 2019.

Environmental Performance in Key Areas for 2013/14 and 2014/15

Table: Environmental Performance

		Non Financial Data		Cost	
		2013/14	2014/15	2013/14	2014/15
Waste Minimisation	Waste Arising (Total waste from all sources)	1,506 tonnes	1,532 tonnes	£302,342	£307,237
	Clinical Waste (waste disposed of via high temperature incineration)	658 tonnes	620 tonnes	£232,404	£210,373
	Waste sent to landfill	12 tonnes	11 tonnes	£1,140	£1,045
	Recycled waste	660 tonnes	655 tonnes	£34,642	£34,380
	Non Hazardous Incineration (Energy from waste)	169 tonnes	172 tonnes	£16,055	£16,245
	Electrical and Electronic waste items	7 tonnes	7 tonnes	£1,173	£1,173
	Percentage of Waste subject to a recycling or recovery exercise	94% (54% Recycled)	95% (55% Recycled)	n/a	n/a
Management of Finite Resources	Water	161,208 m ₃	152,947 m₃	£510,194	£512,658
	Electricity - Imported	36,486 GJ	34,642 GJ	£1,172,818	£1,267,034
	Total Electricity – Imported + CHP generated	64,778 GJ	58,194 GJ	£1,352,936	£1,446,975
	Gas	206,625 GJ	192,217 GJ	£1,826,227	£1,645,145
	Other Energy – Heating Oil	1,214 GJ	85 GJ	£22,305	£1,311
	Fuel used in Blackpool Teaching Hospital Trust owned transport	21,589 Litres	29,786 litres	£29,761	£36,758
	Fuel used in ex North Lancashire Primary Care Trust owned transport	55,687 Litres	57,927 litres	£73,923	£75,697
Direct Green House Gas (GHG) Emissions	Direct emissions from the energy sources above only – excluding CHP generated electricity	15,161 tonnes	14,981 tonnes	n/a	n/a
Explanatory notes	<p>-To bring this report in line with internal monthly reports waste costs 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>				



"This implant has made such a difference. It was really wonderful to be able to hear myself so clearly. It's going to mean so much to me and improve the way I enjoy my life."

Mr R Jones, Blackpool

Directors' Report

Directors' Statement

Management Commentary and Principal Activities

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 changed slightly following the introduction of the Health and Social Care Act in March 2012.

The Board of Directors is responsible for providing strong leadership to the Trust and its 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 compliance with its Provider Licence, mandatory guidance as laid down by Monitor and other relevant contractual or statutory obligations.
- Ensuring compliance with the Trust's Constitution, Standing Orders and Standing Financial Instructions which set 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 eight Non-Executive Directors (including the Chairman) and seven Executive Directors (including the

Chief Executive). The names, titles, experience, qualifications and photographs of the Board members are outlined in the "Board Composition and Profile" 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. Membership changes to the Board of Directors during 2014/15 are detailed under 'Appropriate 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 CQC.

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

- Attend Council of Governors meetings – attendance has been extended to include all Board members and meetings now take place on the same day as Board meetings to enable assurance issues to be discussed at the Board meetings and in-depth discussions about other issues to take place at the Council of Governors meetings.
- 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, committees of the Board, 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 "Board Composition and Profile" 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 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 by

the Chief Executive to the Executive Directors, comprising the Director of Strategy/Deputy Chief Executive, Director of Finance & Performance, Director of Operations, Medical Director, Director of Nursing & Quality and Director of Workforce & Organisational Development.

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.

Board Effectiveness

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 as follows:-

- Board Effectiveness Review in 2010/11 undertaken by KPMG and Deloitte.
- Board Effectiveness Follow-Up Review in December 2011/January 2012 undertaken by Deloitte.
- Quality Governance Review in January 2013 undertaken by KPMG (Internal Auditors from 1st October 2012).
- Risk Management Review in 2014 undertaken by KPMG (Internal Auditors from 1st October 2012).
- Governance Arrangements Review in 2014 undertaken by KPMG (Internal Auditors from 1st October 2012).

Action plans have been developed to ensure that all recommendations are implemented within agreed timescales.

More recently, KPMG has undertaken a *Well-Led Governance Review* based on a number of domains contained within Monitor's "Well-Led Framework for Governance Reviews". The review commenced in October 2014 and included the following:-

- Meetings with individual Board members, Divisional Directors, members of Board committees, members of the Corporate Assurance Team and the Lead Governor.
- A Governance survey completed by all Board members.

- A review of evidence in relation to the following ten key questions contained in Monitor's framework:
 1. Does the Board have a credible strategy to deliver high quality, sustainable services to patients and is there a robust plan to deliver?
 2. Is the Board Sufficiently aware of the potential risks to the quality, sustainability and delivery of current and future services?
 3. Does the Board have the skills and capability to lead the organisation?
 4. Does the Board shape an open, transparent and quality-focused culture?
 5. Does the Board help support continuous learning and development across the organisation?
 6. Are there clear roles and accountabilities in relation to Board governance (including quality governance)?
 7. Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?
 8. Does the Board actively engage patients, staff, governors and other key stakeholders in quality, operational and financial performance?
 9. Is appropriate information on organisational and operational performance being analysed and challenged?
 10. Is the Board assured of the robustness of the information?

With regard to Question 4 and Question 8, KPMG will be reviewing the evidence in 2015/16 (Quarter 1).

KPMG presented the final draft report to the Strategy & Assurance Committee on 25th March 2015 and the overall report rating was "Significant Assurance with Minor Improvement Opportunities" which has provided assurance to the Trust in relation to its performance. Management responses have been included and are being regularly monitored.

Board of Directors' meetings have taken place as follows in 2014/15:

- Formal Board Meetings – 8
- Extraordinary Board Meetings – 0

- Confidential Board Meetings – 8
- Corporate Trustee Meetings – 4
- Board Seminars – 7
- Away Days/Board Development Days – 3

Following a review of the committee structure early in 2013, there are six committees of the Board, three of which are statutory committees. An additional Board committee (Strategic Workforce Committee) has been established effective from May 2015.

The three statutory committees are as follows:

- Nominations Committee.
- Remuneration Committee.
- Audit Committee.

The four committees are as follows:

- Strategy & Assurance Committee.
- Quality Committee.
- Finance Committee.
- Strategic Workforce Committee.

Appropriate Board Roles and Structures

In September 2013 a review was undertaken by KPMG in relation to Governance Arrangements and the overall report rating provided "Significant Assurance". The report recommended a number of actions which were completed by 31st March 2014.

The only change to the membership of the Board of Directors during 2014/15 was the appointment of an additional Non-Executive Director. Dr Malcolm McIlmurray, who has a clinical background, joined the Trust in August 2014.

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.

Board Composition & Profile

Ian Johnson (Chairman)	
Term of Office from 16.4.12 to 15.4.15 (First Term) and from 16.4.15 to 15.4.18 (Second Term)	
Experience: <ul style="list-style-type: none"> Thirty years experience as a Solicitor and Company Director Non Executive Director of the University of Cumbria Member of the Law Society and Institute of Directors Director of WennLaw Limited Legal Consultancy Vice Chairman of NHS Providers North West Network 	

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)	
Experience: <ul style="list-style-type: none"> Former Managing Director Business Link Fylde Coast 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 	

Karen Crowshaw (Non-Executive Director and Deputy Chairman)

**Term of Office from 1.6.11 to 31.5.14 (First Term)
and from 1.6.14 to 31.5.17 (Second Term)**

Experience:

- Director, Crowshaw Consulting Limited
- Former Managing Director (Regulated Sales), Lloyds Banking Group
- Former Regional Director, HBOS PLC
- Former Project Manager, National Sales Conference
- Former HR Director, Halifax Retail



Doug Garrett (Non-Executive Director)

**Term of Office from 1.6.11 to 31.5.14 (First Term)
and from 1.6.14 to 31.5.17 (Second Term)**

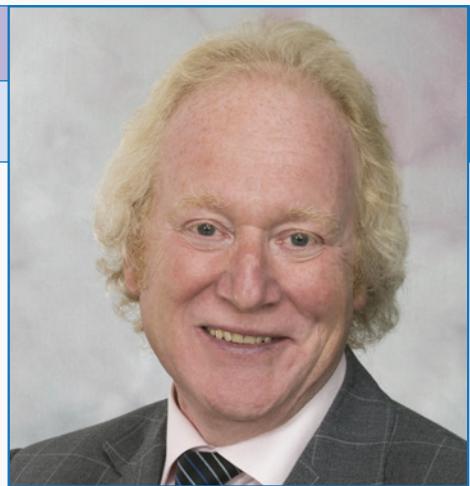
Experience:

- Current Director/CEO of range of companies dealing in property, publishing, IT and fashion.
- Company Director – Segesta Properties Ltd
- Company Director – Queens Square Developments Ltd
- Company Director – Rackhall Ltd
- Company Director – Wireless Platforms Ltd
- Company Director – R&Z Houses of Fashion Ltd
- Company Director – London Publications Ltd
- Not Profit/Charitable Appointments:-
 - Chairman/Trustee - Groundwork North West
 - Chairman - Jobs, Friends and Houses CIC
 - Chairman – Ono Uno Fashion
 - Trustee – Curious Minds (Arts & Education)
 - Trustee – Angel Charity
- Former CEO in regeneration in Blackpool and Belfast (Laganside)



Alan Roff (Non-Executive Director)**Term of Office from 1.12.11 to 30.11.14 (First Term)
and from 1.12.14 to 30.11.17 (Second 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

**Jim Edney (Non-Executive Director)****Term of Office from 01.06.2013 to 31.05.16 (First Term)****Experience:**

- Director of Coleridge Interim Limited
- 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

**Michele Ibbs (Non-Executive Director)****Term of Office from 01.09.2013 to 31.08.16 (First Term)****Experience:**

- Non-Executive Director – Marsden Building Society
- 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



Dr Malcolm McMillmurray - (Non-Executive Director)	
Appointed in August 2014 Term of Office from 01.08.2014 to 31.07.17 (First Term)	

Experience:

- Retired Consultant Physician and Medical Oncologist at Morecambe Bay Acute NHS Trust
- Former Clinical Director of Medicine at Morecambe Bay Acute NHS Trust
- Founder Trustee and former Medical Director of St John's Hospice in Lancaster
- Founder and former Chairman of Cancer Care
- Former member of the Tribunal Service, Social Security Division
- Honorary Professor, Department of Biological Sciences, Lancaster University
- Honorary Fellow, Lancaster University

Gary Doherty (Chief Executive)	
Appointed in April 2013	

Experience:

- Former Chief Operating Officer/Deputy Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust
- Over twenty 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
- Non-Executive Director at Advancing Quality Alliance (AQuA)

Wendy Swift (Director of Strategy/Deputy Chief Executive)	
Transferred to Blackpool Teaching Hospitals in April 2012	

Experience:

- Former Chief Executive of Blackpool Primary Care Trust
- Former Deputy Chief Executive of Blackpool Wyre and Fylde Community Health Services Trust
- Former Director of Planning and Operations in East Lancashire Hospitals
- Thirty-five years extensive experience of working in Acute, Community and Primary Care services
- Trustee of Blackpool Football Club Community Trust
- Trustee of Lancashire Community Foundation
- Trustee of Age UK (Blackpool)

Pat Oliver (Director of Operations)**Appointed in April 2011****Experience:**

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

**Professor 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
- Former Clinical Lead – Lancashire & Cumbria Cardiac & Stroke Network
- Honorary Clinical Professor – University of Buckingham

**Marie Thompson (Director of Nursing and Quality)****Appointed in February 2009****Experience:**

- Registered General Nurse
- Over twenty-five 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 at East Lancashire Hospitals



Tim Bennett (Director of Finance & Performance)**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.
- Chair of Focus – an NHS organisation supporting the development of financial skills in the NHS

**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



All members of the Board of Directors are voting members.

Telephone: 01253 956856

Email: judith.oates@bfwhospitals.nhs.uk

All Board members and Governors have declared their relevant and material interests, and all Non-Executive Directors are considered independent. The Register of Directors' Interests and Register of Governors' Interests are 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

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	Disclosure reference
Any political donations should be disclosed. However, it is doubtful whether any such donations would be lawful for an NHS foundation trust.	No political donations
Any important events since the end of the financial year affecting the NHS foundation trust.	Chairman's & Chief Executive's Statement -
An indication of likely future developments at the NHS foundation trust.	Five Year Forward Plan
An indication of any significant activities in the field of research and development.	Quality Report – Section 2.3.3
An indication of the existence of branches outside the UK.	No branches outside the UK Strategic Report – About our Trust
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.	Strategic Report – Corporate Review – Workforce
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.	Strategic Report – Corporate Review – Workforce
Policies applied during the financial year for the training, career development and promotion of disabled employees.	Strategic Report – Corporate Review – Workforce
Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.	Strategic Report – Corporate Review – Workforce
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.	Strategic Report – Corporate Review – Workforce
Actions taken in the financial year to encourage the involvement of employees in the NHS foundation trust's performance.	Strategic Report – Corporate Review – Workforce
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.	Strategic Report – Corporate Review – Workforce
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 entity.	Strategic Report – Business Review – Financial Performance Review

Code of Governance Compliance

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.

Blackpool Teaching Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply' or 'explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Internal Auditors undertook a review of the Trust's performance against a set of national measures Monitor uses to assess the quality of governance at NHS Foundation Trusts (Self-Certification Review). The review assessed the Trust's performance as 'Significant Assurance' and identified two areas for improvement; first, the addition of an 'improvement opportunities action' within the internal review system. The Trust follows the 'comply' or 'explain' format but this does not allow for the identification of improvement opportunities. The second action is that the internal review was undertaken in June 2014, therefore to provide robust assurance for the Annual Report an internal review should be considered. Both these areas of improvement have been addressed by the Corporate Assurance team and the results reported to the Audit Committee.

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.

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 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).

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.

Risk and Quality

The Board of Directors has identified a number of strategic risks facing the organisation on the Board Assurance Framework and many high level operational risks on the Corporate Risk Register. All the risks will continue to impact on the organisation throughout 2015/16; however mitigation plans are in place and are monitored bi-monthly by the Board of Directors. The current risks are predominately financial, workforce and qualities centred.

Board Committees

Directors' Attendance Tables

Attendance at the Board of Directors' meetings, two of the Board statutory committee meetings and the Board committee meetings is summarised in the following table:-

Board Members	Board of Directors	Corporate Trustee	Audit Committee	Strategy & Assurance Committee	Finance Committee	Quality Committee
Number of Meetings	8	4	6	4	12	6
Ian Johnson	8	4	N/A	4	11	5
Tony Shaw	6	3	N/A	4	9	N/A
Karen Crowshaw	7	4	N/A	4	11	5
Doug Garrett	7	4	6	4	N/A	N/A
Alan Roff	7	4	6	4	N/A	N/A
Jim Edney	8	4	6	4	N/A	N/A
Michele Ibbs	6	4	N/A	4	12	4
Dr Malcolm McIlmurray	3 **	3 **	N/A	3 **	N/A	N/A
Gary Doherty	8	4	1 *	4	10	4
Wendy Swift	7	4	2 **	4	10	4 **
Pat Oliver	8	3	N/A	4	11	N/A
Dr Mark O'Donnell	7	3	N/A	2	3 **	4
Marie Thompson	8	3	N/A	3	6 **	5
Nicky Ingham	8	4	N/A	3	3 **	4
Tim Bennett	8	3	5	3	11	N/A

* The Chief Executive is required to attend at least one Audit Committee meeting per year to present the Annual Governance Statement.

** Joined the committee during the year.

The work of the Board statutory committees and Board committees is evaluated on an annual basis against agreed work plans with assurance reports provided to the Board of Directors in respect of audit, finance and quality.



Audit Committee Report

Role of Audit Committee

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. 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 17th March 2014, approved the continued appointment of PwC as the Trust's external auditors until May 2017, with an option to extend for a further year. PwC were paid £57,500 in respect of statutory audit fees, including 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 2014/15, 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.

Composition of the Audit Committee

The Committee operates in accordance with the

revised Terms of Reference agreed by the Board of Directors on 21st May 2014 and has met on six occasions during the year ended 31st March 2015. 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 in 2014/15 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 local authorities. In addition to the Committee members, standing invitations are extended to the Director of Finance and Performance, External and Internal Audit representatives, the Local Counter Fraud Officer, the Director of Strategy/Deputy Chief Executive and members of the Corporate Assurance Team. 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 fulfil its responsibilities effectively; including the Chief Executive. Other Non-Executive Directors have been invited and have attended as chairs of Board Committees.

Administrative support has been provided initially by Mrs Paula Clark and subsequently by Miss Kayleigh Briggs both as Personal Assistants to the Director of Finance and Performance.

Audit Committee Consideration of Financial Reports

The Committee reviewed the Draft Annual Report and Accounts and Quality Report for the year ended 31st March 2014 at its meeting on 29th April 2014 and the final Audited Accounts and Quality Report at its subsequent meeting on 21st May 2014 and formally recommended to the Board of Directors that the Accounts be approved at the Board meeting also held on 21st May 2014. The initial draft of the Annual Report and Quality Accounts for the year ending 31st March 2015 was discussed at the Committee meeting held on 20th January 2015. 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.

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 and from the Governance Team on the robustness of risk management and governance arrangements throughout the Trust. The Trust Annual Governance Statement was considered at the meeting held on 29th April 2014 and was recommended to the Board for approval.

There were five significant items of judgement (going concern, management override of control, risk of fraud in revenue recognition, risk of fraud expenditure recognition and valuation of property, plant and equipment) discussed by the Audit Committee in-year:

- Going Concern:
 - The going concern statement has been received at the Audit Committee for 2013/14* where it was discussed and approved for recommendation to the Board of Directors.
- Management override of controls, and risk of fraud in revenue and expenditure recognition:
 - During 2014/15 an internal audit review of financial controls was carried out to provide the Audit Committee with assurance over operation of processes in place to prevent management override of financial controls and minimise the risk of fraud in revenue and expenditure recognition. The review concluded there was "significant assurance with minor areas for improvement" and it was reported to the Audit Committee.
- Risk of material misstatement regarding the valuation of property, plant and equipment:
 - The Audit Committee was provided with an update of discussions between the Trust and its valuers regarding the revaluation of property, the results of this revaluation were included in the financial results reported in the accounts of the Trust and were accepted by the Committee for 2013/14**.

*The Audit Committee considered the concept of preparing the accounts on a going concern basis for 2014-15 at its meeting on 20th May 2015. After reviewing the plans, risk and mitigation for the following year the Committee agreed to recommend to the Board of Directors that the accounts for 2014-15 be approved on a going concern basis.

**A similar update on revaluations in respect of 2014-15 was also considered at the Audit Committee on 20th May 2015.

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 2014/15.
- Considering the extent of co-ordination with, and reliance on, Internal Audit.
- Consideration of mechanisms regarding self-assessment of the Audit Committee's effectiveness.
- Receiving Full Assurance from PWC on their compliance with NHS Internal Audit Standards (2011).
- Consideration of a number of accounting treatments under International Financial Reporting Standards (IFRS) and the impact thereon in relation to the Annual Accounts.
- Receiving and considering the Annual Audit Letter at its meeting on 21st May 2014 which was presented to the Board of Directors at its meeting also on 21st May 2014.
- The accounting treatment of Charitable Funds and their relationship with the Trust's accounts.

Internal Audit

KPMG has provided the Trust's internal audit service since 1st October 2012. 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 Trust's Strategy, Assurance Framework, Risk Management System Information Governance, Cost Improvement Programme (CIP) and Admissions, Discharges and Transfers. At its meetings on 29th April 2014 and 21st May 2014, 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 2015.

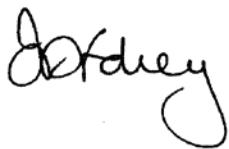
The Committee also met in private with Internal Audit representatives so as to allow discussion of matters in the absence of Executive Officers.

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:

- Local Counter Fraud Specialist Reports and Annual Report, together with a formal review of the Local Counter Fraud Service.
- 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 identification and agreement of matters for consideration by the Board.

SIGNED:



Jim Edney

AUDIT COMMITTEE CHAIRMAN

Conclusion

The Committee has continued to focus in 2014/15 on supporting the Trust's governance and assurance arrangements which were updated in 2012. At the core of its discussions there has been a determination to promote sound principles of strategy, performance management and monitoring and of reporting with the intention of bringing greater clarity to the roles and accountabilities of the Trust's executive managers vis a vis the Board and its committees. The aim will continue to be to help the Trust provide excellent services to patients and to serve the public within a robust set of risk management arrangements and with overall efficiency and effectiveness. This will be an increasingly difficult task with growing pressure on services both in terms of demand and supply. However, demanding times require an ever greater focus on clarity of strategy, standards of service delivery and the management of associated risks.

DATE: 28th May 2015

Quality Committee Report

The Quality Committee is a committee of the Board of Directors and is authorised by the Board to investigate any activities within the scope of its Terms of Reference and obtain any information required from relevant parties to facilitate its understanding of the issues.

The Board has delegated to the Quality Committee the power to oversee the development of a Quality Strategy and policies for assuring and delivering quality; and the monitoring of the delivery of the Quality Strategy and policy. It provides assurance to the Board (through its Chair) that the Quality Strategy is being successfully implemented, advising the Board of any areas where this is not occurring and drawing key issues to the Board's attention.

Six meetings took place in 2014/15.

Specified Items for recommendation by the Quality Committee to the Board for approval are:

- Quarterly Monitoring Return to Monitor (Quality and Governance).
- Compliance Monitoring Assurance Report.
- Quality Schedule Contract.
- Annual Reports.

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

Main Duties and Responsibilities

The main priority for the Quality Committee is to provide assurance to the Board that the highest possible standards in quality of care and patient safety are set and achieved by the Trust. It ensures that effective systems of clinical governance and clinical audit are embedded within the Trust and that it is under constant review and improvement. A major objective is to review all significant quality risks as required to ensure that the Chief Executive and management team is taking action to manage these risks and to report to the Board accordingly. This is achieved by the following responsibilities:

- To promote systems which provide assurance and improve the quality of care, safety and experience of patients, carers, staff and visitors to the Trust.
- The Committee will exercise oversight of the

systems of governance and risk management and seek assurance that they are fit-for-purpose, adequately resourced and effectively deployed to concentrate on matters of concern.

- To oversee the effective management of risks as appropriate to the purpose of the committee.
- The Committee will seek assurances that the Trust complies with its own policies and all relevant external regulations and standards of governance and risk management.
- Review quality governance and require action to address any non-compliance with Monitor's Quality Governance Framework.
- Review any relevant external reports including those from the CQC and ensure that action plans are devised and performance managed to address any identified deficiencies in clinical governance.
- To monitor and sign off the action plans of serious untoward incidents.
- Satisfy itself and the Board that the structures, processes and responsibilities for identifying and managing key risks to patients, staff and the organisation are adequate.
- To ensure that standards and procedures relating to risk are embedded throughout the Trust, with mechanisms through the Committee for detailed scrutiny of high and significant areas, including consultation with appropriate Trust staff.
- Such other relevant matters which the Board may delegate to the Committee.
- Such other relevant matters which are referred to the Committee by its sub-committees or the other committees of the Board.
- Such other relevant matters as the Committee takes upon itself.

Finance Committee Report

The Role of the Finance Committee

The Finance Committee is a committee of the Board of Directors and is authorised by the Board to investigate any activities within the scope of the revised Terms of Reference (agreed by the Board of Directors on 27th July 2014) and has met monthly during the year ended 31st March 2015.

The Board has delegated to the Finance Committee

the power to oversee the development of a Financial Strategy and policies for assuring and delivering quality; and the monitoring of the delivery of the Financial Strategy and policy.

The Finance Committee submits the Financial Strategy and the specified items listed below to the Board for approval and provides assurance to the Board (through its Chair) that the Financial Strategy is being successfully implemented, advising the Board of any areas where this is not occurring and drawing key issues to the Board's attention.

Specified Items for recommendation by the Finance Committee to the Board for approval are:-

- Quarterly Monitoring Return to Monitor (Finance).
- Annual Plan.
- Financial Contract.
- Capital Plan.
- Estates Strategy Funding.
- Working Capital Facility.
- FT Financing Facility Loan Agreement.
- Directors and Officers Liability Insurance.
- Information Governance Toolkit.
- Standing Orders/Standing Financial Instructions.
- Scheme of Delegation.

Approved minutes of the committee are circulated to the Board for information. The Committee Chair provides the Board with a brief summary of the committee's work at the first available opportunity after each committee meeting. The Chair of the committee has a duty to escalate matters to the Board as deemed appropriate. The Trust's Standing Orders and Standing Financial Instructions apply to the operation of this committee.

Main Priority and Objectives

The main priority for the Finance Committee is to be responsible for ensuring that an effective system of financial governance is embedded within the Trust and that it is under constant review and improvement. It makes regular reports to the Board and to the Strategy and Assurance Committee setting out the level of assurance it can provide to the Board on financial issues. To do this, the Committee requires the Director of Finance & Performance to provide a regular assurance report to the Committee so that it can discuss this and

determine the level of assurance it can provide through its Chair.

The committee acts as the point of initial scrutiny of financial plans and its main objective is to review all significant financial risks as required and report to the Board accordingly.

Composition of the Finance Committee

The committee comprises four Non-Executive Directors (who do not attend the Audit Committee) and five Executive Directors (the Chief Executive; Director of Finance and Performance; Director of Operations; Deputy Chief Executive and either the Medical Director and/or the Director of Nursing and Quality). The addition of clinical representation on the Committee was agreed in a review of the Committee's Terms of Reference undertaken in July 2014. At this time it was also agreed that the Director of Workforce & Organisational Development would be invited to attend meetings as required. The Committee is chaired by a Non-Executive Director – from April to May 2014, the Committee was chaired by Mr Ian Johnson, and Mrs Michele Ibbs assumed the role of Chair from June 2014. Other members of the Trust are invited to attend as and when required.

The Committee met monthly (12 times in the financial year 2014/15) with administrative support provided by Mrs Paula Clark and Miss Kayleigh Briggs (maternity cover, and the current PA to the Director of Finance and Performance, respectively).

Observations on 2014/15

2014/15 has been a challenging year for the Trust financially in an environment of austerity measures, budget cuts and increasing patient demand. The Finance Committee started the year undertaking careful scrutiny of the Trust's strategy, its budget for 2014/15 and, within this, the target of £20.6m of cost improvements (CIP) in 2014/15. The Trust has been able to maintain a Continuity of Service Rating (COSR) of 2 every month throughout this year. We recognised that to do this required a focus on delivery of our CIP, control of capital expenditure and the maintenance of healthy cash balances, and our focus has been on this as well as generally improving financial awareness and understanding across all divisions to encourage greater responsibility and accountability.

The Committee was pleased to see a structured

approach to the Cost Improvement Programme, with the development of a new, dedicated governance structure that would ensure all schemes for cost improvements and savings would be carefully and robustly considered by a steering group, chaired by the Chief Executive. This group safeguarded patient safety and the quality of care given by the Trust whilst making some difficult decisions about expenditure. The achievement of the CIP target was critical to the Trust this year, and represented a significant increase on that achieved in 2013/14. The Finance Committee received detailed monthly reports identifying progress against each project, and would like to thank all the staff in the Trust for their hard work which resulted in achievement of the CIP target.

A significant challenge this year has been the cost pressure arising from increased numbers of patients, particularly those attending A&E at Blackpool Victoria Hospital. Our two Clinical Commissioning Groups – Blackpool, and Fylde and Wyre – have worked with us to help with the additional costs and we are grateful for this partnership working.

Recruitment and retention of our clinical and medical workforce continues to be a major priority for the Trust from a financial, as well as patient care, perspective. The Finance Committee have welcomed improvements made to the planning and control of expenditure on agency and locum staff introduced this year, which will, in turn, provide a basis for better future forecasting and planning.

As part of our work to improve financial management and control across the Trust, in May 2014, the Finance Committee received a report of work undertaken by Grant Thornton at the request of the Director of Finance and Performance.

We have been pleased to see that the Trust has implemented the changes suggested across all areas, and that this work continues.

Predicting demand for our services continues to be difficult, as for all Trusts in the UK. This will give us challenges again in 2015/16, and we also know that we have another stretching CIP target to deliver whilst transforming our services to give better care. The foundations for better planning and the improved reporting through the monthly Integrated Performance Report ('the IPR') that have been

made this year, and continue to be developed, do I feel place the Trust in a better position to manage and control our costs, and hence give our patients and the wider public greater assurance around our expenditure of public money.

For additional information see the Going Concern section within the Financial Performance Review.

Strategy & Assurance Committee Report

The Strategy & Assurance Committee is a committee of the Board and comprises all Non-Executive Directors (including the Chairman) and all Executive Directors (including the Chief Executive).

Four meetings of the Strategy & Assurance Committee took place in 2014/15.

The Strategy and Assurance Committee has the following responsibilities:-

- To receive and discuss preliminary papers from the Chief Executive on existing and proposed strategy and policy in order to promote the development of effective strategy and policy for the Trust, which can be considered and approved by the Board.
- To consider compliance matters by exception and any urgent business in relation to assurance.
- To assist the Board in the following areas:-
 - Formulating strategy.
 - Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable.
 - Contributing in shaping a positive culture for the Board and the organisation.
 - Setting and maintaining the Trust's strategic vision, aims and objectives, ensuring the necessary financial, physical and human resources are in place for it to meet its objectives.
 - Delivering planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required.

Nominations Committee Report

The Nominations Committee is a formally constituted committee of the Council of Governors and comprises the Trust Chair (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)
Mrs Jean Taylor – Appointed Governor (UCLAN)
Mrs Lynden Walther – Elected Governor (Wyre Constituency)

There have been two meetings of the Nominations Committee during 2014/15.

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 Provider Licence and Monitor's requirements.
- To develop 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, interviewing and appointing candidates with requisite skills and experience. This will include identification of appropriate independent assessors for appointment panels.
- To recommend suitable candidates for appointment for ratification 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 ratification 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 succession plans are in place in order that a balance of skills and experience is maintained.

Board Recruitment:-

- The initial recruitment process to appoint an additional Non-Executive Director with a clinical background was undertaken by an external search consultancy and openly advertised.
- Following the recruitment process to find an additional NED, Dr Malcolm McIlmurray was appointed and he took up post in August 2014 and undertook a comprehensive induction process from August to December 2014.

Remuneration Committee Report

Statement from the Chair of the Remuneration Committee

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

Membership of the Remuneration Committee is as follows:-

Mr Doug Garrett – Chairman of the Committee
Mr Ian Johnson
Mr Tony Shaw
Mrs Karen Crowshaw
Mr Alan Roff
Mr Jim Edney
Mrs Michele Ibbs
Dr Malcolm McIlmurray
Miss Judith Oates – Secretary to the Committee

One meeting of the Committee took place during 2014/15 with attendance as follows:-

Committee Members (8)	Number of Meetings (1)
Mr Doug Garrett (Chairman)	1
Mr Ian Johnson	1
Mr Tony Shaw	1
Mrs Karen Crowshaw	1
Mr Alan Roff	1
Mr Jim Edney	1
Mrs Michele Ibbs	1
Dr Malcolm McIlmurray	1
Miss Judith Oates – Secretary to the Committee	1

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

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 as appropriate.

At the meeting in December 2014, the Committee agreed that, in line with national pay uplifts for the

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

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.

Mr Gary Doherty, Chief Executive and Mrs Nicky Ingham, Director of Workforce and Organisational Development provided advice/services to the Committee that materially assisted the Committee in their consideration of matters.

A) Remuneration

Single Total Figure Table 2014/15							
Senior Manager	2014/15						
	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	165 - 170	--	--	--	25 - 27.5	--	195 - 200
T Bennett - Director of Finance and Performance	130 - 135	--	--	--	0	--	130 - 135
P Oliver - Director of Operations	115 - 120	--	--	--	72.5 - 75	--	190 - 195
M O'Donnell - Medical Director	215 - 220		--	--	0	--	215 - 220
M Thompson - Director of Nursing and Quality	120 - 125	--	--	--	62.5 - 65	--	180 - 185
W Swift – Director of Strategy / Deputy Chief Executive	135 - 140	--	--	--	0	--	135 - 140
N Ingham - Director of Workforce and Organisational Development	105 - 110	--	--	--	45 - 47.5	--	150 - 155
J Edney - Non Executive	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	10 - 15	--	--	--	--	--	10 - 15
M McIlmurray - Non Executive (from 01/08/14)	5 - 10	--	--	--	--	--	5 - 10

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director and their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Blackpool Teaching Hospitals NHS FT in the financial year 2014-15 was £215,000-£220,000 (2013-14, £215,000-£220,000). This was 9 times

(2013-14, 8.8) the median remuneration of the workforce, which was £24,063 (2013-14, £24,799).

In 2014-15, 0 (2013-14, 0) employees received remuneration in excess of the highest-paid director.

Total remuneration includes salary, non-consolidated performance related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent value of pensions.

Single Total Figure Table 2013/14

	2013/14						
Senior Manager	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 01/04/2013) * / ***	160 - 165	--	--	--	252.5 - 255	--	415 - 420
T Bennett - Director of Finance (from 25/11/2013) ***	45 - 50	--	--	--	35 - 37.5	--	80 - 85
F Patel - Acting Director of Finance (to 24/11/2013)	70 - 75	--	--	--	135 - 137.5	--	205 - 210
P Oliver - Director of Operations **	110 - 115	--	--	--	0	--	110 - 115
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 22/11/2013)	35 - 40	--	--	--	12.5 - 15	90 - 95	140 - 145
J Benson - Acting Director of Human Resources (from 01/01/2013 to 30/06/2013)	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 (31/05/13)	0 - 5	--	--	--	--	--	0 - 5

J Edney - Non Executive (from 01/06/2013)	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 01/09/2013)	5 - 10	--	--	--	--	--	5 - 10

* The pension related benefit for Gary Doherty in 2013/14 has been restated to correct the banding his benefits fell within.

** In certain circumstances the pension related benefit calculation for a senior manager report a negative value. In 2014/15 Monitor have directed that where a negative value is calculated this should be reported as nil. The pension related benefit for Pat Oliver in 2013/14 has been restated to reflect this change in guidance.

***In 2013/14 the pension related benefits were especially large for new directors in post in year, these being the Chief Executive, Director of Finance and the Director of Human Resources, who received pay increases in year in line with their new office.

The Remuneration Report table as above has been prepared in line with 2014/15 Annual Reporting Manual (ARM) for Foundation Trusts.

The basis of calculation for pension related benefits is in line with section 7.71 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:

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

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 basis of calculation 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.

No directors or senior managers of the Trust have received non cash benefits as part of their remuneration package in 2014/15.

During 2013/14 compensation payments of £92,155 were paid to R Bell for loss of office, comprising a 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. During 2014/15 no compensation payments were made to directors for loss of office.

Gary Doherty, Chief Executive holds a non-executive director post with Advancing Quality Alliance (AQuA).

Pension Benefits

Salary and Pension Entitlements of Senior Managers

Name and title	Real increase in pension at age 60 (bands of £2500)	Real increase in pension lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31st March 2015 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31st March 2014 (bands of £5000)	Cash Equivalent Transfer Value at 1st April 2014 (bands of £5000)	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31st March 2015	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
G Doherty - Chief Executive (from 01/04/2013)	0 - 2.5	5 - 7.5	45 - 50	125 - 130	625	52	694	24
T Bennett - Director of Finance and Performance (from 25/11/2013)	0 - 2.5	0 - 2.5	45 - 50	140 - 145	775	38	834	18
M O'Donnell - Medical Director	0 - 2.5	0 - 2.5	80 - 85	245 - 250	1,782	57	1,887	25
M Thompson - Director of Nursing and Quality	2.5 - 5	10 - 12.5	40 - 45	125 - 130	635	78	730	17
N Ingham - Director of Workforce and Organisational Development (from 01/11/2013)	2.5 - 5	7.5 - 10	20 - 25	65 - 70	296	49	354	15
P Oliver - Director of Operations *	2.5 - 5	10 - 12.5	40 - 45	125 - 130	675	75	768	17
W Swift - Director of Strategy /Deputy Chief Executive	0 - 2.5	0 - 2.5	55 - 60	175 - 180	1,261	42	1,338	19

*The Cash Equivalent Transfer Value (CETV) provided by the NHS Pension Scheme for Pat Oliver as at 31st March 2014 was incorrect. This was previously reported as £0.820m but has been revised to £0.675m. The real increase in CETV as at 31st March 2014 previously reported as £0.179m, should have been £0.034m.

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 22nd 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 2014 (£)	May 2014 (£)	June 2014 (£)	July 2014 (£)	Aug 2014 (£)	Sept 2014 (£)	Oct 2014 (£)	Nov 2014 (£)	Dec 2014 (£)	Jan 2015 (£)	Feb 2015 (£)	Mar 2015 (£)
G Doherty Chief Executive	40.86	20.38	11.98	75.10	58.97	—	138.57	—	57.58	24.17	37.06	28.76
T Bennett Director of Finance and Performance	25.70	45.75	37.15	—	127.78	—	39.28	—	—	62.77	—	49.36
M O'Donnell Medical Director*	9.48	9.48	9.48	9.48	9.48	9.48	9.48	9.48	9.48	9.48	9.48	9.48
P Oliver Director of Operations	243.55	—	—	219.76	—	—	—	—	—	147.84	—	—
M Thompson Director of Nursing and Quality	102.22	28.63	—	69.22	—	126.85	17.69	41.15	—	54.84	—	125.93
N Ingham Director of Workforce and Organisational Development	—	130.71	135.56	—	120.06	—	—	233.84	—	219.80	—	194.73
W Swift Director of Strategy /Deputy Chief Executive	—	—	—	—	1,579.35	—	—	—	—	—	—	702.02

*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.

During the year the Trust has introduced controls over the use of off-payroll engagements for highly paid staff (those staff earning more than £220 per day). All new engagements require the authorisation of an executive member of the Trust Board prior to commencement of the engagement. Staff employed under such engagements are required to provide confirmation of their employment status and assurance of their taxation arrangements.

Table 1: For all off-payroll engagements as of 31st March 2015, for more than £220 per day and that last for longer than six months

Number of existing engagements as of 31 st March 2015	2
Of which:	
Number that have existed for less than one year at time of reporting	1
Number that have existed for between one and two years at time of reporting	1
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1st April 2014 and 31st March 2015, for more than £220 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 st April 2014 and 31 st March 2015	7
Number of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	3
Number for whom assurance has been requested	2
Of which:	
Number for whom assurance has been received	2
Number for whom assurance has been not received*	0
Number that have been terminated as a result of assurance not being received	0

* Four engagements commencing during the year were identified after the engagement had ended.
New processes have been implemented to identify all new engagements at commencement.

Table 3: For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1st April 2014 and 31st March 2015.

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	15

Future Policy Table

Executive Directors and other Senior Managers

Components of Remuneration Package
Salaries and Fees Annual salary
Pension Related Benefits Membership of the NHS Pension Scheme
Lease Cars/Car Allowances Access to the Trust lease car scheme. This can also include an option for salary sacrifice. Paid allowance towards to the costs of a car.
Childcare Vouchers Access to the Trust scheme. This can also include an option for salary sacrifice.

Non Executive Directors

Components of Remuneration Package
Salaries and Fees Annual salary

This is the annual basic pay based on market rates and approved by the Remuneration Committee. The Trust does not pay any additional remuneration to its Directors, Senior Managers or Non-Executive Directors in the form of bonuses. Pay awards are dependent on performance in the role and have been determined in line with the prevailing approach taken for other groups of staff who are subject to national pay bargaining arrangements. At a national level, pay awards have been in the region of 1%. Therefore any pay awards made to Directors or Senior Managers have been in line with this approach. The maximum pay award which could have been made was therefore 1%.

There have been no changes to existing components of the Directors and Senior Managers remuneration package and no new components have been introduced.

Service Contracts Obligations

The employment contracts for Directors and Senior Managers include provision for six months notice period. This is in line with DH guidelines contained in the Very Senior Managers' (VSM) pay arrangements that notice periods should not exceed six months.

The employment contract contains provision for payment in lieu of notice to be made at the discretion of the Trust. The employment contract

also includes provision for summary dismissal without compensation, for example following disciplinary action.

The employment contract for Directors and Senior Managers includes a clause which allows for recovery of any overpayments made to the individual. This covers circumstances where there has been, for any reason whatsoever, an overpayment of remuneration, expenses or other emoluments or any other payments in excess of their contractual entitlement or in the case of expenses the amount of reimbursement due to the individual.

Policy on Payment for Loss of Office

The notice period in Directors and Senior Managers contracts is in line with national guidelines, and is set at a level to ensure continuity of service should a director resign.

Any payments for loss of office due to redundancy would be in line with the national scheme in operation at the time. There is no alternative scheme in place for the Directors or Senior Managers. Redundancy payments are currently calculated on a month's pay for every year of service up to a maximum of two years' pay and additional pension contributions are made for those staff over 50 years of age.

The Trust's Constitution contains provision for the removal of the Chairman and other Non Executive Directors.

Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust

The Trust offers the same package of benefits to all staff in terms of basic salary, NHS pension scheme benefits and access to the child care vouchers and lease car scheme/car allowance. There are no additional payments made to Directors and Senior Managers.

All other staff in the Trust are paid in line with national terms and conditions which are either Agenda for Change (AfC) or Medical and Dental.

The salary scale for Directors is based upon current market rates and externally benchmarked.

The salary scale for Senior Managers is reflective of bands 8b to band 9 in AfC. The pay of Directors and Senior Managers is dependent on assessment of their performance through the annual appraisal process. Directors and Senior Managers will have agreed objectives and performance against these

SIGNED:



Gary Doherty
CHIEF EXECUTIVE

will form part of their appraisal. Any pay award would be subject to a satisfactory appraisal. This is also in line with staff employed under AfC terms and conditions where annual progression through the incremental scale is subject to satisfactory performance. This approach to pay progression is contained in the Trust's Appraisal Policy.

The performance period operates from 1st April to 31st March.

The Remuneration Committee considers the approach that has been taken for the pay awards to these other groups of staff in determining what pay award should be awarded to Directors and Senior Managers on local pay. In 2014/15, the approach taken to replicate the national approach in awarding a 1% non-consolidated pay award for Directors and Senior Managers. The Trust intends to continue this approach in terms of setting any pay awards, in order to act in an equitable and fair manner to all staff groups. There have been no additional payments other than salary increases which have been made in line with the process set out above.

DATE: 28th May 2015



"I could not have wished for better care. I would like to praise and thank Dr Siva, Liz Darling and the staff in the MacMillan unit for their excellent care and kindness."

Ms S Anderson, Thornton

Council of Governors

Council of Governors Report

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:-

- 1) **Advisory** – to communicate with the Board of Directors in respect of the views of members of the Trust and the wider community.
- 2) **Guardianship** – to ensure that the Trust is operating in accordance with its Constitution and is compliant with its Provider Licence.
- 3) **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 has been 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 Provider Licence, are as follows:-

- To appoint or remove the Chairman and other Non-Executive Directors.
This duty was exercised during 2014/15.
- To approve the appointment (by the Non-Executive Directors) of the Chief Executive.
This duty was not exercised during 2014/15, 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 2014/15.
- To appoint or remove the Foundation Trust's External Auditor.

This duty was not exercised during 2014/15, however, it was exercised in 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 2014/15, however, the appointment of the Trust's External Auditor in 2013/14 was 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 2014/15.
- 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 2014/15.
- To respond as appropriate when consulted by the Board of Directors in accordance with the Constitution.
This duty was exercised during 2014/15, following a comprehensive review of the Trust's Constitution.
- To undertake such functions as the Board of Directors shall from time to time request.
This duty was exercised during 2014/15.
- 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 2014/15, however, it is due to be exercised in 2015/16.

The Council of Governors and the Board of Directors continue to work together to develop

an effective working relationship. Board members 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.

In the event of there being unresolved concerns on the part of the Council of Governors, the Senior Independent Director has a vital role in intervening to resolve the issues of concern. Such circumstances could be in relation to the Chairman's performance or where the relationship between the Chairman and Chief Executive is either too close or not sufficiently harmonious or where the Foundation Trust's strategy is not supported by the whole Board or where key decisions are being made without reference to the Board or where succession planning is being ignored.

The Senior Independent Director (SID) is a Non-Executive Director appointed by the Board of Directors as a whole in consultation with the Council of Governors to undertake the role. The SID will be available to members of the Foundation Trust and to Governors if they have concerns which, contact through the usual channels of the Chair, Chief Executive, Director of Finance & Performance and Foundation Trust Secretary, has failed to

resolve or where it would be inappropriate to use such channels.

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 Sixth Form College – 1	To engage and assist the Trust in dialogue with the younger catchment population.
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.
University of Liverpool – 1 (position currently vacant)	To ensure strong teaching and research partnership and to represent other University interests.
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 one vacancy)
Total membership of Council of Governors – 34

Elections to the Council of Governors took place during 2014/15 as follows:-

Public Governors:-		
Blackpool Constituency	Fylde Constituency	Wyre Constituency
Camilla Hardy Cliff Chivers (re-appointed) Patricia Roche George Holden (re-appointed)	Gillian Wood (re-appointed) Sheila Jefferson (re-appointed)	Peter Askew (re-appointed) Lynden Walthew (re-appointed)
Lancashire & South Cumbria	North of England Constituency	
Anthony Nixon	Rev David Crouchley	
Staff Governors:-		
Nursing and Midwifery	Non-Clinical Support	Medical and Dental
Janet Briers (re-appointed)	Paul Aspden	Dr Raj Verma

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.

Following the resignation of Robert Hudson (Elected Governor in the Blackpool Constituency) in October 2014, John Butler was invited to join the

Council. Mr Butler was the next highest polling candidate from amongst those not originally elected and will take office for the remainder of the current term of office until September 2016.

There is currently one vacancy in the Lancashire & South Cumbria Constituency and two Appointed Governor vacancies.

The next elections to the Council of Governors will take place in 2016.

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

Name	Constituency/Organisation
Clifford Chivers *	Blackpool
George Holden *	Blackpool
Neil Brooks **	Blackpool
Carol Measures **	Blackpool
Zacky Hameed **	Blackpool
Chris Smith (until September 2014)	Blackpool
Camilla Hardy (from September 2014)	Blackpool
Patricia Roche (from September 2014)	Blackpool
Robert Hudson (until October 2014)	Blackpool
John Butler (until September 2014 and from January 2015) **	Blackpool
Clive Barley **	Fylde
Sheila Jefferson *	Fylde
Gillian Wood *	Fylde
Peter Askew *	Wyre
Ramesh Gandhi (JP. DL. OBE. FRCS) **	Wyre
John Bamford **	Wyre
Lynden Walthew *	Wyre
Anthony Nixon (from September 2014)	Lancashire & South Cumbria
Vacant Position	Lancashire & South Cumbria
Reverend David Crouchley (from September 2014)	North of England
Dr Tom Kane (until September 2014)	Medical and Dental
Dr Raj Verma (from September 2014)	Medical and Dental
Sharon Vickers **	Nursing and Midwifery
Janet Briers *	Nursing and Midwifery
Tina Daniels (until September 2014)	Non-Clinical Support
Paul Aspden (from September 2014)	Non-Clinical Support
Ashok Khandelwal **	Clinical Support
Michael Phillips **	Community Health Services
Councillor Martin Mitchell *	Blackpool Council
County Councillor Ron Shewan *	Lancashire County Council
Mike Bullock *	Council for Voluntary Services
Susan Rigg (until September 2014)	Lancashire Care NHS Foundation Trust
Steve Winterson (from September 2014)	Lancashire Care NHS Foundation Trust
Jean Taylor *	University of Central Lancashire
Ceri Coulby (until July 2014)	University of Liverpool
Francesca Oram (from September 2014)	Blackpool Sixth Form College
Phillip Hargreaves (from April 2014)	Institute of Directors (Lancashire Branch)
Tony Winter (from April 2014)	Citizens Advice Bureau (Blackpool)
Vacant Organisation	To Be Confirmed

* Re-Elected or Re-Appointed in 2014

** Due for Re-Election or Re-Appointment in 2016

Meetings of the Council of Governors took place on the following dates in 2014/15:-

- 16th May 2014
- 15th August 2014
- 29th October 2014
- 28th January 2015

Governor Attendance at Council of Governors Meetings:

Governors	Number of Meetings (4)
Clifford Chivers *	2
George Holden *	4
Neil Brooks **	4
Carol Measures **	1
Zacky Hameed **	2
Chris Smith (until September 2014)	2
Camilla Hardy (from September 2014)	2
Patricia Roche (from September 2014)	2
Robert Hudson (until October 2014)	1
John Butler (until September 2014 and from January 2015) **	3
Clive Barley **	2
Sheila Jefferson *	3
Gillian Wood *	3
Peter Askew *	2
Ramesh Gandhi (JP. DL. OBE. FRCS) **	4
John Bamford **	3
Lynden Walthew *	4
Anthony Nixon (from September 2014)	2
Vacant Position	N/A
Reverend David Crouchley (from September 2014)	1
Dr Tom Kane (until September 2014)	0
Dr Raj Verma (from September 2014)	1
Sharon Vickers **	1
Janet Briers *	0
Tina Daniels (until September 2014)	0
Paul Aspden (from September 2014)	2
Ashok Khandelwal **	3
Michael Phillips **	3
Councillor Martin Mitchell *	4
County Councillor Ron Shewan *	2
Mike Bullock *	3
Susan Rigg (until September 2014)	1
Steve Winterson (from September 2014)	1
Jean Taylor *	4
Ceri Coulby (until July 2014)	0
Francesca Oram (from September 2014)	1
Phillip Hargreaves (from April 2014)	2
Tony Winter (from April 2014)	4
Vacant Organisation	N/A

Board of Director Attendance at Council of Governors Meetings:

Board of Directors	Number of Meetings
Ian Johnson	4
Tony Shaw	2***
Karen Crowshaw	1***
Doug Garrett	2***
Alan Roff	1***
Jim Edney	3***
Michele Ibbs	1***
Dr Malcolm McMillmurray	1**
Gary Doherty	3
Wendy Swift	3
Pat Oliver	4
Dr Mark O'Donnell	0***
Marie Thompson	2***
Nicky Ingham	1***
Tim Bennett	3

** Joined the committee during the year.

*** Attend on a rotational basis.

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

- The Annual Report & Accounts and Quality Report 2014/15.
- Membership Task & Finish Groups.

A detailed presentation entitled "Annual Plan and Strategy Update" was given by the Director of Strategy and the Director of Finance and Performance at the Council of Governors meeting on 29th April 2015 and Governors will be involved in the Trust's strategic review taking place between May and November 2015.

The Chief Executive, Director of Strategy, Director of Finance & Performance and Director of Operations routinely attend meetings of the Council of Governors. Attendance of the remaining Executive Directors is organised on a rotational basis. The Non-Executive Directors continue to attend Council of Governors meetings on a rotational basis, with one of the two Non-Executive Directors in attendance providing an update about his/her individual responsibilities.

During 2014/15, 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:-

- Financial Statements Audit & Quality Accounts Review (PwC).
- Annual Report & Accounts and Quality Accounts.
- Cost Improvement Programme.
- Pharmacy Department Update.
- Governors Development Programme.
- Fleetwood Hospital/Rossall Hospital Developments.
- The Harbour Development.
- Dementia Screening.
- Nurse Staffing.
- Chairman's and Non-Executive Directors' Appraisals/Objectives/ Remuneration.
- Appointment and Re-Appointment of Non-Executive Directors.
- Governors Declarations of Interests.
- Trust Constitution.
- Annual Plan.
- Library and Knowledge Services.
- Staff Friends & Family Test.
- Recruitment and Retention.
- Clinical Care Pathways.
- Complaints Management Procedure.

- Relationship between A & E / Urgent Care Centre / Primary Care Assessment Unit.

Other items discussed at the Council of Governors Meetings included Governor Elections, FTGA/FTN Joint Membership, Composition of the Council of Governors, Lead Governor Role Specification, Governors Role Specification, Code of Governance, Board of Directors Terms of Reference, Audit Committee Terms of Reference, Proposals for Board of Directors Meetings/Council of Governors Meetings, Role of the Non-Executive Directors and Individual Responsibilities.

Peter Askew, Public Governor (Wyre Constituency), has continued in the role of Lead Governor since September 2013 and his duties 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), 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, attending the monthly Non-Executive Directors meeting twice per year.

Following the Governor elections in September 2014, a Governors' Introductory Meeting took place on 30th September 2014 which included the following:-

Welcome and Introductions, Presentation on the Role of the Governor, Presentation on Current and Future Challenges for the Trust and Presentation on the Trust's Vision and Values.

Governor Attendance at Nominations Committee Meetings:

Committee Members (4)	Number of Meetings (2)
Ian Johnson (Chairman)	2
Peter Askew (Public Governor)	1
Jean Taylor (Appointed Governor)	2
Lynden Walther (Public Governor)	2

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

- Board Meetings held in Public (attendance as observers).
- Board Committees.
- Governors' Informal Meetings.
- Governors' Sub-Groups.
- Charitable Funds Committee.
- Health Informatics Committee.
- Patient-Led Assessment of the Care Environment Committee.
- Patient & Carer Experience & Involvement Committee.
- Dementia Advisory Committee.
- Formal Patient Safety Walkabouts.
- Service Visits.

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

- Foundation Trust Network GovernWell Events (including Core Skills, Finance & Business Skills, Accountability, Effective Questioning, Governor Role in NED Appointments).
- Foundation Trust Governors Association New Governors Event.
- North West Governors Forum.
- Joint Governors Induction Day.
- Foundation Trust Network Staff Governors Focus Group.
- Governor Focus Conference.

There are currently two Governor statutory committees, namely the Nominations Committee and the Membership Committee, comprising three and 11 Governors respectively, details of which are identified in the tables below:

Governor Attendance at Membership Committee Meetings:

Committee Members (11)	Number of Meetings (4)
Chris Smith*** (Chairman) (until September 2014)	2
George Holden (Chairman) (from January 2015)	4
Peter Askew**	1
Clive Barley	4
Paul Aspden* (from January 2015)	0
John Butler*** (until September 2014)	2
Clifford Chivers** (until January 2015)	1
David Crouchley* (from January 2015)	0
Zacky Hameed (from January 2015)	0
Sheila Jefferson**	2
Ashok Khandelwal* (from January 2015)	0
Anthony Nixon* (from January 2015)	0
Sharon Vickers	2
Lynden Walthew**	2
Gillian Wood (observer from 23.4.14 to 21.10.14)	1

*Elected in 2014/15

**Re-elected in 2014/15

***Resigned/not re-elected in 2014/15

Governor Expenses* 2014/15

Name and title	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2013	Dec 2014	Jan 2015	Feb 2015	March 2015
Anthony Nixon	-	-	-	-	-	-	-	-	187.15	-	-	-
Ashok Khandelwal	-	-	-	-	-	-	-	-	-	-	-	-
Camilla Hardy	-	-	-	-	-	-	-	-	-	-	-	-
Carol Measures	-	-	-	-	-	-	-	-	-	-	-	-
Clifford Chivers	-	-	-	-	-	-	-	-	-	-	-	-
Clive Barley	-	-	-	-	-	-	-	-	-	-	-	-
Councillor Martin Mitchell	-	-	-	-	-	-	-	19.30	-	-	-	26.40
County Councillor Ron Shewan	-	-	-	-	-	-	-	-	-	-	-	-
David Crouchley	-	-	-	-	-	-	-	414.35	-	-	-	-
Dr Raj Verma	-	-	-	-	-	-	-	-	-	-	-	-
Francesca Oram	-	-	-	-	-	-	-	-	-	-	-	-
George Holden	-	-	-	-	-	-	-	-	-	-	-	-
Gillian Wood	-	-	-	-	-	99.00	-	-	-	-	-	-
Janet Briers	-	-	-	-	-	-	-	-	-	-	-	-
Jean Taylor	-	-	-	-	-	-	-	-	-	-	-	-
John Bamford	-	-	-	-	-	-	-	-	-	-	-	-
John Butler	-	-	-	-	-	-	-	-	-	-	-	-
Lynden Walthew	-	-	-	-	-	-	-	-	-	-	-	-
Mike Bullock	-	-	-	-	-	-	-	-	-	-	-	-
Mike Phillips	-	-	-	-	-	-	-	-	-	-	-	-
Neal Brookes	-	-	-	-	-	-	-	-	-	-	-	-
Patricia Roche	-	-	-	-	-	-	-	29.50	-	-	-	-
Paul Aspden	-	-	-	-	-	-	-	-	-	-	-	-
Peter Askew	-	-	-	-	-	-	-	-	-	-	-	-

Philip Hargreaves	-	-	-	-	-	-	-	-	-	-	-	-
Ramesh Gandhi	-	-	-	-	-	-	-	-	-	-	-	-
Sharon Vickers	-	-	-	-	-	-	-	-	-	-	-	-
Sheila Jefferson	-	-	-	-	-	118.35	-	-	-	-	-	-
Steve Winterson	-	-	-	-	-	-	-	-	-	-	-	-
Tony Winter	-	-	-	-	-	-	-	-	-	-	-	-
Zacky Hameed	-	-	-	-	-	-	-	-	33.90	-	-	-

*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 956856
 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.

Membership Report

Membership Report

Over the past 12 months, the Trust's membership has 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, and the North of England 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.



Membership Report for Blackpool Teaching Hospitals NHS Foundation Trust for 2014/15.

Public constituency	Last year (2014/2015)
As at start (1 st April 2014)	5,642
New Members	150
Members leaving	(359)
At year end (31 st March 2015)	5,433

Staff constituency	Last year (2014/2015)
As at start (1 st April 2014)	6,030
New Members	376
Members leaving	(341)
At year end (31 st March 2015)	6,065

Public constituency	Number of members
Age(years):	
0 - 16	0
17 - 21	130
22+	4,532

Ethnicity:**	
White	4,333
Mixed	15
Asian	68
Black	17
Other	12

Socio-economic groupings:*/**	
AB	692
C1	3,681
C2	650
DE	365

Gender analysis:**	
Male	2,712
Female	2,662

*Classification of Household Reference Persons aged 16 to 64 by approximated social grade.

**Due to members opting not to disclose this information, the figures will not reflect the total Trust membership.

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, in outpatient departments and community buildings, such as, Whitegate Drive Walk-in Centre.
- Recruitment stands at events for the public and community meetings, such as in conjunction with Blackpool Council.
- Engaging with members of the public/members via a stand on the Trust's new main entrance mezzanine area.
- Continue to use the Trust's Facebook 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 one afternoon 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 a dedicated membership email address:- members@bfwhospitals.nhs.uk and telephone line on 01253 956673.

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 tailor members' seminars to those areas feedback by our members.
- Continue to run a quarterly Chief Executive Question Time forum so members can interact with the Executive Team.
- The Trust's members magazine 'Your Health' has been revised and is now a new A4 18 page newsletter, which keeps members up to date with all events going on at the Trust. Due to the increase in pagination we have given more exposure to our Governors and the wide and varied work they do within the Trust.
- Membership seminars are now held every two months and topics covered include :- 'Parkinson's Disease', 'The Increasing Roles of Volunteers' and 'Supporting People to Remain at Home'.
- 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 2014, 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.

The Trust's Membership Committee continues to deliver the aims of the Membership Strategy and to implement the key elements of the summary

document; 'Implementation of the Key Elements of the Membership Development Strategy 2012-2015, which sets out a summary of the Trust's strategic objectives for membership and identifies its key aims of delivery of these objectives.

Membership Committee Task and Finish Group

During 2014/15, the two Task and Finish groups continued with their work to improve and update the key membership messages/promotional material and key proposals for engagement with members. The key messages and the promotional material have been changed in line with their decisions and within the revised Trust corporate style.

The new key message is to 'Join our Community', this is aimed at encouraging the public to become part of the Trust community, to become involved in what happens at the Trust and to utilise their knowledge and experiences to enhance and improve the services that we offer. There are many ways to Join our Community and become involved, a few examples are:-

- Take part in Clinical Research Trials.
- Take the Family & Friends Test.
- Stand for election as a Governor.
- Attend the Annual Member's and Public Meeting.
- Attend seminars.

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 Trust's 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

We have been focussing on ways of increasing interaction with our younger membership, as this remains under-represented and have been forging relationships with both schools and colleges across the area. 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.

Annex A – Quality Account 2014/15

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 fifth 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 2014/15 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 2014/15 and sets out our key priorities for the next year 2015/16.

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.

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.

In April 2014 the Trust received the results of its inspection by the Care Quality Commission which took place in January. The overall rating for Blackpool Victoria Hospital was 'requires improvement' while the overall ratings for both Clifton Hospital and Fleetwood Hospital were both 'good'. The overall rating for the Trust was 'requires improvement'.

Across the Trust, the inspection team found areas of good practice. These included:

- Care in the Trust was recognised as good by patients and staff were praised by many who had used hospital services.
- The Trust has a highly committed workforce, with a strong team culture.
- The Trust-wide chaplaincy and End of Life Care service was recognised as highly responsive and was valued by those who had used it.
- New facilities for children and within maternity services were recognised as good developments.

There were a number of areas where the report said the Trust must improve in areas such as record keeping, incident reporting and staffing levels and an action plan to tackle these areas has been a major focus this year.

Once again we received national recognition for our work to improve patient safety and quality. The Trust named as one of the CHKS 40 Top Hospitals for 2014. The award is presented to the 40 top-performing CHKS client trusts and the

rankings are based on 22 key measures of quality, including clinical effectiveness, patient experience and quality of care.

The Trust was also recognised as one of the top healthcare organisations in the country to work for after being named in the HSJ's Best Places to Work list, which is compiled in partnership with NHS Employers and features the top 100 NHS workplaces across all acute, community, mental health and primary care sectors. We want to attract the most talented workforce, so we are committed to providing an environment that is welcoming and fosters innovation and creativity and this award is testament to that and is something that all staff should celebrate.

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 Hospital Standardised Mortality Ratio (HSMR) have reduced (SHMI 120 -116 and HSMR from 115-113). On all 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.

The Trust has made an investment of £1m in clinical staff with 174 qualified nurses, midwives and health visitors commencing in post and 293 doctors and dental staff joining the organisation in temporary and permanent posts.

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 offering more 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. The newly-established ascites service 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 is a testament to the innovation and dedication of our staff. The scheme was devised here 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.

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 has also piloted 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. The scheme has been so successful that it is now expanding to cover more care homes in the area.

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.

We are now also seeing the benefits of our new entrance and car park at Blackpool Victoria Hospital which has helped provide a far better environment for our patients. The development was officially opened by Parliamentary Under Secretary of State for Health, Dr Dan Poulter MP, who praised the Trust for its investment which he said supported frontline staff and improved patient experience.

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. Our plans for 2015/16

aim to build on the progress we have made as well as new improvement targets in relation to patient care.

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 2014 – 31st March 2015 is a balanced and accurate account of the quality services we provide.

SIGNED:



Gary Doherty
CHIEF EXECUTIVE

DATE: 28th May 2015

Part 2: Our Quality Achievements

In this section the Trust's performance in 2014/15 is reviewed and compared to the priorities that were published in the Trust's Quality Account in 2013/14. Priorities for improving the quality of services in 2015/16 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 see section 2.3.

2.1 How we performed on Quality in 2014/15 against Priorities in 2013/14 Quality Account

This section tells you about some of the quality initiatives we progressed during 2014/15 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 (available upon request), 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 2013/14 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

Priority 1: Clinical Effectiveness of Care	2012/13	2013/14	2014/15	Actual Target 2014/15	Expected Score 2014/15
Reduce premature mortality from the major causes of death					
- Reduce 'preventable' mortality by reducing the Trust's Hospital Mortality Rates / Summary Hospital Mortality Indicators	●	●	●	111	113
- 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)	●	●	●	109	116
- 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)	●	●	●	1.14%	1.05%

North West Advancing Quality initiative that seeks compliance with best practice to improve patient experience in six clinical areas:	2012/13	2013/14	Result Achieved 2014/15	CQS Target 2013/14	Result Achieved 2013/14
Acute Myocardial Infarction			Data not available until Jun/Jul 2015	88.08%	89.89%
Hip and Knee Surgery				83.17%	91.11%
Coronary Artery Bypass Graft Surgery				92.9%	80.59%
Heart Failure				77.85%	80.20%
Community Acquired Pneumonia				64.58%	79.38%
Stroke				54.8%	46.00%
Priority 1: Clinical Effectiveness of Care (continued)	2012/13	2013/14	2014/15	Actual Target 2014/15	Expected Score 2014/15
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				Achieved in Q3 and 4	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			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			2014-15 data not available until Sept 2016	Data N/A	Data N/A
ii Varicose veins surgery				Data N/A	Data N/A
iii Hip replacement surgery				Data N/A	Data N/A
iv Knee replacement surgery				Data N/A	Data N/A
Reduce emergency readmissions to hospital (for the same condition) within 28 days of discharge (See section 2.3.7 Core Clinical Indicators for results)	16+	12.04	12.04*	12.04*	*methodology under re evaluation
	< 16	10.73	10.73*	10.73*	*methodology under re evaluation
Priority 2: Quality of the Patient Experience	2012/13	2013/14	2014/15	2014/15	2014/15
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?				89%	86%
Did you find someone on the hospital staff to talk to about your worries and fears?				75%	76%
Were you given enough privacy when discussing your condition or treatment?				92%	92%
Did a member of staff tell you about medication side effects to watch for when you went home?				59%	56%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?				71%	71%

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 2012/13	Not reported in 2013/14	●	To be the Best 20% of Trusts	73%
Report on Friend and Family Test and achieve above national target	Not reported in 2012/13	Not reported in 2013/14	●	To be above national average	79%
Improving the experience of care for people at the end of their lives:	2012/13	2013/14	2014/15	2014/15	2014/15
Seeking patients and carers views to improve End of Life Care	●	●	●	Not Nationally Measured	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.	●	●	●	Not nationally Measured	Identification of preferences for future care monitored
Patient Led Assessment of the Care Environment (PLACE) Survey				Actual 2014/15	Expected Score 2014/15
To improve PLACE survey results/standards	●		Results not available until September 2015		
Priority 3: Patient Safety	2012/13	2013/14	2014/15	Actual 2014/15	Expected Score 2014/15
Achieve 95% Harm Free care to our patients by 2016 through the following strands of work:					
Risk-assessment for Thrombo-Embolism (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)	●	●	●	99.86%	99.5%
- Achieve a 10% reduction on the previous year in all VTE	●	●	●	13.85%	10%
Table 1: Performance Against Trust Priorities	2012/13	2013/14	2014/15	Actual Performance 2014/15	Expected Score 2014/15
Rates of Clostridium Difficile and MRSA - Reduce the incidence of Clostridium Difficile infection rates in the Trust in relation to lapses in care as reflected by national targets - Reduce the incidence of MRSA infection rates in the Trust as reflected by national targets	●	●	●	24	28
Reported Patient Safety Incidents - To monitor the rate of patient safety incidents and reduce the percentage resulting in severe harm or death	●	●	●	3	0
Reduce the incidence of inpatient Falls by 30% resulting in moderate or major harm	●	●	●	35 (20.5% reduction)	31
Reduce the incidence of Medication Errors by 30% resulting in moderate or major harm	●	●	●	24	12

				Stage 2-56 (24% increase)	50%
- Reduce the incidence of new hospital acquired pressure ulcers stage 2 by 30%, stage 3 by 40% and stage 4 by 100%; and				Stage 3-3 (50% reduction)	100%
				Stage 4-0 (100% reduction)	100%
				Stage 2-58 (19.4% reduction)	30%
- reduce stage 2, 3 and 4 community acquired pressure ulcers by 10% (see page 60 for definitions)				Stage 3-10 (28.6% reduction)	30%
				Stage 4-81 (15.6% reduction)	50%
- Introduce the Think Glucose Programme	Not reported in 2012/13			Commenced	Commenced

2.2 Selected Priorities for Quality Improvement in 2015/16

This section tells you about how we prioritised our quality improvements for 2015/16. 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 2015/16

The Board of Directors has developed an organisational Strategic Framework which underpins the quality programme set out in this Quality Account for 2014/15. 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 2015/16

The Trust's priorities for 2015/16 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 2015/16 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 2015/16 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 2015/16* which set out the high-level national outcomes that the NHS should be aiming to improve. The priorities focus on three key elements in the quality of care. These are:

1. Clinical Effectiveness of Care.
2. Quality of the Patient Experience.
3. Patient Safety.

The quality improvement priorities selected by the Board of Directors for implementation in 2015/16 have been aligned to the new Trust Strategy and Quality Goals and are detailed in Table 2.

Table 2: Priorities for Quality Improvement

National Level NHS Outcomes Framework (DH 2015/16) Quality Domain(s)	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2015/16
Domain 1: Preventing people from dying prematurely. Domain 2: Enhancing quality of life for people with long-term conditions.	To provide and maintain high quality and safe services. To deliver consistent best-practice NHS care which is evidence based. To actively work in the prevention of ill health as well as its treatment.	Clinical Effectiveness of Care	Reduce premature mortality from the major causes of death <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	Our strategic aim is 100% compliance with agreed pathways by 2016 through the following strands of work: <ul style="list-style-type: none">- Sepsis- Pneumonia- Stroke- Cardiac Chest Pain- Heart Failure- Acute Kidney Injury- Acute Abdominal Pain- COPD- Fractured Neck of Femur
Domain 2: Enhancing quality of life for people with long-term conditions.	To provide and maintain high quality and safe services. To deliver consistent best-practice NHS care which is evidence based.	Clinical Effectiveness of Care	Enhancing quality of life for people with dementia <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

Domain 3 Helping people to recover from episodes of ill health or following injury.	To provide and maintain high quality and safe services	Clinical Effectiveness of Care	Medical Care Indicators and Nursing Care Indicators used to assess and measure standards of clinical care. Improving outcomes from planned procedures - Improve Patient Reported Outcomes Measure (PROMs) scores for the following elective procedures: i Groin hernia surgery ii Varicose veins surgery iii Hip replacement surgery iv Knee replacement surgery
	To deliver consistent best-practice NHS care which is evidence based.		
	To actively work in the prevention of ill health as well as its treatment.		Emergency readmissions to hospitals within 28 days of discharge (Quality Accounts January 2014 DH) - The percentage of patients' of all ages and genders (aged 0 to 15) and (16 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

Table 2: Priorities for Quality Improvement

National Level NHS Outcomes Framework (DH 2015/16) Quality Domain(s)	Trust Level	Key Elements in the Quality of Care	Description of Priority Indicators for Quality Improvement 2015/16
Domain 4 Ensuring that people have a positive experience of care.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based.	Quality of The Patient Experience	Improve hospitals' responsiveness to inpatients' personal needs by improving the CQC National Inpatient Survey results in the following five questions: - 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? Improve staff survey results in the following area: - Percentage of staff who would recommend the Trust to friends or family needing care. - Report on Friends and Family Test
Domain 4 Ensuring that people have a positive experience of care.	To provide and maintain high quality and safe services To deliver consistent best-practice NHS care which is evidence based.	Quality of The Patient Experience	Improving the experience of care for people at the end of their lives - 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.	To provide and maintain high quality and safe services	Patient Safety	Achieve 95% Harm Free Care to our patients by 2016 through the following strands of work: Risk-assessment for Thrombo-Embolism (VTE) <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
	To deliver consistent best-practice NHS care which is evidence based.		Rates of Clostridium Difficile and MRSA <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
	To actively work in the prevention of ill health as well as its treatment.		Reported patient safety incidents <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 - To reduce the number of avoidable patient harm through the implementation of the 'National Sign Up to Safety Campaign' which will: <ul style="list-style-type: none"> o Reduce the incidence of falls resulting in patient harm by 20% by March 2017. o Reduce the incidence of medication errors resulting in moderate or severe harm by 30% o Reduce avoidable harm caused by Trust attributable pressure by 30% from our April 2015 baseline
			Continue to introduce the plan Think Glucose Programme
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 (available upon request).			

2.2.3 Rationale for the Selection of Priorities to be removed in 2015/16

This section should reflect a list of priorities that have been chosen to be removed by the Board of Directors from the quality improvements priorities for 2015/16. The rationale for the de-selection of priorities is that considerable progress and improvements have been delivered or put in place and other improvements have become a priority.

It has been agreed that no quality improvement priority used in 2014/15 will be removed as it is deemed necessary to continue to monitor all priorities which will be reported in the 2015/16 Quality Accounts.

2.2.4 Engagement with Patients, Public, Staff and Governors

The Trust's overarching aim is to ensure that patients, their families and carers receive an experience that not only meets but exceeds their expectations of services. To achieve this, the Trust listens and responds to the views of the local community, staff and governors, using their feedback constructively and innovatively to inform local service improvements.

The Trust collates information from local and national patient surveys, formal complaints, comments received through the Patient Relations Team and various local stakeholder meetings

and forums to benchmark services, measure performance, inform commissioners about service quality, improve public accountability, and provide evidence for regulators.

Asking people what it is like to use a service and where issues and problems may lie provides an opportunity to not only put things right but also to learn important lessons and develop new approaches in order to improve our services.

2.2.5 How we will Monitor, Measure and Report ongoing Progress to Achieve our Priorities for Quality Improvement 2015/16

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 2015/16 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 Integrated Performance 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 2015/16 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 a 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 2014/15 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 2014/15 represents 90 per cent of the total income generated from the provision of relevant health services by the Blackpool Teaching Hospitals NHS Foundation Trust for 2014/15.

The quality aspirations and objectives outlined for 2014/15 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.

Formal patient safety walkabouts visits are undertaken by Executive Directors and Non-Executive Directors, these take place on a monthly basis and 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 is supported by a 'buddy ward' process with each Director buddyng a number of wards the aim of which is to regularly visit and be visible to clinical areas to provide direct access and support clinical staff.



2.3.2 Participation in Clinical Audits and National Confidential Enquiries

During 2014/15, 31 national clinical audits and 3 national confidential enquiries covered relevant Health services that Blackpool Teaching Hospitals NHS Foundation Trust provides.

During that period Blackpool Teaching Hospitals NHS Foundation Trust participated in 97% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2014/15 are as follows 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 2014/15 are as follows in Column B of Table 3 and 4.

The national clinical audits and national confidential enquiries that Blackpool Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2014/15 are listed below 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

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2014/15

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.	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	✓	1487	91%
2.	Bowel cancer (NBOCAP)	✓	✓	218	100%
3.	Cardiac Rhythm Management (CRM)	✓	✓	1235	100%
4.	Case Mix Programme (CMP)	✓	✓	1059	100%
5.	Coronary Angioplasty/National Audit of PCI	✓	✓	1551	100%
6.	Diabetes (Adult)	✓	x	0	0
7.	Epilepsy 12 audit (Childhood Epilepsy)	✓	✓	39	100%
8.	Falls and Fragility Fractures Audit Programme (FFFAP)	✓	✓	367	100%
9.	Fitting child (care in emergency departments)	✓	✓	17	100%
10.	Head and neck oncology (DAHNO)	✓	✓	73	100%
11.	Inflammatory Bowel Disease (IBD) programme	✓	x	No data inputted	
12.	Lung cancer (NLCA)	✓	✓	293	100%
13.	Major Trauma: The Trauma Audit & Research Network (TARN)	✓	✓	300	100%
14.	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	✓	✓	43	100%
15.	Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	✓	✓	14	100%
16.	Mental health (care in emergency departments)	✓	✓	Data collection in progress	
17.	National Adult Cardiac Surgery Audit	✓	✓	965	100%
18.	National Audit of Intermediate Care	✓	✓	Data collection in progress	
19.	National Cardiac Arrest Audit (NCAA)	✓	✓	236	100%
20.	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	✓	✓	73	100%
21.	National Comparative Audit of Blood Transfusion programme	✓	✓	310	100%
22.	National Emergency Laparotomy Audit (NELA)	✓	✓	243	96%
23.	National Heart Failure Audit	✓	✓	327	100%
24.	National Joint Registry (NJR)	✓	✓	All patients	100%
25.	National Vascular Registry	✓	x		

26.	Neonatal Intensive and Special Care (NNAP)	✓	✓	All patients	100%
27.	Oesophago-gastric cancer (NAOGC)	✓	✓	35	100%
28.	Older people (care in emergency departments)	✓	✓	100	100%
29.	Pleural Procedure	✓	✓	9	100%
30.	Rheumatoid and Early Inflammatory Arthritis	✓	✓	31	100%
31.	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	454	100%

✓ 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 34

List of National Clinical Audits in which Blackpool Teaching Hospitals NHS Foundation Trust was eligible to participate during 2014/15

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	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%
5	Sepsis	Yes	Yes	5	100%
6	Acute Pancreatitis	Yes	Yes	Awaiting Case Note selection from NCEPOD	Awaiting Case Note selection from NCEPOD

Data source: Clinical Audit Programme and final reports. This data is governed by standard national definitions

The reports of 2 national clinical audits were reviewed by the provider in 2014/15 and Blackpool Teaching Hospitals NHS Foundation Trust intends

to take the following actions to improve the quality of healthcare provided as shown in Table 5.

Table 5

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.
Sub Arachnoid Haemorrhage Study – Report issued Nov 2013 Managing the Flow? A review of the care received by patients who were diagnosed with an aneurysmal subarachnoid haemorrhage.	<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 sub arachnoid 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>
Alcohol Related Liver Disease Study Report issued June 2013 Measuring the Units A review of patients who died with alcohol-related liver disease	<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.
Lower Limb Amputation Study	<ul style="list-style-type: none">• Report received November 2014• Action plan being completed to address all recommendations

Tracheostomy Study	<ul style="list-style-type: none"> • Report received June 2014 • Tracheostomy insertion is recorded and coded as an operative procedure. • Improved care planning allows for national and local review and audit. • Critical care units have a rapidly available difficult airway trolley/fibre optic laryngoscopy.) • Training programmes in blocked/displaced tubes/airways and difficult tube changes are delivered in accordance with clinical consensus guidelines as stated by the National Tracheostomy Safety Project and the Intensive Care Society. • Core competences for the care of tracheostomy patients, including resuscitation, are included in training and assessment. • Consent and WHO type (surgical) checklists have been adopted and are used prior to tracheostomy insertion, wherever it is performed where possible • All unplanned tube changes are reported locally as critical incidents and investigated to ensure that lessons are learned and reduce the risk of future events. • Training is provided for all bedside staff who care for tracheostomy patients, this ensures that staff are competent in recognizing and managing common airway complications including tube obstruction or displacements and as described by the National Tracheostomy Safety Project algorithms. • Quality of discharge documentation is being improved to include a structured and detailed summary between wards and between hospitals and the community at the point of transfer.
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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 2014/15, 98% (266) of audits were completed or are running according to schedule for completion. The number of audits being monitored by the Clinical Audit Department is 65% (176). This includes all audits that have not been fully completed at end of Quarter 4.

The reports of 79 local clinical audits were reviewed by the provider in 2014/15 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 2014/15 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 presented for assurance to the Board of Directors	Details of actions taken to improve the quality of local services and the outcomes of care.
Enteral feeding in ITU patients	Critical Care nutrition policy revised to provide consistent approach to calculating energy requirements and prescribing of enteral nutrition. Nutrition prescribing included in daily ward round check list. Presentation of revised policy at governance and sisters meeting.
Hpylori treatment and out of hours	European and UK guidelines for H-Pylori eradication to be monitored.
Audit of compliance with NICE Quality Standards for End of Life Care	55 of the 65 NICE QS milestones/outcomes have been achieved and 7 are in progress (one of these on hold). Actions to be completed; Implementation of information prescriptions for those patients with cancer Business plan submission to facilitate 7/7 working for the specialist palliative care team End of Life Training to be included in the Trust L+D strategy Business plan formulation for physio/OT support to palliative care team
Outpatient management of pulmonary embolism	Education programme for junior doctors in 'wells score' facilitated as part of their assessment for Pulmonary Embolism

Community Hospital Transfer audit	Develop electronic referral form. Regular reminder communication of referral criteria. Presentation delivery of process Plan re-audit after electronic referral has been in place for a period of time.
Peer review case note audit	Electronic GP notification form set up. All patients offered a copy of initial consultation letter where treatment options discussed. Increase CNS capacity to ensure patients are provided with appropriate information Documentation process to evidence of holistic needs assessment. All patients offered a copy of treatment plan.
Compliance with CG100 and CORP/PROC/487	Assessment documentation inclusion of AUDIT-C in Nursing Health Record Assessment Document. Improved access to CIWA Ongoing education in Alcohol Identification and Brief Advice (IBA) and Alcohol Withdrawal Syndrome (AWS).
Re-audit Assessment of compliance with NICE CG50 in Acutely ill patients in hospital	EWS system evaluated to address continuing failure to escalate hypoxia as cause for concern. Recognise and Act' course mandatory for RN's. Use of bay based care project. Trust-wide strategy identified for improving compliance and quality of fluid balance monitoring/use of charts. Continued training in completion of POTTS chart and GRS documentation. Continued review of all adult 2222 calls. Completion of CORP/PROC 627 document in order to drive forward improvements.
Acute upper gastrointestinal haemorrhage	Tutorials introduced for GI bleed training. Trust guidelines modified to incorporate NICE guidance. Form in gastro changed to include Blatchford score.
Audit of patient casenotes who have undergone Haemopoietic Progenitor Cell	Transplant Nurse Specialist supported by Assistant Practitioner in collating relevant documentation from case notes. Mobilisation plans are signed off by Consultant. Record of review added to ward discharge check list. Discharge letters are dictated within two weeks.
NCEPOD Study- Caring to the end- A review of the care of patients who died in hospital within four days of admission	All recommendations met from published report. Full report available.
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.
NCEPOD Study-Alcohol related liver disease - Measuring units. A review of patients who died with alcoholic liver disease	Audit C tool incorporated into Trust documentation. Dedicated Consultant led Multidisciplinary Alcohol Care Team established including Mental Health Nurse and Consultant availability 24 hours. Robust guidelines available for managing patients with alcohol related liver disease (CORP/PROC/487). Liver specialist available 24 hours on via call. CIWA score routinely used when Audit C score>8. Medication tailored to the needs of the individual (pharmacists on ward). All patients seen by specialist within 24 hours. MUST assessment of all patients within first 24 hours. Critical Care Outreach team available for active escalation. Support services available to all patients agreeing to referral.
Audit on Diagnosed Cases of VTE in Orthopaedic in Patients' (Previously VTE prophylaxis in medical and Orthopaedic patients)	No relation between diagnosed thromboembolism and VTE practices were identified as a result of undertaking this audit. Continued practice with current VTE policy.

Indication for implant cardiac resynchronisation device	Standardised follow up to include assessment of response, optimisation of medication and device introduced. Links with rehabilitation long term, established. Reliability of identification of deteriorating HF patients to go back to medical clinic enhanced.
North West Regional Urology - Renal Tumours Audit 2013	Documentation of the eGFR completed on all cases of renal tumours. Post operative eGFR is now formally documented in the notes.
Anticoagulation in patients with atrial fibrillation and stroke	Stroke medics completing discharge summaries. Community awareness campaign to alert patients to present themselves to A&E within thrombolysis therapy window. Awareness enhancement of clinical staff in use of stroke pro forma
Epidural documentation in obstetrics	Nexus BOAD used to log epidural data. Network printer linked to anaesthesia computer New trainees induction information reviewed to include epidural documentation process. Review of patient information leaflets facilitated.
Admission rates following day case bunion surgery	British day case surgery standards of over 85% has been met by this trust therefore no actions necessary
Results and outcomes of cataract surgeries performed by Mr Mishra at BVH	Results above National average therefore no actions.
Gentamycin as antibiotic prophylaxis in urology and orthopaedic surgery	New guidelines have been written incorporating a wide range of procedures and offering alternatives for patients with moderate/severe renal impairment
Assessment of use of telemetry in the Hospital against ACC guidelines	New Telemetry monitoring form now in use Policy updated to reflect all telemetry groups
Indications for tonsillectomy	Single listing prospective trial showed potential 100% compliance using dedicated listing pro forma. 100% compliance against local and national guidelines. Clinicians adherence to listing guidelines on dictating achieved.
Dental trauma during anaesthesia managing risks	AN1308 - Ongoing education within Anaesthetists on documentation of high risk dental damage during anaesthesia. Audit shows no dental damage occurred during this audit therefore no actions required.
Ticagrelor for treatment of ACS	No recommendations/actions due to compliance
Adequacy of medical records in Cardiothoracic surgical inpatients	Trial in progress of the regular use of ITU ward round sheets by Anaesthetists, Surgeons and Nursing staff. Ongoing education in relation to recording patient identifier details.
VTE prophylaxis in trauma patients	A VTE prophylaxis form developed and implemented for lower limb casts. Assessment form reflects identification of high risk patients.
Audit of cataract surgery	Cross checking process on accuracy set up through Theatre book documentation of Complications for cross reference with OR MIS.
Retrospective audit of the follow up practice for rectal cancer	No actions as compliant
Emergency surgery audit	Audit completed identifying comparable performance to the National Standards. Emergency surgery pathway development commenced.
Residual anaesthesia drugs in cannulae	Process in place for cannula flushed prior to patient leaving theatre Theatre documentation improved to reflect change in practise
Pre-operative fasting in adults	100% compliance.
Inadvertent perioperative hypothermia	Increased awareness/education of staff facilitated regarding importance of normothermia in surgical patients. Early identification of high risk patients in place. New charts introduced.

Cyclodiode Laser Outcome following Transscleral Cyclodiode Laser at eye Dept BVH	100% compliant
Rate of catherisation post total hip and knee replacement	Reduced inappropriate use of intrathecal opioids by keeping dose of bupivacaine <2.75mls 0.5%. Use of urinary catheterisation in hip and knee arthroplasty minimised
Pre-operative airway assessment	Airway assessment completed and documented on all patients. Strategy is planned and documented for difficult intubation.
NCEPOD Study - Knowing the risk - A review of the peri-operative care of surgical patients	Strategies for the management of intra-operative low blood pressure in the elderly in place and training provided to all anaesthetists. Cardiac output measurement available for all major cases.
NCEPOD Study - Time to intervene A review of patients who underwent cardiopulmonary resuscitation as a result of in hospital cardio-respiratory arrest	Medical and Surgical Assessment documentation implemented. Monthly medical care indicators audited on a rolling programme.
The handling of clinical trials in Pharmacy Departments	Update of CORP/PROC/310 underway to include a mechanism for explicit and timely notification of Principal Investigator. Business case need identified for additional trial storage facilities. New policy written with reference to Q-Pulse AOPG18
NPSA 15	Action plan production and monitoring processes by Divisional heads
To evaluate the diagnostic adequacy and safety of percutaneous image guided liver biopsy	Proforma development for post procedure care for liver biopsy.
EL97(52) QCNW External Aseptic Unit Audit	All outstanding standard operating procedures reviewed and updated. Reports obtained following service visits. Monthly check reports provided on Air Handling Unit. Sink swab added to weekly environmental monitoring. Temperature mapping completed for refrigerators.
Blood transfusion consent/ clinical indication/recorded benefit audit	Audit results disseminated to clinical leads. Adequate supply of blood transfusion information leaflets are ordered Consent from patient is documented. Patient leaflets provided.
Prescribing medicines	Wide sharing of results and committee monitoring of action plans Policy under review to reflect changes in practice or procedure. Education and training in good prescribing principles is delivered to all prescribers.
Safe insulin prescribing and storage audit 2014	Dispensing of insulin pens reviewed to reflect safest practice Process in place to manage ward stocks. Safe storage requirements reinforced with ward staff
Reducing harm from omitted and delayed medicines in Hospital/correct use of omission codes	Results presented and discussed at Medicines management Committee. Critical medicines list provided to ward managers for display in clinical areas. Medicines Management training reviewed and updated. Development of Self-Administration of Medicines Policy commenced.
Entry techniques for Laparoscopic procedures	2 new consent forms in place supported by enhanced documentation of operative procedure
Fetal Blood Sampling	Proforma complexity under review. Verbal consent process for all patients in place.
Monitoring of care of women having vaginal birth after Caesarean Section	Dissemination of referral process information to midwives and medical staff facilitated. Protocol reviewed in relation to induction and augmentation of labour. Audit proforma under review.

Severe Pre-Eclampsia	Blood pressure documentation requirements agreed. Discharge process, review by relevant clinician and follow up process agreed.
Shoulder dystocia	Proforma for audit redesigned.
Child Protection Supervision Documentation	Supervisee training sessions delivered to raise awareness of supervisee responsibilities. Supervision contract regularly reviewed every 12 months.
Re-audit of the Management of women with substance abuse in pregnancy	Guidance under review.
Febrile illness in children	Senior doctor presence as supervisor for junior staff New NICE guideline provided for all relevant clinicians.
Decision to delivery interval in Emergency LSCS	On call consultant presence on day 1 in place.
Audit of management of ruptured membranes	Current guidelines on PROM & PPROM under review
Management of pregnancy of unknown location	Process in line with this agreed and relevant documentation updated accordingly.
Placenta Previa - compliance to NPSA bundle	Care bundle being included into guidance
VTE prophylaxis in obstetric patients	Awareness process facilitated. Reminder posters developed and displayed on the ward/delivery suite MDU Clinic. Inclusion at induction for new doctors/staff
Assessment of maternity records	Redesign of pre printed hand held notes Redesign of document storage envelopes
Management of postpartum haemorrhage	Pro forma completion by midwives agreed. Risk assessed and monitored via risk committee.
Audit of GP discharge letters within 48 hours for newly diagnosed diabetes patients	Consultants assurance of GP letter completion on discharge to be audited
Operative vaginal delivery	Information provided to new doctors Proforma and consent form accessible
Review of TVT/TOT surgery and follow up	Extra Lists facilitated
Obesity in pregnancy	Process for Community Midwives to complete obesity assessment form agreed Assessment form amendments in progress.
Audit of outcomes of External Cephalic Version (ECV)	Further training re counselling on options for breech delivery under review Leaflet review under way Data collection and reliability assurance processes under review.
Management of croup	Doseage of related medications agreed Advice provision for parents agreed.
Best Practice - Management of NICE	Process to review established NICE guidance on a monthly basis in place.
Best Practice - Management of NCEPOD	NCEPOD Ambassador working with Executive / Divisional Directors to reinforce CORP/ PROC/065 National Confidential Enquiries. Process for cascade, risk assessments and subsequent action plans in place.
Do not attempt cardio pulmonary resuscitation (CG1029, CG1301)	Training programme in place. DNAR CPR reviewed in line with Article 8 of the European Court of Human rights
Do not attempt pulmonary resuscitation	Process to raise failure to complete mandatory sections of the DNACPR order developed.
Resuscitation trolley audit	Redesign of monitoring form & weekly senior monitoring check system implemented. Dedicated area identified in all clinical areas for resuscitation equipment situated.
Aseptic non touch technique audit	Clean hands campaign implemented. Equipment cleaning guidance agreed and in place.

Isolation audit	Trust procedure awareness process facilitated. Barrier nursing policy revisited and re launched in ward teams.
Re-audit of the process for reporting and management of needlestick injuries and accidents involving exposure to blood or body fluids in staff	Occupational Health Resource information files provided to all clinical areas. Increase access to relevant policy and instructions on the intranet facilitated.
NCEPOD Study - Adding insult to injury	AKI Care pathway implemented. Guidance for junior doctors incorporated in pathway document.
Acute Health Record Folder Annual Retrieval Audit 2014	Audit findings disseminated. Health records management and Health records location training in place. Key performance indicators agreed.
Health Promotion in Hospitals	Targeted ward-based training planned. Training sessions in place and topic knowledge specific training planned.
Retrospective review of frequently admitted patients to establish whether any interventions could have prevented or shortened any admissions	Communication project commenced. In reach workers identified to support in reach project. Alternative management structure under trial.

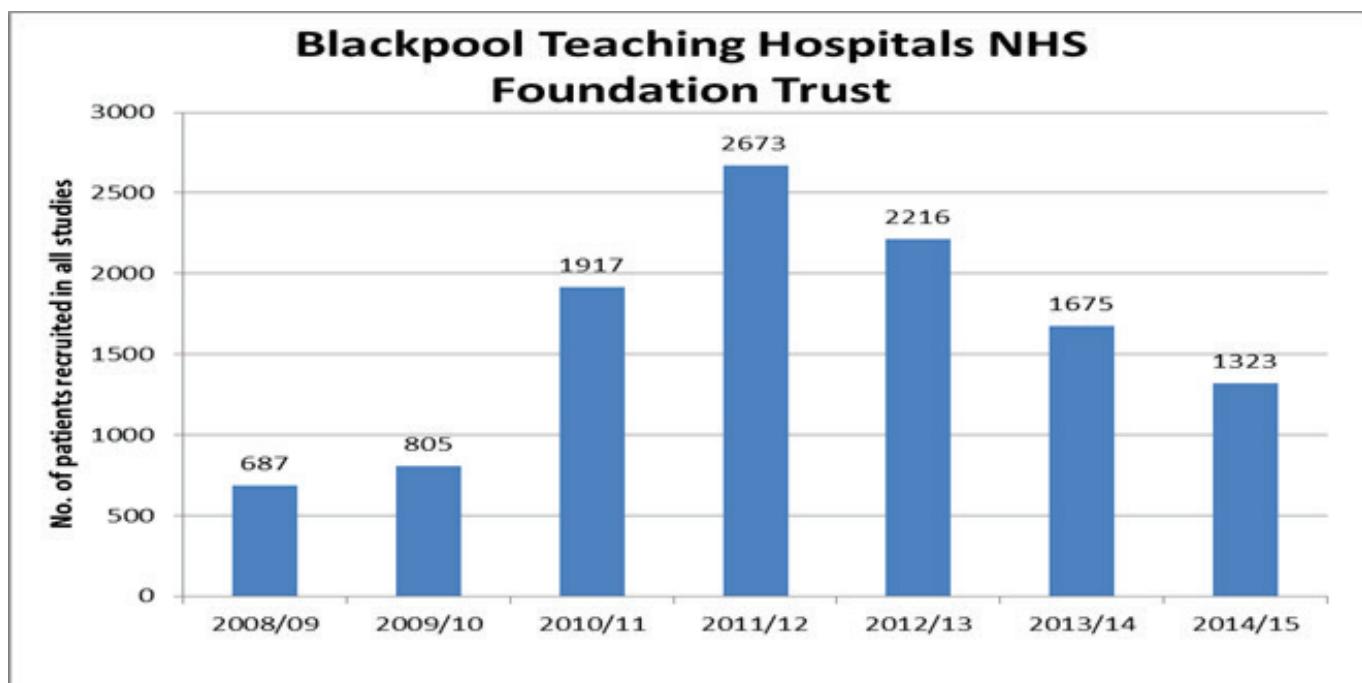
2.3.3 Participation in Clinical Research in 2014/15

The number of patients receiving relevant health services provided or sub-contracted by Blackpool Teaching Hospitals NHS Foundation Trust in 2014/2015 that were recruited during that period to participate in research approved by a research ethics committee was 1,323, identified in Graph 1, of which the number of patients recruited to National Institute of Health Research (NIHR)

Portfolio Studies is 1,319. This figure was less than the number recruited in 2013/14 due to a number of high recruiting studies closing during 2014/15.

*it should be noted that 2014/15 NIHR Portfolio Study data is not signed off nationally until 30th June 2015. We therefore estimate the total patient recruitment total to be higher than currently reported (as at 16th April 2015).

Graph 1: Participation in 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 182 clinical research studies during 2014/15. There were over 85 clinical staff participating in research approved by a research ethics committee at Blackpool Teaching Hospitals NHS Foundation Trust during 2014/15. 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 2015.

Table 7: Number of patients recruited to National Institute of Health Research Portfolio studies

Specialty	No. of Patients Recruited 2010/11	No. of Patients Recruited 2011/12	No. of Patients Recruited 2012/13	No. of patients recruited 2013/14	No. of patients recruited 2014/15
Ageing			10	17	
Anaesthesia, perioperative medicine & pain management		1			104
Cancer	141	420	299	214	103
Cardiovascular disease	276	448	549	456	381
Children	32	57	81	57	23
Critical care	964	359	8	6	10
Dementias & neurodegeneration	11	6		9	5
Dermatology	21	9	9	23	23
Diabetes	6	159	430	324	6
Ear, nose and throat	20	223	160	141	170
Gastroenterology	95	55	31	23	23
Genetics		171	177	29	
Health services & delivery research	7	133	4	5	
Hepatology	9	13	21	72	22
Infectious diseases & microbiology	24	6	25	47	76
Injuries & emergencies	14	10	93	50	73
Musculoskeletal disorders	19	1	9	12	48
Neurological disorders				7	3
Ophthalmology	1			23	25
Primary Care					14
Renal disorders	90				
Reproductive health & childbirth	52	38	28	27	38
Respiratory disorders	19	22	20	22	27
Stroke	94	116	44	37	13
Surgery	2			3	101

In addition, over the last three years, 481 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 2014/15 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 2014/15 and for the following 12 month period are available electronically 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 2014/15 conditional upon achieving quality improvement and innovation goals is £7,030,779; The Trust achieved 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 2014/15.

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. Blackpool Teaching Hospitals NHS Foundation Trust has the following conditions on registration, no conditions.

The Care Quality Commission has not taken enforcement action against Blackpool Teaching Hospitals NHS Foundation Trust during 2014/15.

Blackpool Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting year.

Chief Inspector of Hospitals Inspection Visit

Announced visit to Blackpool Teaching Hospitals NHS Foundation Trust by the Care Quality commission (CQC)

In April the Trust received its report from the inspections of the Blackpool Teaching Hospitals acute services at Victoria Hospital, Clifton Hospital and Fleetwood Hospital as part of the Care Quality Commission's national programme of inspections. 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, gave an overall rating to the Trust of "requires improvement" with the following ratings for each of the five 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, two were outstanding, 22 were requires improvement and two areas were deemed

inadequate. Maternity Services were rated as 'inadequate' due to the ongoing review of PPH cases that had resulted in a hysterectomy, five cases in a six month period. The expected range for our Trust is two cases per year. The RCOG undertook a case review on 30th April and the CQC have received a copy of the case review report and subsequent completed action plan and the Trust await a date for re-inspection by the CQC.

One quality improvement action plan was formulated following the CQC visit, the implementation of which has been monitored via the Trust Board throughout 2014/2015 and progress has been reviewed by our Commissioners and the CQC. Through completion of each section of the action plan it is envisaged that all matters requiring improvement will be attained on re-inspection.

Special Reviews/Investigations

The Imaging Service Accreditation Scheme (ISAS)

In March 2015 the Trust received an Imaging Service Accreditation Scheme (ISAS) visit.

All areas and modalities within the department of Radiology were visited with an extension for the first time of the accreditation scope including Nuclear Medicine and Fleetwood Heath Centre.

Initial feedback has been very positive with findings being divided into mandatory non-compliances against the standards and recommendations for improvement. The mandatory findings, for both the existing scope and the extended scope areas requires further evidence. Once supplied this will enable clearance by the assessors who will then grant the department accreditation status.

The Trust is pleased to report that the assessment reflected that patients were very happy with the service and that they had nothing but praise for the way they were treated.

The Trust has welcomed this review to inform the maintenance of an ongoing quality cycle for improvement across the Radiology department.

The National Cancer Peer Review

The National Cancer Peer Review Programme is a quality assurance programme that is aimed at reviewing clinical teams and services to determine

their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment. The programme encompasses a whole systems approach to ensuring safe, personal and effective care in relation to the patient experience and clinical outcomes.

The programme involves self-assessment by Multidisciplinary Teams (MDTs), validated self-assessments and external reviews of teams conducted by professional peers, against nationally agreed quality measures.

The programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible.
- improving the quality and effectiveness of care.
- improving the patient and carer experience.
- undertaking independent, fair reviews of services.
- providing development and learning for all involved.
- encouraging the dissemination of good practice.

The Trust completed self assessments across all tumour sites and the Lung team were chosen for an external peer review visit which took place on 16th July 2014. The Trust positively used this process to review its provision of care across all cancer sites, with eight areas noted as requiring no action. Key actions for six other sites were identified to further enhance quality of care and the MDT's have been proactively facilitating these actions throughout the year.

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 2014/15 to the Secondary Uses Service (SUS) 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:
 - 99.6% for admitted patient care.
 - 99.9% for outpatient care.
 - 99.3% for accident and emergency care.
- Which included the patient's valid General Medical Practice Code was:
 - 99.9% for admitted patient care.
 - 99.9% for outpatient care.
 - 100% for accident and emergency care.

*** based on provisional April 2014 – February 2015 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 2014/15 was 82% and was graded satisfactory (Green) from Information Governance Toolkit Grading Scheme.

For 2014/15 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 2015/16 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 not subject to the Payment by Results clinical coding audit during this reporting period by the Audit Commission.

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 a number of areas are being continually monitored on a daily, weekly and monthly basis by the Trust's dedicated data quality team. These are monitored through the use of local data quality reporting and the HSCIC's national secondary users service (SUS) data quality dashboard. Both local reports and national dashboards are reported to the Trust's divisions and to the Health Informatics Committee.
- The continued monitoring allows the team to identify areas of improvement, and take action where required to ensure and maintain the Trust's high quality standards, as reflected through the national HSCIC data quality dashboard.

2.3.7 Core Quality Indicators

From 2014/15 all Trusts are required to report against a core set of Quality indicators, for at least the last two reporting periods, using the standardised statement set out in the *NHS (Quality Accounts) Amendment Regulations 2013*.

Set out in Table 8 are the core quality indicators that Trusts' are required to report in their Quality Accounts. Additionally, where 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 8 with:

- a) The national average for the same.
- b) With those NHS Trusts and Foundation Trusts with the highest and lowest of the same, for the reporting period.

Table 8: 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
January 2014 to December 2014	116	100	121	66	1.05%	1.35%	14.26%	0.00%
January 2013 to December 2013	119	100	119	56	0.91%	1.27%	14.35%	0.00%
January 2012 to December 2012	119	100	119	70	0.82%	1.14%	14.62%	0.00%

**Internally calculated data suggests the Trust's SHMI score on next release will be 117 following national rebase.

*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 reason:

- 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 action:

- The Trust has shown a sustained improvement in not only Risk Adjusted Mortality Index (RAMI) and 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.

Patient reported outcome measures (PROMs) measure quality from the patient perspective, and seek to calculate the health gain experienced by patients following one of the following four clinical procedures:

- Hip replacement
- Knee replacement
- Hernia repair
- Varicose vein treatment

Patients who have these procedures are asked to complete a short questionnaire which measures a patient's health status or health related quality of life at a single point in time. Patients are given the same questionnaire both before and after their surgery or treatment. The difference between the two sets of responses is used to determine the outcome of the procedure as perceived by the patient.

The health status information captured from patients in this way provides an indication of the quality of care delivered. In the table overleaf a higher number shows that patients have experienced a greater improvement in their health.

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
Groin Hernia Surgery	2012/13	366	0.069	0.085	0.120	0.021
	2011/12	405	0.089	0.087	0.143	0.003
	2010/11	369	0.052	0.085	0.156	-0.02

** Provisional scores for 2013/14 show Trust position as 0.045 to be verified in September 2015.

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
Hip Replacement Surgery	2012/13	279	0.381	0.438	0.538	0.319
	2011/12	269	0.366	0.413	0.499	0.306
	2010/11	238	0.267	0.405	0.503	0.264

** Provisional scores for 2013/14 show Trust position as 0.389 to be verified in September 2015

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
Knee Replacement Surgery	2012/13	360	0.319	0.318	0.376	0.231
	2011/12	322	0.297	0.303	0.385	0.181
	2010/11	323	0.231	0.298	0.407	0.176

** Provisional scores for 2013/14 show Trust position as 0.287 to be verified in September 2015

	Year	Eligible episodes	Average health gain	National average health gain	National Highest	National Lowest
Varicose Vein Surgery	2012/13	401	0.116	0.093	0.176	0.015
	2011/12	443	0.097	0.095	0.167	0.049
	2010/11	377	0.005	0.091	0.155	-0.007

** Provisional scores for 2013/14 are not available yet for this category due to low number of modelled records.

** Provisional scores for 2014/15 are not yet available and will not be verified until September 2016.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

Scores for the Trust show that the perceptions of health gain among patients for groin or hernia repair and hip replacement procedures are slightly below average. We believe this is because:

- The number of patients completing a PROMs questionnaire needs to be increased as the low response rate in some areas has an impact on the reported results.
- We often treat patients with complex treatment needs and whose perception of health gain may be influenced by other health factors.

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:

- Regularly reviewing scores at service and Trust level to increase our responsiveness to feedback from patients and so patient views can be incorporated into our quality improvement programmes.
- Increasing the involvement and understanding of staff in how we use the information received through PROMs, and working with staff to increase response rates and ensure expectations are clearer around pain management.
- Providing better support from our Patient Experience Department if patients need help to complete the questionnaire.

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	2014/15	2013/14	2012/13	2011/12	England Average
0 to 15; and	Methodology under review	10.73	10.40	8.80	N/A
16 or over,	Methodology under review	12.04	6.30	6.51	N/A

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 intends to take the following actions to improve this percentage and so the quality of its services, by the following actions:

- A clinically led review of readmissions to identify and implement actions required to reduce the number of avoidable admissions is planned for the 2015/16
- 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.

Our composite score for the national inpatient survey's five questions relating to responsiveness to personal care in 2013/14 is above the Trust average in 2012/13 when compared with the trend data in the Department of Health's 'A tool for patient responsiveness to inpatients' personal needs'.

Year	Trust	England Average	England Highest	England Lowest
2013/14	67.1	68.7	84.2	54.4
2012/13	65.6	68.1	84.4	57.4
2011/12	67	67.4	85	56.5

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- A number of initiatives have contributed to this improvement. The size of the corporate patient experience team has increased and individual patient experience action plans focussed on the five questions have been developed.
- In addition, Trust wide initiatives, such as the Tell Us campaign and the introduction of the listeners programme has helped patients to feel more involved in their care and have provided increased opportunities for them to raise any concerns they may have at a service level.

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:

- Reviewing the responses to the individual questions that contribute to the overall score, as well as the Trust's local survey results, we recognise that there is room for further improvement. For example, we want to do more to ensure patients know who to speak to if they have any worries or fears once they have left our care, and for staff to explain their medication and any side effects more clearly.
- Continue to develop and implement action plans to respond to these issues. We are also planning further work to understand the issues that impact our patients' experience as they prepare to leave hospital so we can develop appropriate information resources and plans to improve these aspects of their care.

See section 3.4.2 - For further information regarding Priority 2: 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
2015	N/A	N/A	N/A	Data published 28 th May 2015

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 percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Quarter	Trust	England Average	England Highest	England Lowest
Q3 2014/15	99.87%	96%	100%	81%
Q3 2013/14	99.81%	96%	100%	77.7%
Q3 2012/13	99.40%	94.10%	100%	84.60%
Q3 2011/12	97.50%	90.70%	100%	32.40%

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reason:

- The Trust has continued 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 90% compliance indicator. From 1st September 2011 - 31st December 2014 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 March 2013 to 31st December 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-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.
- The Trust meets the national requirement for compliance with undertaking VTE assessments. To ensure sustainability of this standard an annual audit is undertaken.

See section 3.4.3 - For further information to Improve the percentage of admitted patients risk assessed for Venous Thrombo-Embolism (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.

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reason:

- There have been 54 cases of Clostridium Difficile Infection (CDI) attributed to the Acute Trust between April 2014 and March 2015 of which 24 attributed to lapses in care and 30 attributed to no lapses in care. The total number of 54 cases is in comparison to 26 for the period April 2013 to March 2014, demonstrating an increase of 48%. The Trust was required to and achieved a trajectory of less than 28 lapses in care, a reduction of 1, based on the previous year's trajectory of 29 incidences of Clostridium Difficile. [Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms (available upon request)].

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following action to achieve the trajectory of 28 cases by undertaking the following action:

- To mitigate the risk of breaching the Trust's infection prevention target, we will continue 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)
01/04/2014 to 30/09/2014	2.17	N/A	N/A	N/A	0.23	N/A	N/A	N/A
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 reason:

- 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 75% of all reported untoward incidents.

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this 24 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 feedback 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.
- The new Duty of Candour Regulation 20 has been incorporated into the Serious Untoward Incident process and into the Safeguard Incident Reporting system, to ensure that we are capturing the communications between staff and patients/relatives/carers when harm to a patient has occurred. This ensures that we are working to a culture of openness and transparency and that we are offering apologies and support when things go wrong.

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 will be taken forward into the coming year.

3.1 An Overview of the Quality of Care Based on Performance in 2014/15 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 2013/14 report and none of these priorities changed in 2014/15 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 2014/15 in relation to improving patient pathways with our service users. The additional priority has been identified and included and monitored during the reporting period 2014/15 as set out below:

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

- Pathways.
- Waits.
- Workforce.

Improving Patient Pathways in:-

- Pneumonia.
- Sepsis.
- Stroke.
- Cardiac Chest pain.
- Acute Kidney Injury.
- Acute Abdominal Pain.
- Fractured Neck of femur.
- Chronic Obstructive Pulmonary Disease.

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. Eight pathways have been implemented to date and a work plan for 2015/16 agreed to address other high mortality areas.

Care Pathway 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, chest pain, Acute Kidney Injury and Acute Abdominal pain.

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 safety for patients and overall efficiency. The introduction of these standardised clinical pathways helps ensure that patients receive appropriate, timely and evidence-based care.

The 100 day pathway workstream focused on introducing standardised pathways across the health community for the top elective procedures that the Trust performs on a yearly basis. Consultants and Specialist Nurses from the Trust joined with GPs representing local Clinical Commissioning Groups, to design and launch

over 40 patient pathways in areas such as general surgery, gynaecology, ear, nose and throat, ophthalmology, orthopaedics, urology and cardiac surgery. All of these pathways were made available on every GP's clinical system and also via the Trust's website.

One of the workstreams that came from this was to focus on improving compliance with interventions of limited clinical value (ILCVs). As part of this, a GP referral criteria was introduced into their clinical system (EMIS Web) that prompts them to ensure that they follow the correct criteria before referring a patient to the Trust.

Enhanced Recovery Pathways

Further work has been undertaken in 2014/15 to embed the Enhanced Recovery Pathways. A pathway has been trialled for the first time on Patients undergoing Cardiac Artery Bypass Grafting (CABG). The Trust has demonstrated through patient satisfaction surveys and patient focus groups that the patients' feeling of involvement has increased and their patient experience has been enhanced. The trial also demonstrated an average saving of 1.5 bed days per patient which has supported the case to for a further roll out to all first time CABG patients by September 2015.

The Trust now facilitates all planned hysterectomy patients on the enhanced recovery pathway and all bowel resection patients are on a pathway following planned surgery. This has enabled the Trust to collect data and benchmark against other trusts to inform improvements in our service.

Future pathways are under development including the elective hip and knee replacements pathways.

3.2 Performance Against Key National Priority Indicators And Thresholds

The NHS Outcomes Framework for 2014/15 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 2014/15. This includes performance against the relevant indicators and performance thresholds set out in the Risk Assessment Framework 2014/15 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 9 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.

Performance against the key national priorities is detailed on the Integrated Performance 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 9 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 9: Performance against Relevant Key National Priority Indicators and Thresholds

Quality Standard	Trust Self Assessment 2011/12	Trust Self Assessment 2012/13	Trust Self Assessment 2013/14	Trust Self Assessment 2014/15
All Cancers: one month diagnosis to treatment:				
First Treatment (target >= 96%)	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%	Achieved: Q1 98.8%, Q2 98.9%, Q3 99.8% Q4 99.5%
Subsequent Treatment – Drugs (Target >=98%)	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%	Achieved: Q1 100%, Q2 100%, Q3 100 % Q4 100%
Subsequent Treatment – Surgery (Target >=94%)	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%	Achieved: Q1 100%, Q2 100%, Q3 100% Q4 96.6%
Subsequent treatment – Radiotherapy (Target >=94%)	Not applicable	Not applicable	Not applicable	Not applicable
All Cancers: two month GP urgent referral to treatment:				
62 day general (target >=85%)	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%	Achieved: Q1 87.1%, Q3 88.7% Under achieved: Q2 76.7% Q4 82.4%
62 day general (target >=85%) Including Rare Cancers	Not applicable	Not applicable	Achieved: Q1 86.8% Q2 89.4% Q3 85.4% Q4 86.7% Annual percentage 87.1%	Not applicable
62 day screening (target >=90%)	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%	Achieved: Q1 95.1%, Q2 92.9% Under achieved: Q3 74.2% Q4 74.4%
62 day upgrade (Target TBC)	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%	Achieved: Q1 93.3%, Q3 92.3% Q4 95.8% Under achieved: Q2 86.5%

Breast Symptoms – 2wk wait (Target 93%)	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%	Achieved: Q1 96.6%, Q2 93.7%, Q3 94.3% Q4 98.0%
Reperfusion – Primary PCI	Achieved	Achieved	Achieved	Achieved (Apr-Feb, March data not available)
Delayed Transfers of Care (target <3.5%)	Achieved	Achieved	Achieved	Achieved
Percentage of Operations Cancelled (target 0.8%)	Achieved 0.56%	Achieved 0.45%	Under Achieved 0.92%	Under Achieved 1.76%
Percentage of Operations not treated within 28 days (target 0%)	Achieved 0%	Achieved 0%	Achieved 0%	Achieved 0%
National In-Patient Experience Survey	Under-achieved	Under-achieved	Achieved	Achieved
Quality of Stroke Care	No longer measured	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	Data published 28th May 2015	Data published May 2016
18 week Referral to Treatment (Admitted Pathway) (target >=90%)	Achieved 91.89%	Achieved 94.66%	Achieved 92.02%	Under-achieved 88.75%
18 week referral to treatment Patients on an incomplete pathway (Target >+92%)	Not Applicable	Achieved 94.37%	Achieved 94.78%	(A) Achieved 92.03%
18 week Referral to Treatment (Non-Admitted Pathways [including Audiology]) (Target >=95%)	Achieved 95.76%	Achieved 97.51%	Achieved 96.78%	Achieved 95.24%
18 week Referral to Treatment (non admitted pathways) 95th percentile (target 18.3 weeks)	Achieved	No longer measured	No longer measured	No longer measured
18 week Referral to Treatment (admitted pathways) 95th percentile (target 23 weeks)	Achieved	No longer measured	No longer measured	No longer measured

Incidence of MRSA	2 (target <=3)	3 (target <=3)	1 (target 0)	3 (Target 0)
Incidence of Clostridium Difficile	53 (target <=86)	28 (target <=51)	26 (target <=29)	54 (Target <=28)
Mixed Sex Accommodation (Target 0)	5 breaches	12 breaches	15 breaches	6 breaches
Total time in A&E (target 95% of patients to be admitted, transferred or discharged within 4hrs)	Achieved 95.93%	Achieved 96.61%	Not updated on National website as yet	Achieved 96.15%
Total time in A&E (95th percentile) (Target 240 minutes)	Under-achieved	Under-achieved	Under-achieved	Under achieved
Total time to initial assessment (95th percentile) (Target 15 minutes)	Under-achieved	Under-achieved	Under-achieved	Under achieved
Time to treatment decision (median) (Target 60 minutes)	Under-achieved	Achieved	Under-achieved	Under achieved
Unplanned re-attendance (Target 5%)	Achieved	Achieved	Not updated on National website as yet	Achieved
Left without being seen (Target 5%)	Achieved	Achieved	Not updated on National website as yet	Achieved
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%	Achieved 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	24.59%	24.56%	23.2%	22.9%
Breast-feeding initiation rates target (average rate within 48 hrs)	60.47%	56.35%	65.7%	65.3%
Emergency Preparedness	**	**	**	**
Where needed the criteria for the above indicators has been included in the Glossary of Terms (available upon request).				

** The Pandemic Influenza Plan (Version 8) was reviewed in April 2014 and ratified by the Board of Directors.

The Trust has a suite of emergency plans to satisfy the Emergency Preparedness, Resilience and Response Core Standards; this includes a Pandemic Influenza Plan, a Major Incident Plan and a Trust wide Business Continuity Plan ratified by the Board of Directors, and in addition several other plans ratified by the Emergency Planning Steering Committee including the Severe Weather Plan, Ebola Procedure and Decontamination Plan. These documents define the key management systems and responsibilities of staff. Beneath the Trust wide Business Continuity Plan are two Workforce, two Diagnostics, two Estates and Strategy, three Scheduled Care, five Unscheduled Care, 27 Adults and Long Term Conditions, 15 Nursing and Quality, five ICT, two Finance and eight Families Business Continuity Plans (total 71) with operational information on alternative options to deliver their services.

The Trust has participated in several training and exercising opportunities, the main events being the EMERGO exercise delivered by Public Health England (PHE) to test the Major Incident Plan and the 'live' simulation to test the Ebola Procedure. Furthermore training has been provided for decontamination by the North West Ambulance Service to Trust staff within Radiology, Security and the Emergency Department on how to use PPE and by PHE for Ebola precautions to Infection Prevention and Emergency Department staff. The Emergency

Planning Manager and Local Security Management Specialist continue to undertake group training sessions on the internal management of major incidents for the on call or duty staff, this includes Duty Directors, Duty Managers (Acute and Adults and Long Terms Conditions), members of the Acute Response Team, Associate Directors of Nursing, Senior Nurses covering bleep 002, On Call Consultant Haematologists and Logists.

The Trust has undertaken a self-assessment in 2014 against the 51 NHS Core Standards for Emergency Preparedness, Resilience and Response; it was determined in November the Trust was 'Fully Compliant' with 44, 'Not compliant but evidence of progress' with three, 'Not compliant with core standard and not in the EPRR work plan' with zero and four were 'Not Applicable', since that assessment a work plan has been completed and the Trust is 'Fully Compliant' with all the standards.

Readmissions within 28 days

The Trust has been working with its health economy partners to implement strategies to reduce readmissions. However the percentage of all readmissions 2014/15 is unable to be measured against peer average as CHKS data is no longer used. Work continues to improve the performance of patients readmitted following an elective procedure as shown in Table 10 below.

Table 10: 28 Day Readmissions

Indicator	Trust 2012/13	Peer 2012/13	Trust 2013/14	Peer 2013/14	Trust 2014/15	Peer 2014/15
All Admissions	6.4%	6.8%	8.2%	6.6%	8.2%	(A) CHKS data no longer available
Non-elective	10.8%	10.7%	13.1%	10.4%	13.0%	
Elective	3.3%	3.1%	3.4%	3.1%	3.7%	

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, local health economy and cancer network during 2014/15. The year end figure was 84% (excluding Rare Cancers). The overall annual performance figure increases to

84.1% 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. (available upon request)]

Learning from Patients and Carer's

We are committed to ensuring that patients their carers and families are involved in developing, planning and monitoring services.

The aim of the Trust's Patient Experience Department is to develop and support a culture that places the quality of the patient experience at the very heart of all that we do, following the principle of "no decision made about me, without me".

Patients and their families and carers, want to be supported and listened to so that they can make decisions and choices about their care and a comprehensive feedback system is in operation across the Trust so we can use their opinions to make sustainable improvements to services.

During the financial year 1st April 2014 to 31st March 2015 we received 4,644 thank you letters and tokens of appreciation from patients and their families, this is a 23% increase from the previous year.

The number of formal complaints received by the Trust during the same period was 501 this includes 418 written complaints registered via the Trust and 83 verbal e-complaints. The numbers of formal complaints received shows an overall decrease of five cases compared to the previous year as shown in Table 11 below.

Table 11: Complaints	
Date – Financial Year	Complaints
2014/2015	501 Total (428 Trust + 73 Community)
2013/2014	506 Total (439 Trust + 67 Community)
2012/2013	457 Total (376 Trust + 81 Community)
2011/2012	483 Total (399 Trust + 84 Community)

The main categories of complaints for 2014/15 are related to:

Table 12		
Issues	Number of complaints	% Overall
Access	3	0.50%
Aids & Equipment	4	0.75%
Administration	38	7.50%
Bed Management	18	3.50%
Communication	56	11%
Equality And Diversity	6	1.25%
Hospital Acquired Infection	3	0.75%
Information	2	0.50%
Premises And Facilities	4	0.75%
Staff Attitude	62	12.50%
Treatment Issues	258	51.50%
Waiting Times	47	9.50%

To help reduce the number of complaints within the Trust in 2014/15, lessons learned were discussed within the Divisional Governance meetings, the Learning from Incidents and Risks Committee and the Trust's monthly Complaint Review Panel to ensure recommended action plans were embedded in practice across the divisions, to support practice improvement and learning.

Divisions were also actively encouraged to arrange more face to face meetings with complainants so they could directly see and hear how their actions affected the patient. During 2014/15 92 meetings were held with complainants (11 after a final response and 81 before a final response), an increase of 19 from the previous year.

An e-complaint referral form was also introduced, encouraging staff to note down people's concerns at the point of origin so they could be resolved whilst they were still receiving treatment. This has led to an increase in the number of verbal complaints received in 2014/15 with 47% of the complaints coming from acute services, and 53% coming from community health services.

In cases where local resolution was exhausted the Trust would inform the complainant they had the right to contact the Health Service Ombudsman for an independent review of their complaint. During 2014/15 18 complaints were considered by the Ombudsman. Of these 18, the Ombudsman decided one case to be reported as partially upheld, one case not upheld, one case resolved via local resolution and 15 are still under consideration and classed as being 'referred to the second stage'.

Table 13: Informal Complaints

Date - Financial Year	Number of Informal Complaint Cases	Number of contacts overall
2014/2015	1,724	4,211 (3,825 were general enquiries)
2013/2014	1,798	3,517 (3,384 were general enquiries)

The number of informal complaints handled by the Patient Relations Team this year has decreased by 12%, when compared to 2013-14. However, the number of issues dealt with within individual informal cases has increased by 17% in comparison to the previous year, showing that more complex matters are being resolved at an informal level.

Of the 1,724 informal complaints received only 3% (45 cases) went through the formal complaint investigation process, with 97% of the cases received completed to the complainants satisfaction preventing the time, cost and resource required

Patient Relations Team Informal Complaints and Contacts

The aim of the Patient Relations Team, previously known as Patient and Liaison Service (PALS) is to offer a signposting service as well as to facilitate the resolution of concerns with services at the first stage of the complaint process.

There has been a 20% increase in the number of contacts the Patient Relations Team have had since they have moved to the main entrance foyer of Blackpool Victoria Hospital.

Table 13 below shows the number of issues dealt with by the Patient Relations Team over the last few years.

for the in-depth investigations. To help reduce the number of informal complaints within the Trust in 2015-16, a database has been set up internally so divisions can monitor and respond to enquiries from the Patient Relations Team electronically within 24 hours to prevent them from progressing to a formal complaint and being resolved sooner.

Out of the 3,825 general enquiries 3,727 have been resolved satisfactorily and 93 cases are ongoing or require final closure. The themes that have emerged from all the general enquiries recorded are:

Table 14

Issues	Number of enquiries	% of enquiries overall
Access	45	1.00%
Administration	408	10.50%
Aids & Equipment	15	0.25%
Bed Management	44	1.00%
Bereavement Related	4	0.10%
Communication	170	4.00%
Equality & Diversity	9	0.25%
Hospital Acquired Infection	4	0.10%
Information	39	1%

Miscellaneous	2100	55%
Premises & Facilities	27	0.70%
Social Issue	3	1.00%
Staff Attitude	94	2.50%
Treatment	369	9.50%
Waiting Times	494	13%

3.4 Detailed Description of Performance on Quality in 2014/15 against Priorities in 2013/14 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 2014/15 against the 2013/14 indicators for the following priorities:

- Priority 1: Clinical Effectiveness of Care.
- Priority 2: Quality of the Patient Experience.
- 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 continued 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.
- Developed new care pathways in areas identified within mortality metrics.
- Staff piloting new tools for identifying avoidable deaths in hospitals.

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), reduction in falls prevalence and reduction in hospital acquired pressure ulcers. 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 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-Embolism (VTE), strict adherence to quality measures as part of the North West Advancing Quality initiative

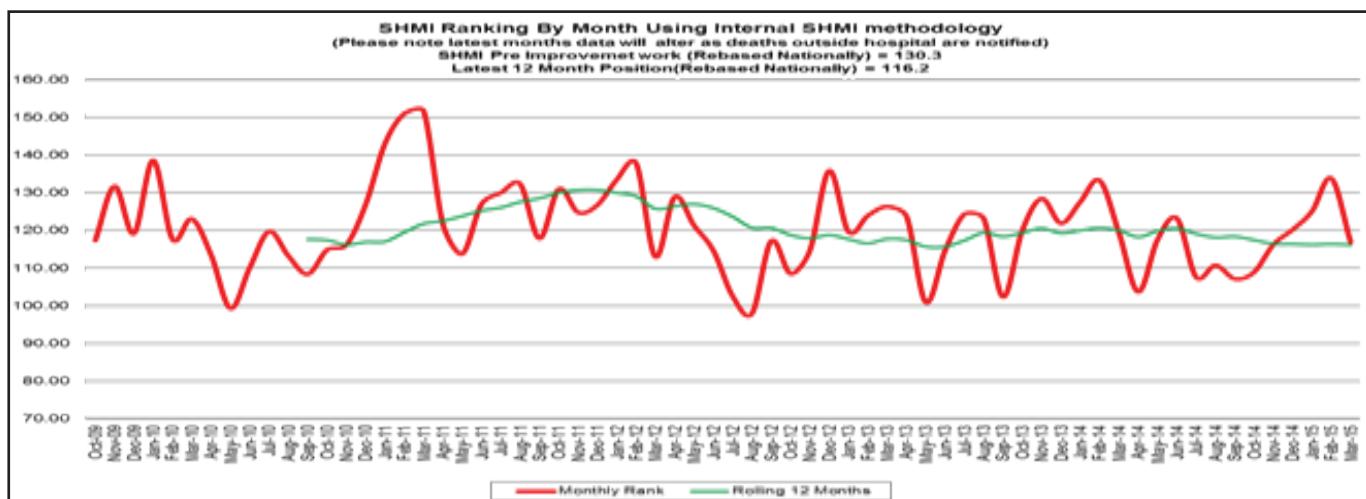
and improving the management of deteriorating patients and increased nurse to patient staffing levels.

Blackpool Teaching Hospitals was one of 14 Trusts identified for review in 2013 / 2014 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 has continued its work on reducing mortality and improving care

pathways which was commended when the Trust was inspected by the Care Quality Commission (CQC) in 2014.

Throughout 2014/2015 the organisation has worked through 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

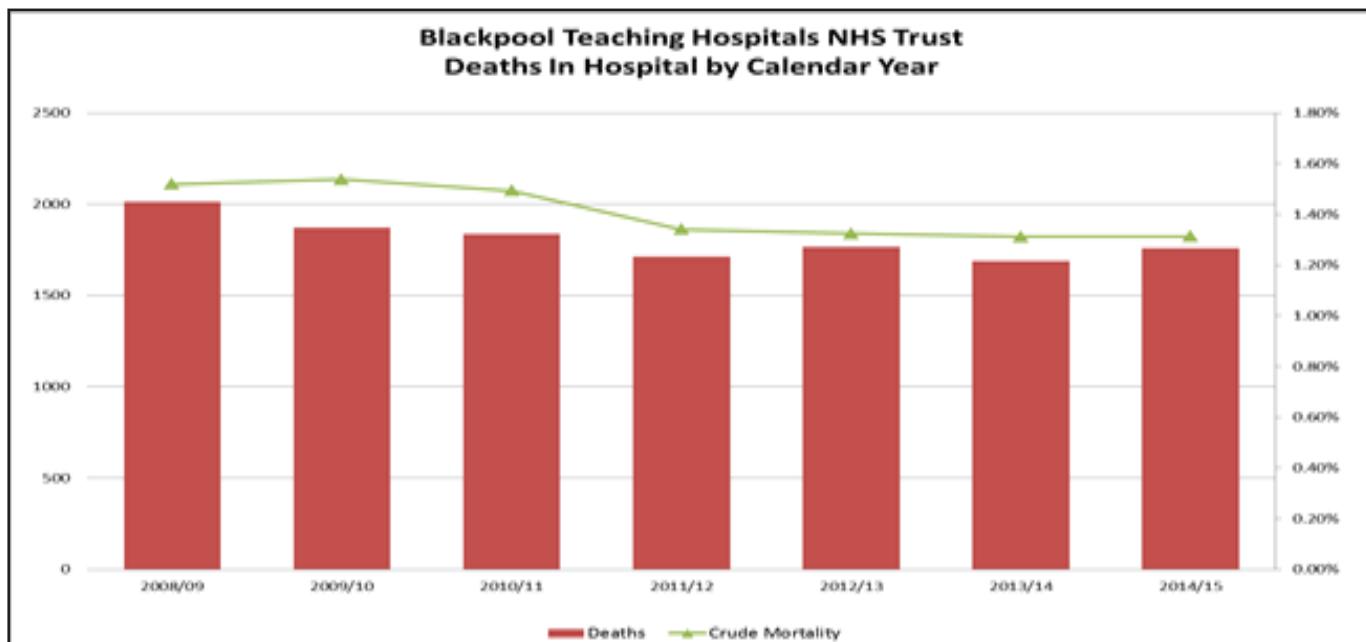


Data source: HED data evaluation tool and Trust SHMI Calculation Tool. This data is governed by standard national definitions

Since commencement of the Trust Mortality Reduction Programme 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 14 points compared to the period from June 2010 to commencement of work.

Graph 3



Data source: Trust Patient Administration System (PAS). This data is governed by standard national definitions

Graph 3 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 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).

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 below:

- 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 5,000 patients a year will benefit from this programme.

Table 15

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 1 st April 2013 and 31 st 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	54.80%	

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. Data is collected to demonstrate if these measures are being met and an Appropriate Care Score (ACS) 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 data completeness score of 95%.

The Trust's performance against each of the six key areas is detailed in the following information. A Clinical Lead and Operational Manager have been identified for each key area and meetings are held to identify the actions required to improve scores achieved to date.

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 CQUIN with a score of 89.89% 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 (Heart Attack)		Trust Performance			
Measure		Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14
Antiplatelet at arrival	100.00%	99.78%	99.65%	98.89%	
Antiplatelet prescribed at discharge	100.00%	100.00%	99.74%	99.50%	
ACEI or ARB for LVSD	100.00%	100.00%	98.91%	99.08%	
Adult smoking cessation advice/counselling	96.61%	95.12%	96.73%	95.75%	
Beta Blocker prescribed at discharge	98.79%	99.54%	99.01%	99.59%	
Fibrinolytic therapy received within 30 minutes of hospital arrival			66.67%		
Primary Coronary Intervention (PCI) received within 90 minutes of hospital arrival	95.12%	91.50%	92.88%	91.71%	
Evaluation of left ventricular function				97.48%	
Statin prescribed at discharge				98.88%	
Referral to Cardiac Rehab service				96.50%	
Survival Index	90.80%	96.52%	98.52%		
Acute Myocardial Infarction (AMI) Composite Quality Score (CQS)	97.98%	98.17%	98.54%		
AMI - ACS				89.89%	
CQUIN Threshold	95%	95%	95%	88.08%	

The Trust had to achieve the CQUIN Threshold of 88.08%.
The Trust met the CQUIN Threshold – we scored 89.89% (green)

Hip and Knee Replacement Surgery

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 Trust's performance is shown in Table 17.

Both antibiotic and Venous Thrombo-Embolism prophylaxis is the subject of a set of departmental protocols.

Table 17

Hip and Knee Replacement Surgery		Trust Performance			
Measure		Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14
Prophylactic antibiotic received within 1 hour prior to surgical incision	97.96%	94.97%	93.13%	95.42%	
Prophylactic antibiotic selection for surgical patients	99.59%	97.18%	91.06%	95.15%	

Prophylactic antibiotic discontinued within 24 hours after surgery end time	96.64%	95.63%	97.13%	96.53%
Recommended Venous Thrombo-Embolism prophylaxis ordered	100.00%	99.11%	98.73%	99.60%
Received appropriate Venous Thrombo-Embolism (VTE) prophylaxis w/l 24 hrs prior to surgery to 24 hrs after surgery	100.00%	98.96%	98.73%	99.60%
Appropriate duration of VTE therapy post surgery				99.86%
Readmission (28 Day) avoidance index	92.50%	91.98%	94.78%	
Hip and Knee Composite Quality Score (CQS)	97.78%	96.25%	95.54%	
H&K - ACS				91.11%
CQUIN Threshold	95.00%	95.00%	95.00%	83.17%
The Trust had to achieve the CQUIN Threshold of 83.17%. The Trust met the CQUIN Threshold – we scored 91.11% (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.

A number of actions have been introduced to further improve performance against the measures. Compliance with all measures has been sustained at over 90% - with the exception of Surgical Checklist Completed where we scored 88.36%. 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 provides the facility to prescribe antibiotics for a 48 hour period only and this 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 failed the CQUIN target with a score of 80.59%, as shown in Table 18.

Table 18

Measure	Trust Performance			
	Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14
Antiplatelet prescribed at discharge	98.68%	99.30%	100%	99.85%
Prophylactic antibiotic received within 1 hr prior to surgical incision	95.59%	99.68%	98.52%	96.38%
Prophylactic antibiotic selection for surgical patients	98.30%	99.68%	99.59%	99.73%
Prophylactic antibiotic discontinued within 24 hrs after surgery end time	93.62%	90.42%	94.52%	94.20%
Internal mammary artery graft used				99.28%
Surgical checklist completed				88.36%
Statin prescribed at discharge				99.85%
Coronary Artery Bypass Graft Composite Quality Score (CQS)	96.54%	97.23%	98.19%	
CABG - ACS				80.59%
CQUIN Threshold	95.00%	95.00%	95.00%	95%
Year 3 - The Trust had to achieve the CQUIN Threshold of 95%. The Trust failed the CQUIN Threshold – we scored 80.59% (red)				



Heart Failure

The Trust has shown a continuous improvement in AQ performance in relation to the management of patients with Heart Failure - meeting the challenge of a move to measuring the appropriate care score (ACS) that asks that all measures are delivered to every patient.

The Heart Failure team ensure data is collected in a timely fashion, applying clinical expertise in the validation of clinical codes and discussing with coders and clinicians to improve diagnostic accuracy. They review notes of patients who have not been referred to them during an inpatient stay, resulting in failed AQ measures, ensuring that best practice is put in place for the benefit of patients at follow up.

Heart Failure Specialist Nurses attend the Acute Medical Unit (AMU) on a daily basis to identify any patients who have been admitted with Heart Failure. Previously many patients had moved through AMU before their review and were not always referred by the medical team on other wards managing the next stage of the patient journey.

The introduction of a rule out test for heart failure has lowered the threshold for diagnosis by clinical teams at admission and since the Heart Failure

team review all patients with a positive result has significantly increased the chances of any patient with that diagnosis being seen by the specialist team early in their in-patient stay. The team are able to deliver initial assessment and advice in the majority of cases which ensures the delivery of AQ measures. The Consultant Cardiologist team provides clinical support to the nursing team.

Patients are triaged to a specialist cardiology ward or Coronary Care Unit (CCU) if not responding to standard treatment or critically unwell. This relies on the medical team who are managing the inpatient stay bringing this to the teams attention. It is hoped that in the future investment in the Heart Failure team will ensure that all patients admitted with heart failure are managed by the specialist team throughout their inpatient stay either in a cardiology ward or in reach to another ward in the presence of significant co morbidity. This would be in line with NICE guidance for acute Heart Failure published in October 2014.

New AQ measures are expected to recognise the importance of NICE guidance and improve the correlation between AQ compliance and patient outcome.

All data is shared with the Heart Failure team and Consultant Cardiologist with an interest in Heart Failure who provides feedback to clinical teams with regard to failed measures. The Trust was

one of few trusts in the North West to achieve the CQUIN target with a score of 80.20% as shown in Table 19.

Table 19		Trust Performance			
Heart Failure		Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14
Measure					
Discharge instructions		34.43%	76.79%	81.01%	80.46%
Evaluation of LVS function		87.70%	96.40%	96.18%	99.20%
ACEI or ARB for LVSD		84.84%	92.88%	97.65%	96.04%
Adult smoking cessation advice / counselling		28.13%	76.79%	97.50%	92.31%
Beta blocker licensed for HF prescribed at discharge					96.35%
Patient reviewed by a HF specialist					91.06%
Heart Failure Composite Quality Score (CQS)		65.94%	88.37%	91.14%	
HF - ACS					80.20%
CQUIN Threshold		65.34%	75.08%	82.24%	77.85%
The Trust had to achieve the CQUIN Threshold of 77.85%. The Trust met the CQUIN Threshold – we scored 80.20% (green)					

Community Acquired Pneumonia

The figures in Year 13/14 clearly show that the Trust has continued to make significant progress compared to year one. A number of improvement measures have been implemented 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 has also been 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 achieved the CQUIN target with a score of 79.38% as shown in Table 20.

Table 20		Trust Performance			
Community Acquired Pneumonia		Apr 10 – Mar 11	Apr 11 – Mar 12	Apr 12 – Mar 13	Apr 13 – Mar 14
Measure					
Oxygenation assessment		99.81%	100%	100%	100%
Blood Cultures performed in A&E prior to initial antibiotics received in hospital		80.35%	77.82%	81.97%	
Adult smoking cessation advice / counselling		39.26%	50.00%	58.67%	82.12%
Initial antibiotic received within 6 hrs of hospital arrival		79.24%	83.60%	87.53%	83.37%
Initial antibiotic selection for Community Acquired Pneumonia in immune-competent patients		99.68%	100%	99.48%	99.51%
CURB-65 score			75.63%	87.25%	86.56%

Community Acquired Pneumonia Composite Quality Score (CQS)	86.29%	85.74%	90.77	
Pneumonia - ACS				79.38%
CQUIN Threshold	78.41%	84.81%	87.39%	64.58%
The Trust had to achieve the CQUIN Threshold of 64.58%.				The Trust met the CQUIN Threshold – we scored 79.38% (green)

Stroke

In 2014/15, the target for Blackpool Teaching Hospitals was an Appropriate Care Score (ACS) of 62%. Between April 2014 and February 2015, the Trust's performance was 63.4%, achieving the CQUIN target in the year to date. There have been considerable improvements across each of the measures and a robust system is in place to monitor performance on a weekly basis, allowing individual teams to make improvements based on real time patient information. In 2013, the Stroke Ward was relocated to a purpose developed unit with specialist equipment and therapy areas. In order to further improve the performance for these measures and ensure that patients get the

best possible care throughout their pathway, new models of care are being developed to improve staffing and joint working across medical, nursing and therapy teams on the Stroke Unit.

Data for Advancing Quality measures is three months in arrears and therefore 2014/15 data is not available.

Performance for 2013/14 of Blackpool Teaching Hospitals NHS Foundation Trust shows Appropriate Care Score (ACS) as 46.00%, which is below the CQUIN target of 54.80% as shown in Table 21 below.

Table 21

Measure	Trust Performance			
	(1.10.2010 – 31.3.2011)	(Apr 11 – Mar 12)	Apr 12 – Mar 13	Apr 13 – Mar 14
Stroke Unit Admission	41.92%	74.19%	66.67%	73.48%
Swallowing Screening	97.77%	97.96%	95.73%	88.77%
Brain Scan	68.15%	84.41%	95.21%	84.07%
Received Aspirin	90.71%	99.09%	96.32%	74.77%
Physiotherapy Assessment	98.48%	96.69%	95.81%	91.99%
Occupational Assessment	97.01%	95.47%	92.88%	77.23%
Weighed	98.15%	98.49%	95.99%	92.68%
Stroke Composite Quality Score (CQS)	83.65%	92.07%	89.34%	
Stroke Appropriate Care Score (ACS)	34.27%	68.11%	57.74%	46.00%
CQS - CQUIN Threshold	90%	90%	90%	
ACS - CQUIN Threshold	50%	50%	50%	54.80%
Year 1 – The Trust had to achieve two CQUIN Thresholds – CQS target of 90% and ACS target of 50% 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.				
Year 2 – The Trust met the CQUIN Threshold – target 90% / 50% and we scored 92.07% / 68.11%.				
Year 3 – The Trust achieved the ACS CQUIN target but failed the CQS CQUIN target.				
2013/2014 – The Trust failed the ACS target				

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 progressive condition which may include memory loss, confusion, difficulties with thinking, problem solving or language abilities. As a consequence people suffering from dementia are less able to care for themselves. Dementia can also be a lonely and frightening condition, often devastating for the patient who may be acutely aware of all those areas in which they are no longer competent.

In England, dementia currently affects over a half a million people and it is expected that this number is set to rise considerably as people live longer and the occurrence of dementia increases with age. Dementia accounts for over sixty thousand deaths a year, and the current cost to the NHS is estimated at £1.3 billion a year. It is however thought the actual figure is considerably higher because a large proportion of people with dementia are undiagnosed or are admitted to hospital with a diagnosis not related to their dementia and so the dementia is not coded.

The importance of dementia care has been highlighted in recent Government policy and has reflected the need for increased awareness of healthcare professionals to effectively care and support dementia sufferers and their carers. The importance of this has been reflected by the appointment of a national clinical director for dementia and the publication of the first national dementia strategy in 2009.

The national dementia strategy highlights the need to improve care for people with dementia in hospital. At the Trust, we take the care needs of people with dementia and their carers seriously. We want to do our best to ensure that patients and their carers are given the understanding and support they need by everyone they come into contact with. This is reflected in the work we have taken, and continue to take, to improve the care experience for our patients.

The Trust has a three year Care and Compassion Strategy which sets out a professional direction for Nurses, Midwives, Health Visitors and Therapists and also reflects our local adoption of the Chief

Nursing Officer, NHS England Strategy – ‘Our Culture of Compassionate Care’.

Since 2013 colleagues have been involved in the development of the Compassionate Care Strategy through conversation and workshops and this has been an important time to ensure that our strategy reflects our shared ambitions to develop and improve care for all our patients.

The delivery of compassionate and safe care is driven by a shared and ‘common’ set of values that all staff can identify with and ensure they role model in day to day practice. This is supported by delivery of the “6 C’s – Care, Compassion, Communication, Courage, Competence and Commitment” within the framework of five key areas:

- Patient Safety.
- Patient Experience.
- Clinical Quality.
- Leadership.
- Workforce and Education.

Delivery of care within this framework has supported the Trust to drive forward and improve the care of people with dementia and their carers.

Improvements to date

- Identification of a lead clinician for Dementia Care.
- Development and implementation of our Vision and Strategy – An Approach for Dementia Care.
- Development of our Dementia Advisory Board to facilitate the implementation of quality improvements.
- Implementation of the Butterfly Scheme – to identify and support patients with dementia during their hospital stay.
- Comfort boxes on each ward to support cognition.
- Paint me a picture initiative – to support staff ‘know’ the patient behind the dementia, their likes, dislikes etc.
- A 72 metres memory corridor with triggering scenes and sounds.
- Collaborative working with the Blackpool Carers’ Centre to support carers of people with dementia.
- Collaborative working with the Social Enterprise ‘Pictures to Share’.

- Introduction of the National Dementia Screening Tool for all patients over 75 years of age admitted to the hospital.
- Registration in the RCP National Audit of Dementia Care.
- Utilisation of pop up reminiscence rooms (rem pods) which turn any care space into a therapeutic and calming environment.

Improvements in 2014/15

- Implementation of guidance on the use of pharmacology in dementia care.
- Identification of a 'Dementia Champion' for each ward and department.
- Identification of dementia buddies for each ward and department.
- Introduction of 'twiddle muffs' for people with dementia.
- Training for staff in dementia awareness and care.
- Collaborative working with the Institutes of Higher Education to support skills and

competency of 'Dementia Champions'.

- Environmental enhancements to provide dementia friendly environment at Clifton Hospital.
- Revision and review of processes to improve assessment of all admitted patients over 75 years of age.

Training Undertaken in 2014/15

- Tier 1 training has been undertaken and recorded on the OLM system for 251 staff.
- Collaborative work with Unison in the delivery of 'Dementia Day' to 50 staff.
- 20 staff trained at level 6/7 with University of Cumbria in Dementia Awareness and Care.
- Dementia care training incorporated into the extended induction for all overseas nurses on commencement (29 staff).
- Two sessions of Dementia Care training provided by Dr Mark Taylor for medical staff.
- Dementia Care training for all junior medical staff on induction.

Dementia Assessment Performance 2014/15

Table 22

Quality – Patient Safety	2013-14 Outturn	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Target
% of dementia assessments completed – screening question	65.20%	58.90%	64.50%	75.60%	77.60%	58.80%	65.70%	91.90%	91.70%	91.30%	91.30%	93.50%	92.2%	90%
% of initial dementia assessments completed – dementia assessment (AMTS10)	77.60%	58.50%	50%	58.60%	85.30%	100%	93.80%	97.00%	97.60%	93.80%	95.00%	92.30%	100%	90%
% of initial dementia assessments completed – referral for memory clinic	0%	53.80%	33.30%	26.30%	23.10%	12.50%	100%	100%	100%	100%	100%	100%	100%	90%

Improvements planned for 2015/16

- Review and revision of the Dementia Care strategy.
- Further Tier 1 training for all staff groups.
- Two further Unison 'Dementia Care' sessions.
- A further 40 staff trained at level 6/7 in dementia Awareness and Care at our local Institutes of Higher Education.
- Dementia Champions to carry out further training of the implementation of the Butterfly

Scheme.

- Review of e-learning availability/feasibility to promote widespread awareness and training.
- Align of recording of all staff undertaking dementia awareness and care training with OLM.
- Introduction of the 'Dementia Friend' scheme.
- Enhanced cross organisational working with Alzheimer's Society.
- Dementia Awareness Campaign linked to

Dementia Awareness Week.

- Completion of RCP National Audit of Dementia Care.
- Improvements to patient ward environments

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 which rotates between specialities. Each speciality is audited twice a year,

with six months between each audit. This enables us to review a sufficient sample size of case notes for each consultant (typically 40 sets). The Indicators are based on a set of common questions combined with a few questions that are related to each particular speciality. The common questions relate to medical documentation, antibiotic prescribing, DNARCP, Consultant review and care planning, VTE risk assessment and mortality.

Reports are circulated to the Medical Director, Divisional Management Teams and the individual speciality teams. They are reviewed at the Clinical Policy Forum and the results are used to drive improvement.

Between April 2014 and October 2014 the number of criteria audited were increased. It is therefore not feasible to compare trends between audits, hence the overall range of scores and median score given by speciality, are presented below in Table 23.

Table 23

Speciality	Number of Consultants	Score range		Score median
Orthopaedics	11	54%	89%	80%
Ophthalmology	6	59%	99%	91%
Cardiology	13	51%	84%	73%
Urology	5	61%	92%	74%
Acute	5	73%	82%	78%
Care of the Elderly	4	73%	86%	74%
Endo & Diabetes	3	72%	78%	75%
Gastro	5	59%	79%	73%
Gen Med	1	67%	67%	67%

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 six 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

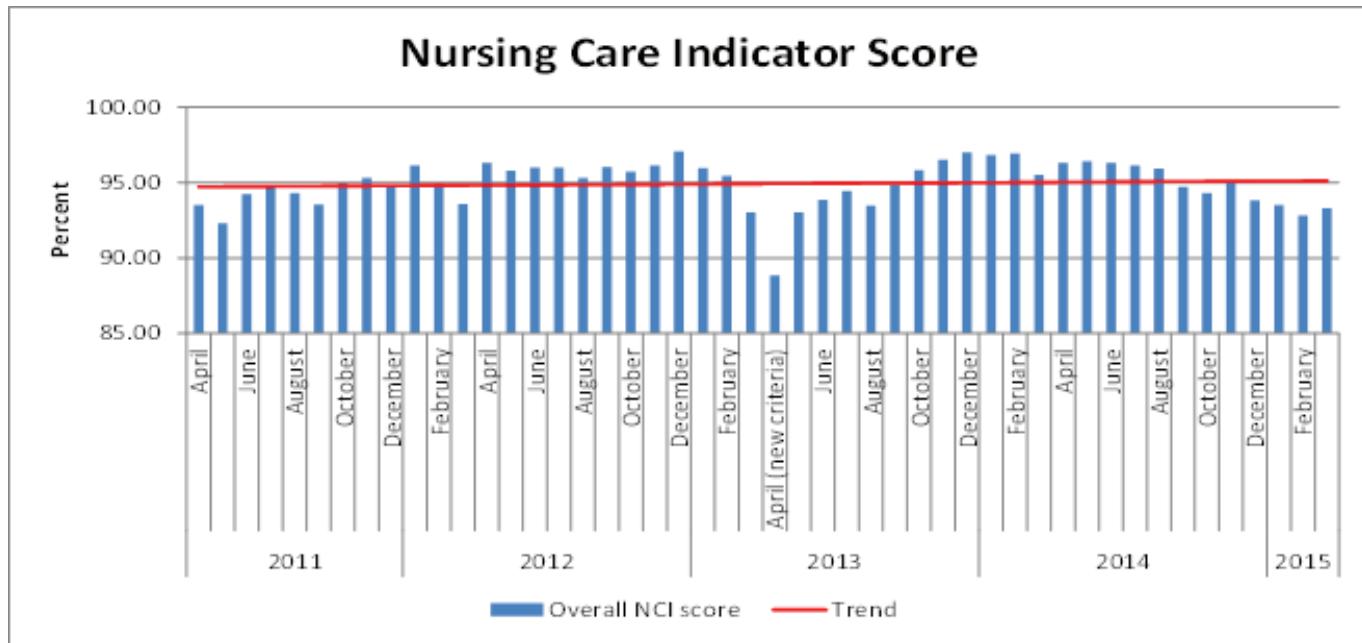
standards. Measurement of the Nursing Care Indicators is an evolving process and is subject to annual internal review to ensure the indicators reflect current best practice and they are expanded into non ward based areas. In 2014 the criteria for all the indicators was reviewed and amended to reflect changing best practice.

The following themes are measured monthly:

- Patient Observations.
- Pain Management.
- Falls Assessment.
- Tissue Viability.
- Nutritional Assessment.
- Medication Assessment.
- Infection Control.
- Privacy & Dignity.
- Care of the Dying.
- Continence Care.
- Management of patient property.

Graph 4 shows the overall Trust performance, expressed as an average percentage of all 11 nursing care indicators, for 2014/15. The variation in scores seen is the type expected in a normal process.

Graph 4

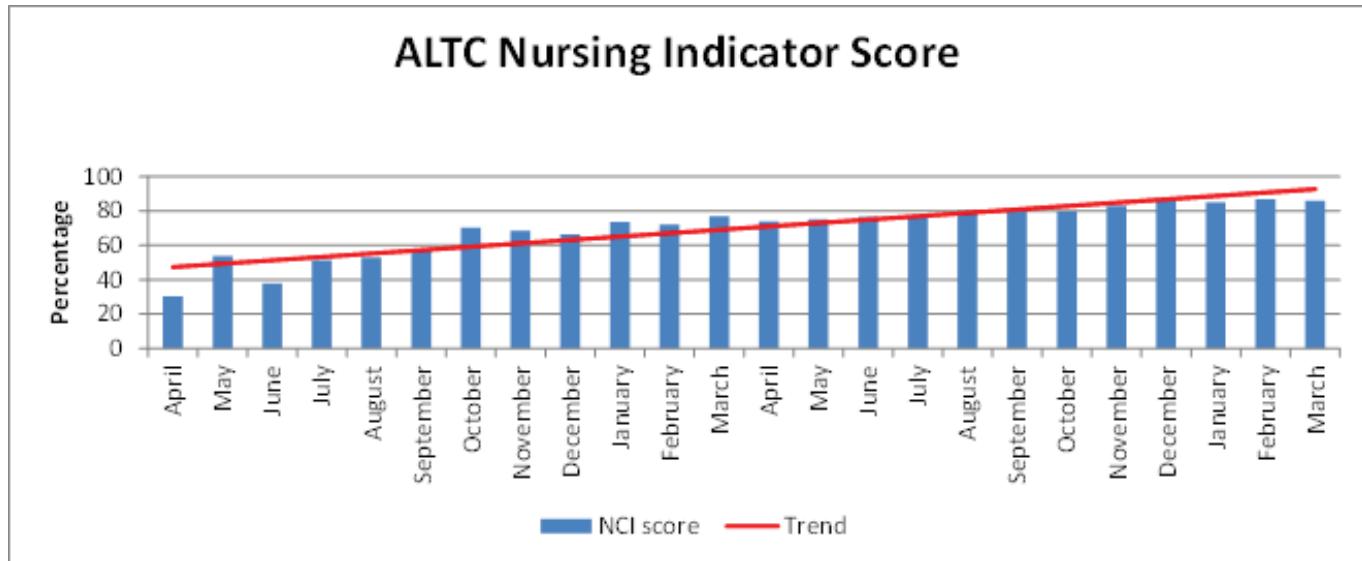


In April 2013, Nursing Care Indicators were introduced into the community setting. Five indicators are being measured:

- Nutritional Assessment.

- Pain Management.
- Falls Assessment.
- Tissue Viability.
- Care of the Dying Patient.

Graph 5



Data source: Ward-based prevalence audit of clinical records. This data is governed by standard national definitions
The trend shows an overall improvement over the period.

Improving Outcomes from Planned Procedures

Patient Reported Outcome Measures (PROMS)
Patient Reported Outcome Measures (PROMs) have been collected nationally since April 2009. Trusts who provide four key elective surgeries for the English NHS invite patients to complete

questionnaires before and after their surgery. The PROMs programme covers four common elective surgical procedures: groin hernia operations, hip replacements, knee replacements and varicose vein operations.

The Trust Participation rates in the PROMS surveys are shown in Table 24.

Table 24: Participation Rates			
Date	Trust participation rate (full year)	National participation rate (full year)	
2011/2012	70.50%	74.7%	
2012/2013	66.10%	75.5%	
2013/2014*	45.90%*	77.7%*	
2014/2015*	24.00%*	76.7%*	

* Provisional figures – participation data not completed yet.

The comparison data for PROMS between 2012 -13 (April 2012 - March 2013) and Provisional PROMs Data 2013-2014 (April 2013 - March 2014) is shown

in Table 25. The positive scores are highlighted in green and the negative scores are highlighted in red.

Table 25:

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2012 -13 (April 2012 - March 2013) and Provisional PROMs Data 2013 - 2014 (April 2013 - March 2014)

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2012 -13 (April 2012 - March 2013) and Provisional PROMs Data 2013 - 2014 (April 2013 - March 2014)

Percentage Improving	Measure								
	EQ-5D Index 2012-13	EQ-5D Index 2013-14	Variance	EQ-VAS 2012-13	EQ-VAS 2013-14	Variance	Condition Specific 2012-13	Condition Specific 2013-14	Variance
Groin Hernia	44.8%	42.90%	-1.9%	39.0%	37.70%	-1.3%	N/A	N/A	N/A
Hip Replacement	86.0%	80.90%	-5.1%	65.4%	57.00%	-8.4%	95.50%	94.80%	-0.7%
Knee Replacement	79.6%	74.50%	-5.1%	58.2%	47.80%	-10.4%	89.40%	90.90%	1.5%
Varicose Vein	50.0%	43.50%	-6.5%	38.9%	13.00%	-25.9%	88.20%	81.80%	-6.4%

Comparison between Blackpool Teaching Hospitals NHS Foundation Trust Provisional PROMs Data 2012 -13 (April 2012 - March 2013) and Provisional PROMs Data 2013 - 2014 (April 2013 - March 2014)

Percentage Getting Worse	Measure								
	EQ-5D Index 2012-13	EQ-5D Index 2013-14	Variance	EQ-VAS 2012-13	EQ-VAS 2013-14	Variance	Condition Specific 2012-13	Condition Specific 2013-14	Variance
Groin Hernia	19.8%	38.10%	18.3%	42.6%	42.0%	-0.6%	N/A	N/A	N/A
Hip Replacement	2.8%	12.40%	9.6%	22.6%	33.70%	11.1%	4.50%	3.1%	-1.4%
Knee Replacement	10.8%	8.50%	-2.3%	27.8%	32.60%	4.8%	9.00%	9.10%	0.1%
Varicose Vein	11.6%	34.80%	23.2%	47.8%	73.90%	26.1%	11.80%	18.20%	-6.4%

Data source: Health and Social Care Information Centre (HSCIC). This data is governed by standard national definitions

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.

The 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.

The Trust has taken the following actions to improve this percentage and so the quality of its services:

- 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.
- A clinically led review of readmissions to identify/implement actions required to reduce the number of avoidable admissions is planned for the 2015/16 financial year.

Table 26: 28 Day Readmissions

Indicator	Trust 2012/13	Peer 2012/13	Trust 2013/14	Peer 2013/14	Trust 2014/15	Peer 2014/15
All Admissions	6.4%	6.8%	8.2%	6.6%	8.2%	CHKS data no longer available
Non-elective	10.8%	10.7%	13.1%	10.4%	13.0%	
Elective	3.3%	3.1%	3.4%	3.1%	3.7%	

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: - National inpatient surveys are carried out on an annual basis as part of the Care Quality Commissions NHS survey programme, to look at trends in health care organisations over time and to help to focus attention on improvements and on those areas where performance might be slipping. Each year surveys are sent from the Picker Institute Europe between June-August to 850 recent inpatients at each NHS Trust. The number of responses received from our Trust in the last few years is:

Table 27

Year	Number of responses	National response rate
2014	344 (42%)	45%
2013	369 (45%)	49%
2012	426 (53.5%)	48%

The Trust has risen in performance by 19 places in this period to the 22nd position out of 78 Trusts who are surveyed by Picker as part of the national survey programme. Whilst the survey has been adapted to include new locally important questions over the years five questions have remained consistent which relate to key issues that are of

great importance to the Trust Board and/or have been identified by our patients' as being the most important to them.

Table 28 shows a comparison of data for these five questions from 2012 to 2015 and progress remains consistent.

Table 28: Care Quality Commission National Inpatient Survey

Indicator	2011/12 Results	2012/13 Results	2013/14 Results	2014/15 Results	Comparison to last year's 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	90% said yes definitely or yes to some extent	↑
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	76% said yes definitely or yes to some extent	↓
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	96% said yes definitely or yes to some extent	↑
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	61% said yes definitely 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	73% said yes	↓

Data source: Patient Perception Survey carried out by Picker Institute Europe an independent organisation. This data is governed by standard national definitions.

Improve Staff Survey Results in the Following Area

- Percentage of Staff Who Would Recommend Their Friends or Family Needing Care

The Trust implemented the Staff Friends and Family Test (FFT) in June 2014. The association between engaged staff and positive patient experiences is clear. Research has shown a strong relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the Trust generally.

The Trust has developed a Workforce Strategy which has a focus on staff engagement. This has

been developed with our staff and has resulted in the launch of revised Trust Vision and Values. In order to share, enhance and integrate the Trust values, a Best Place to Work group has been set up with representation from across the organisation. Four sub-groups have been established to focus more intently on the following elements: Culture change – two way engagement; Dynamic and effective leadership; Recruitment and Retention; Open culture. These groups will be responsible for ensuring we maximise our opportunities with the Staff FFT and staff survey and work together to devise action plans to drive improvements.

The latest results from the Staff FFT (Quarter 2) demonstrate that 76% of our staff would recommend the Trust to their family and friends if they needed care or treatment. This has increased from 73% in Quarter 1.

Table 29: Staff FFT

Indicator	Quarter 1 Trust Result	Quarter 1 National Average	Quarter 2 Trust Result	Quarter 2 National Average
Percentage of staff who would recommend the Trust to their friends or family if they needed care or treatment	73%	79%	76%	N/A Data not published until 28th May

Data source: Staff Friends and Family Test carried out by Picker Institute Europe, an independent organisation. This data is governed by standard national definitions.

Report on Friends and Family Test

The NHS Friends and Family Test (FFT) was first introduced in April 2013 to acute inpatient areas, and the Emergency Department, and then was implemented across all maternity services in October 2013, as part of NHS England's (2014) business plan 'Putting People First'.

The Test was launched to improve patient care and identify the best performing hospitals in England by asking patients "How likely are you to recommend our ward/ accident and emergency department / maternity service to friends and family if they needed similar care and treatment?" Followed by a follow up question to obtain patient feedback that can be used to help drive improvements in services.

The FFT is an overarching indicator of patient experience, which when combined with the follow up question can be used to drive cultural change and result in an increased focus on the experiences of patients.

By the end of December 2014, the FFT was rolled out to all of our mental health and community services, and by 31st March 2015 it was implemented across all of the Trust's outpatient and day case areas, children and young people's services and local dental care, ensuring every patient now has the opportunity to provide feedback on the care they have received in real time.

In 2014/15 patients have commented on the treatment and care they have received by filling in a paper survey and placing it in a comments box before discharge or completing a survey electronically via the Trust website, interactive voice messaging, SMS texting or using the specialist app which was developed initially in the community.

Between April 2014 to October 2014 the Trust was marked monthly for FFT using a net promoter score from minus 100 to plus 100, based on the following calculation:

- Proportion of respondents who would be extremely likely to recommend our services minus proportion of respondents who would

not recommend our services (response categories neither likely nor unlikely, unlikely and extremely unlikely).

The Trust scores and response rates for this period are detailed in Table 30 below.

Table 30: Friends and Family Test

Month	Trust Overall score	Responses	Inpatient Response Rate	Emergency Department Response Rate	Maternity Response rates
April	72	2563	43.8%	22.2%	22%
May	72	2019	33.5%	16.7%	21.8%
June	73	2131	40.7%	17.2%	19.45%
July	74	1908	44.3%	13.2%	14.2%
August	75	1890	43%	13.7%	17.8%
September	76	2162	48.7%	17.7%	14.3%

In October 2014 there was a move away from the Net Promoter Score (NPS) and the introduction of a simpler scoring system in order to increase the relevance of the FFT data for NHS staff, patients and members of the public.

The Trust now calculates and presents the FFT results as a percentage of respondents who would/would not recommend the service to their friends and family. The Trust scores and response rates from this period are detailed in Table 31 below.

Table 31: Friends and Family Test

Month	% who would recommend	Responses	Inpatient Response Rate	Emergency Department Response Rate	Maternity Response rates	Community response rates
October	91%	2190	37.5%	22.9%	18.5%	91%
November	95%	1883	44.45%	15.8%	14.9%	95%
December	95.97%	1740	40.2%	16.4%	5.7%	95.97%
January 15	95.57%	1982	40.7%	19.8%	23.7%	95.57%
February 15	94%	3435	45.6%	19.6%	27%	94%
March 15	93.84%	3007	45.9%	19.3%	19.2%	93.84%

There was no baseline response rate or financial incentives attached to community and mental health services like for other areas as NHS England

wanted to give the new system time to bed in and to deal with any issues that may arise. However their performance is summarised below in Table 32.

Table 32

Month	% who would recommend	Responses
January 15	96.4%	332
February 15	93.77%	1128
March 15	93.36%	994



Improving the Experience of Care for People at the End of Their Lives

- Seeking Patients and Carers Views to Improve End of Life Care**

As part of the Trust wide ward based training project Transforming End of Life Care we are asking for feedback from patients and their families about their experiences of care whilst in hospital. In particular, we are asking about whether they were involved in decisions about their care and asked whether they are getting the care that matters to them. Most patients felt that they were involved in decisions about their care and that their personal wishes were taken into account.

Feedback from the survey has indicated that patients feel that staff treated them with compassion and with dignity. The majority of families surveyed felt that they were involved in their loved ones care. We are continuing to support staff to provide holistic patient and family centred care.

As part of our work to improve care for the dying person we are developing diaries to give families the opportunity to record their feelings and thoughts which can facilitate further discussion with staff.

- 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 wide ward based training project Transforming End of Life Care has the overarching aim to increase the quality of end of life care for patients and their families. As an integral part of this we are training staff to identify patients who may be within the last few months of life. This allows patients the opportunity to discuss their preferences for their future care, which may include whether they would like to be cared for in their usual place of residence which could be home or a care home.

On the wards where training has been implemented there has been an increase in the number of patients discharged to their preferred place of care and a significant reduction in the number of patients re-admitted as an emergency in their last 100 days of life.

Patient Led Assessment Of The Care Environment (PLACE)

- To Improve PLACE Survey Results/Standards**

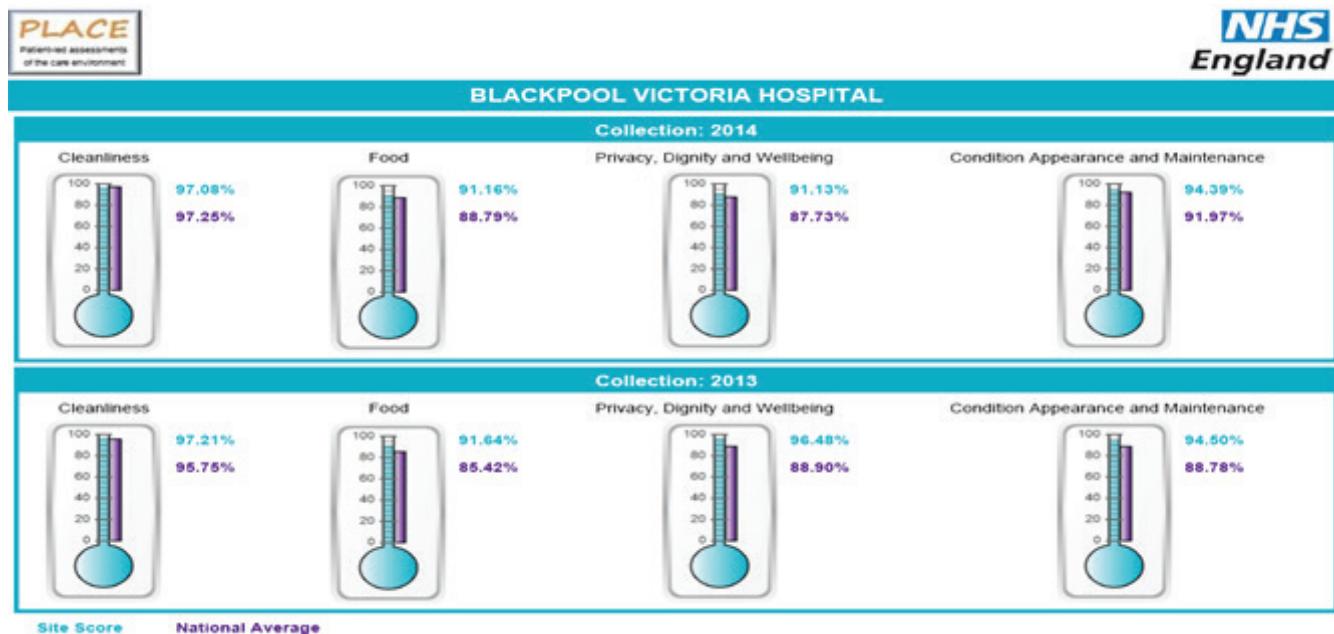
Our aim is to deliver the best environment for our patients to ensure that the patient experience exceeds the standards set by the Health and

Social Care Information Centre. 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, led by patient representatives 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.
- Food and Hydration.
- Condition, Appearance and Maintenance.
- Infection Prevention.
- Privacy and Dignity and Wellbeing.

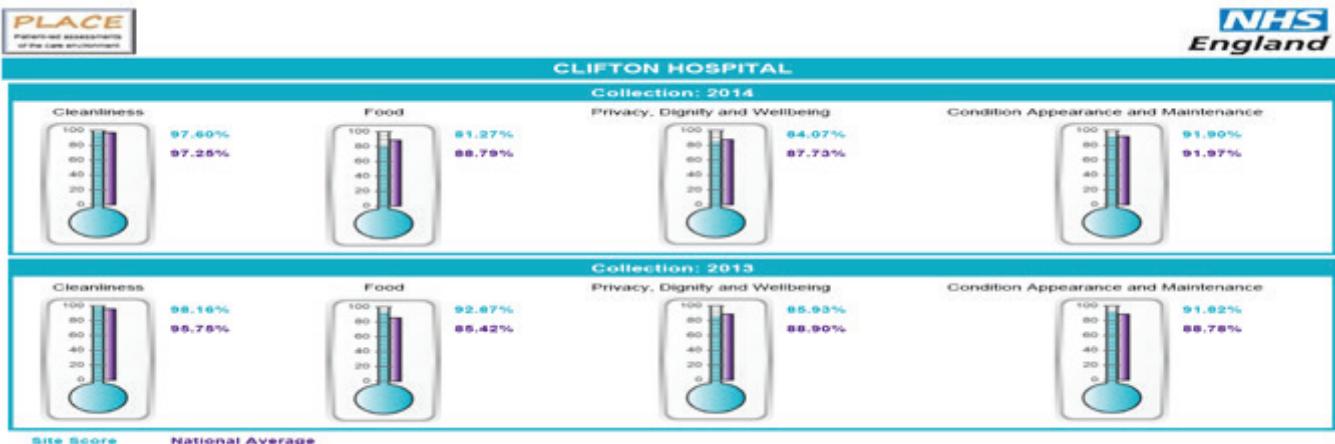
Graph 6: Patient Led Assessment of the Care Environment (PLACE)



The audit follows guidelines set by the Health and Social Care Information Centre and the results are publicised nationally on an annual basis. In 2014, PLACE audits were extremely encouraging across all hospital sites resulting in excellent standards achieved. The results in Graph 6 and Graph 7 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.

PLACE audits for 2015 have been undertaken at Blackpool Victoria Hospital and Clifton Hospital. The scores have been submitted for validation. Final scores will be shared with the Trust in July and published in September 2015.

Graph 7: Patient Led Assessment of the Care Environment (PLACE)



Key: Blue data indicates Trust scores, purple 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)

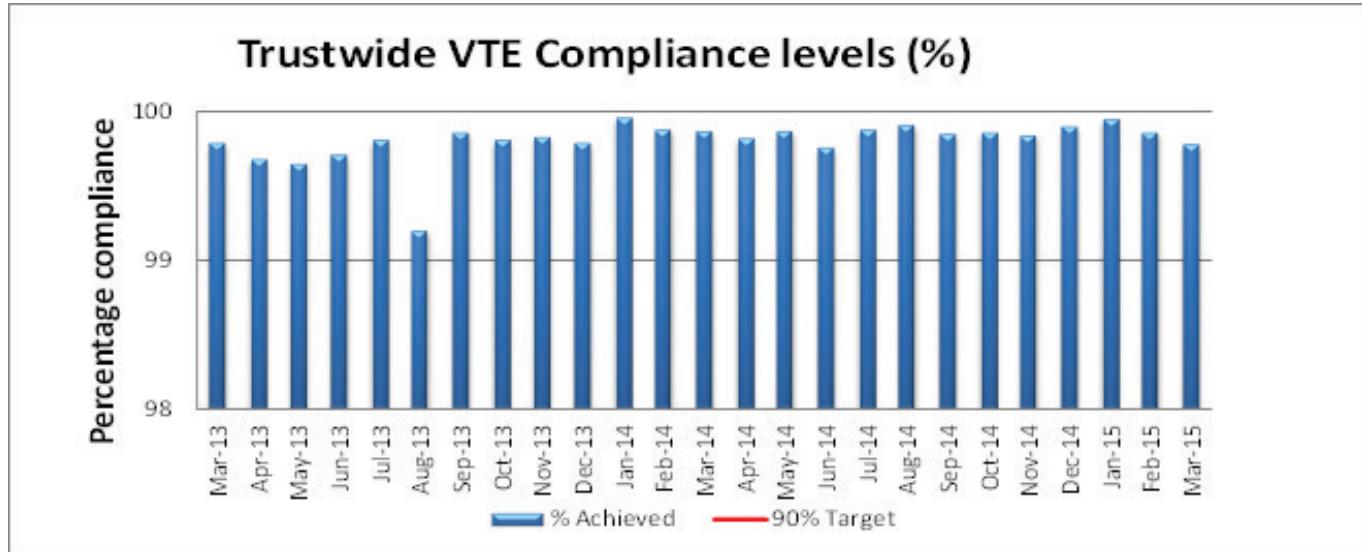
The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- 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 March 2015 as shown in Graph 8.

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 Trust meets the national requirement for compliance with undertaking VTE assessments. To ensure sustainability of this standard an annual audit is undertaken.

Graph 8



Data source: UNIFY national reporting. This data is governed by standard national definitions.

- Compare the VTE national average for the above percentages
 - The national average proportion of patients reported as having VTE risk assessed from the national Safety Thermometer 2014/15 is 45.8%. The average proportion of acute patients reported as having VTE risk assessed from the BVH Safety Thermometer is 93.7%.
- Achieve a 10% reduction on the previous year in all VTE
 - In 2013/14, based on Safety Thermometer data, 285 out of 9,054 hospital in-patients were reported as having an Old or New VTE (3.15%). In 2014/15, 289 out of 8,830 hospital in-patients were reported as having an Old or New VTE (3.27%). The increase in the proportion of patients reported as having an Old or New VTE from last year to this year is therefore 3.8%.
 - In 2013/14, based on Safety Thermometer data, 65 out of 9,054 hospital in-patients

were reported as having a New VTE (0.72%). In 2014/15, 56 out of 8,830 hospital in-patients were reported as having a New VTE (0.63%). The reduction in the proportion of patients reported as having a new VTE from last year to this year is therefore 12.5%.

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.



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:

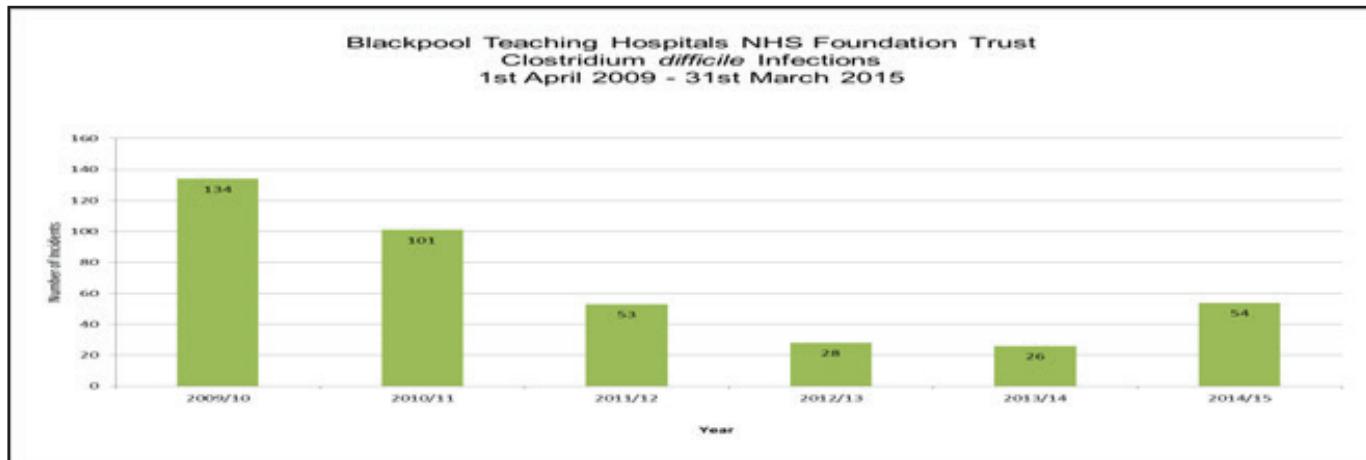
Clostridium Difficile cases are reviewed with commissioners as set out in NHS England 2014/15 guidance to determine if each case is due to lapses in care or if no lapses in care is agreed. The Trust was required to achieve a trajectory of less than 28 cases of clostridium difficile that were due to lapses in care. This was achieved for, although the Trust experienced 54 cases of Clostridium Difficile Infection (CDI) attributed to the Acute Trust between April 2014 and March 2015 in total, only 24 of these were agreed with our commissioners as being due to lapses in care. Rates in total for April 2014-March 2015 are as shown in Graph 9. [Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms (available upon request).]

The Blackpool Teaching Hospitals NHS Foundation Trust has taken the following actions to decrease the levels of Clostridium Difficle 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:
 - Review and re-launch of Antibiotic Formulary to raise awareness of antibiotic stewardship.
 - Review of current practices to identify where improvements in practice can be made, in line with other high performing Trusts.
 - Probiotic drinks prescribed for those patients considered to be at high risk for C.difficile by consultant clinicians.
 - Decontamination of patient environment and equipment as and when possible by using hydrogen peroxide fogging system.
 - Ensuring cleanliness of patient environment by ATP bioluminescence testing.
 - Proactive management of GDH positive, who are likely colonised with C.difficile by the

- infection prevention team.
- Continuing to raise awareness and leading by example.
- 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.
- Training on all aspects of infection prevention continues to be delivered.
- Outcomes were assessed by reviewing progress with the Clostridium Difficle target, and auditing compliance with national standards/regulations.
- Root cause analysis meetings with Clinicians to identify lapses in care and agree action plan of shared learning.
- Working with the CCG's to identify current trends and shared learning to improve quality care across the whole health economy.
- Root cause analysis review process across the Health Economy to promote sharing of learning and improvement.
- External peer review facilitation and subsequent action plan developed to be implemented during 2015/16.

Graph 9



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

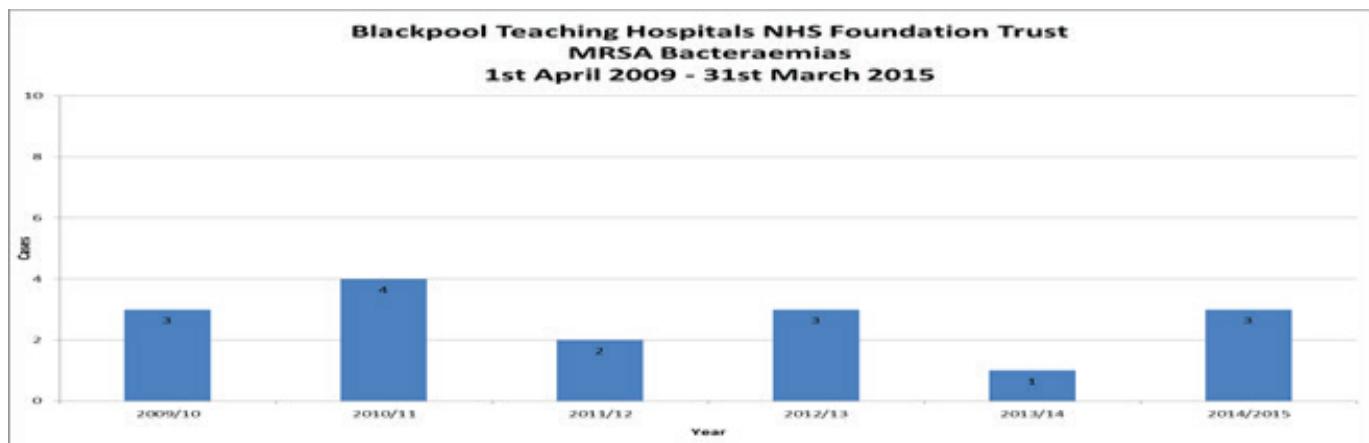
Following the significant reductions in Methicillin Resistant Staphylococcus Aureus (MRSA)

Bacteraemia by 96.42% for the Acute Trust when compared to 2007/08, the Trust has continued to make 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 zero cases for the reporting period. The Trust has reported three cases for this year,

which is above trajectory and against Monitor's Compliance Framework target, as detailed in Graph 10. [Information on how the criterion for this indicator has been calculated is detailed in the Glossary of Terms (available upon request).]

Graph 10



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.

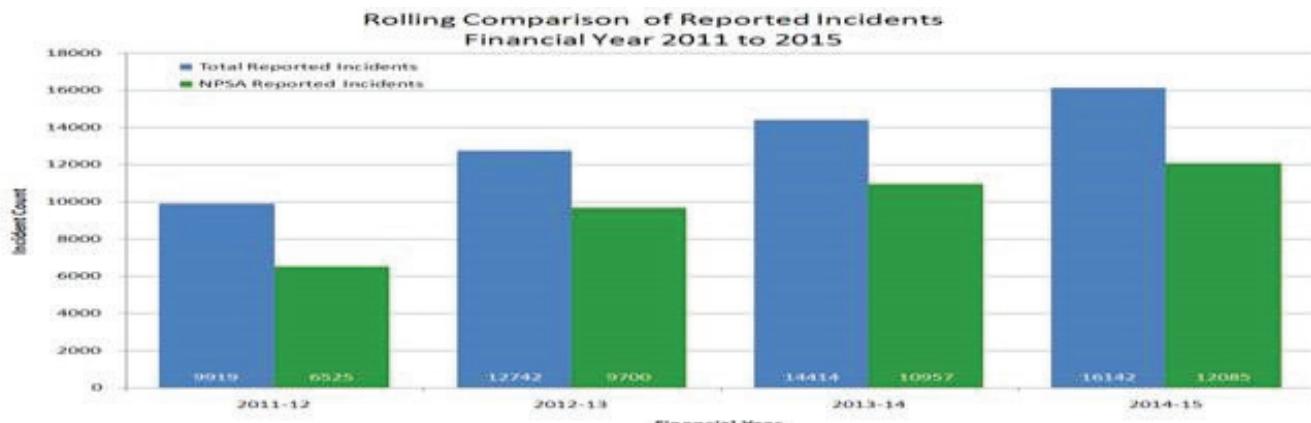
[Further information can be found in the Glossary of Terms (available upon request).]

The Blackpool Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- There continues to be a steady increase in the number of untoward incidents reported over the past four financial years (Graph 11). Patient Safety Incidents account for approximately 75% of all reported untoward incidents. In the year 2014/2015 there have been 16,142 untoward incidents reported and of these 12,085 were patient safety incidents and as such were reported to the National Patient Safety Agency. Of these 12,085 patient safety incidents, 2,855 or 24% resulted in harm to the patient and in comparison to the number of attendances at the Trust (559,548) there is a patient safety incident reported for every one in 46 patients.

However only one patient safety incident resulting in harm was reported for every one in 196 patients during 2014/15.

Graph 11

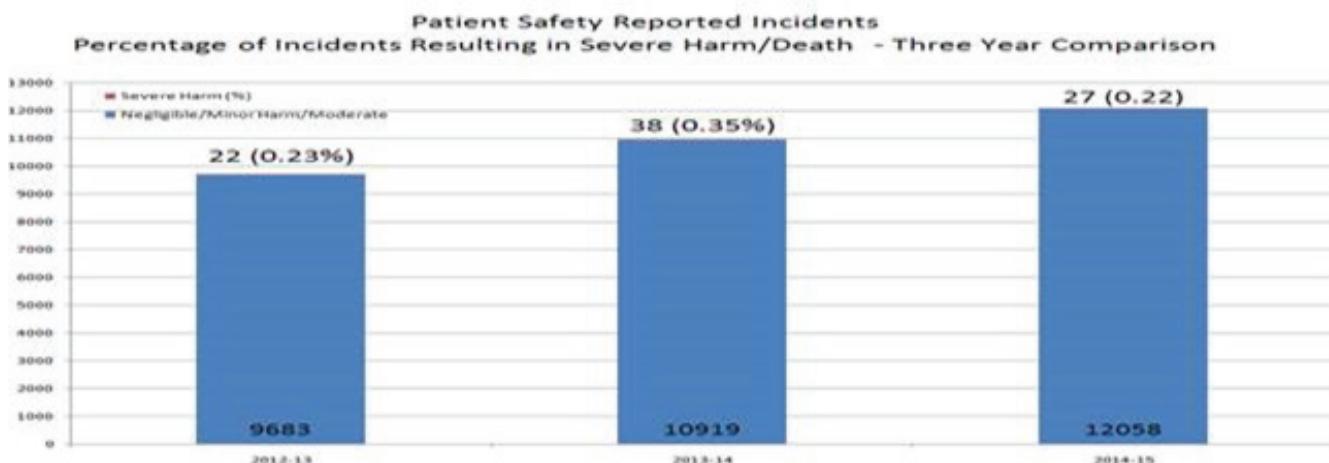


Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

Since 2013/2014 there has been a decrease in the number of patient safety incidents that have resulted in severe patient harm (Graph 12 and Table 33). 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 and 70% of severe harm or death incidents were reported within 24 hours of occurrence. In order to address this shortfall all induction, clinical,

mandatory and specific incident reporting and investigation training highlights 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 12



Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Risk Management System. This data is not governed by standard national definitions.

Table 33: 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
2014-15	21	6	27

Data source: Hospital Incident Reporting System (HIRS) provided by the Safeguard Information System. This data is not governed by standard national definitions

In 2014/15 there have been zero incidents where following a serious untoward investigation it has become evident that the cause of death was as a direct consequence of the incident.

Two 'Never Event' incident(s) were reported in the 2014/15 year which were investigated under the Serious Untoward Incident investigation process.

All level 4 and 5 patient safety incidents that fall under the StEIS reporting criteria are investigated within the Serious Untoward Incident (SUI) process. Divisional SUI investigations are also undertaken for specific issues identified within Divisional areas. 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 Trust has taken the following actions to help reduce the rate of 24% 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 feedback 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, through a new Divisional reporting process. 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 from 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 in developing an open and honest culture. 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. The new Duty of Candour Regulation 20 has been incorporated into the SUI process and updates have been made to the Safeguard Incident Reporting system to capture staff communications with patients/relatives/ carers when harm has occurred. This ensures that we are working to a culture of openness and transparency and that we are offering apologies and support when things go wrong.

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 13 and 14 below. There have been a number of initiatives introduced during 2014/15 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.
- We have 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.

- 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.
- A mapping exercise of falls services/care has been completed and aligned with the NICE guidance. This has allowed the development of a robust action plan to drive forward improvements in falls prevention across the organisation. Progress is monitored via the Falls Prevention Group.
- Introduction of bay based model of nursing care, providing enhanced visibility and access to nursing staff within each clinical bay area and improving observation of high risk patients.

In 2013/14 there were 1,934 falls with harm compared with 1,681 in 2014/15 as demonstrated in Graph 13. This represents a reduction of 9.51%. However, the Trust recognises that there has been improved reporting of falls which has impacted on the achievement of reducing harm due to falls by 30% in 2014/15. Measures have been put into place as outlined above to ensure that the Trust will see a downward trend for patient falls in 2015/16 and this will be further supported by the Trust's new safety programme 'Sign up to Safety'.

Please note that the data for the last two months of the year is unvalidated and all falls totals are liable to change.

Graph 13: 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.

Graph 14: 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.

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 Trust maintains current and coherent medicines policies, protocols and guidance that aim to increase patient access to medicines and safety. The Trust's 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 15.

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.

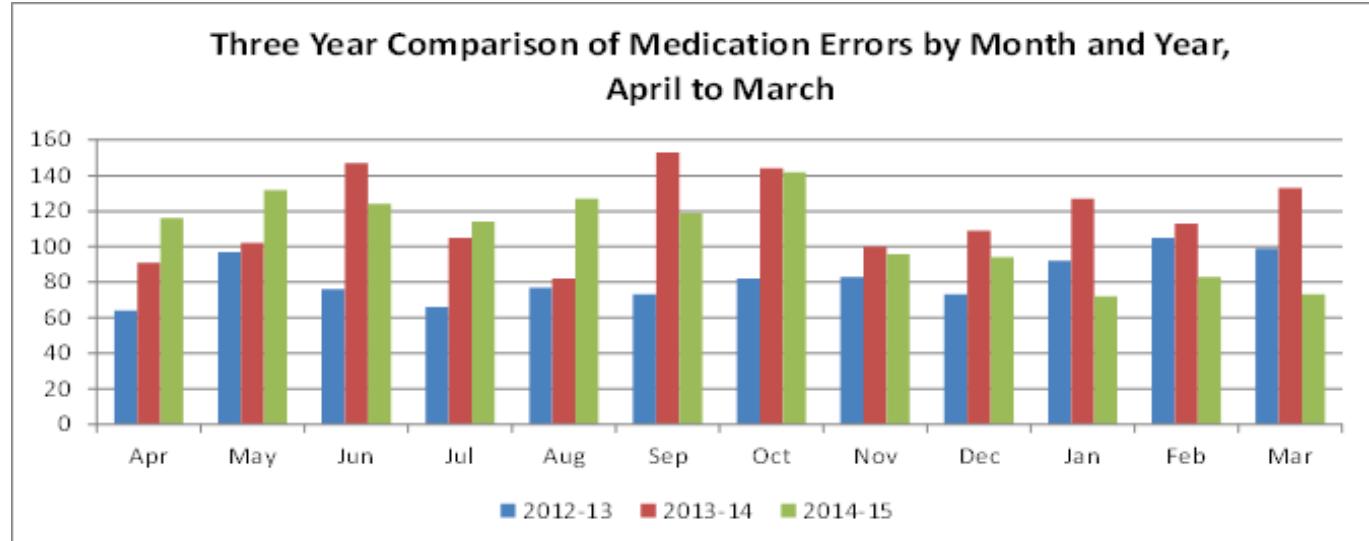
The Medicines Management Committee meets bi-monthly. A report is supplied by the risk department which details all medication errors, drug type, level of harm to the patient, cause group and area. A trend and theme analysis is completed with the aim that target areas can be highlighted and action plans 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 16, 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.

Medication incidents

A total number of 14,266 incidents were reported by the Trust. 1,291 were medication errors and this equates to 9.75% of all incidents. The total number of medication errors was 8.1% lower in 2014/15 than 2013/14. The number of drug administration errors with serious and above harms was 24 in 2013/14 and this remained at the same level in 2014/15. The number of drug administration errors with minor or less serious harms decreased by 29.7% 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).

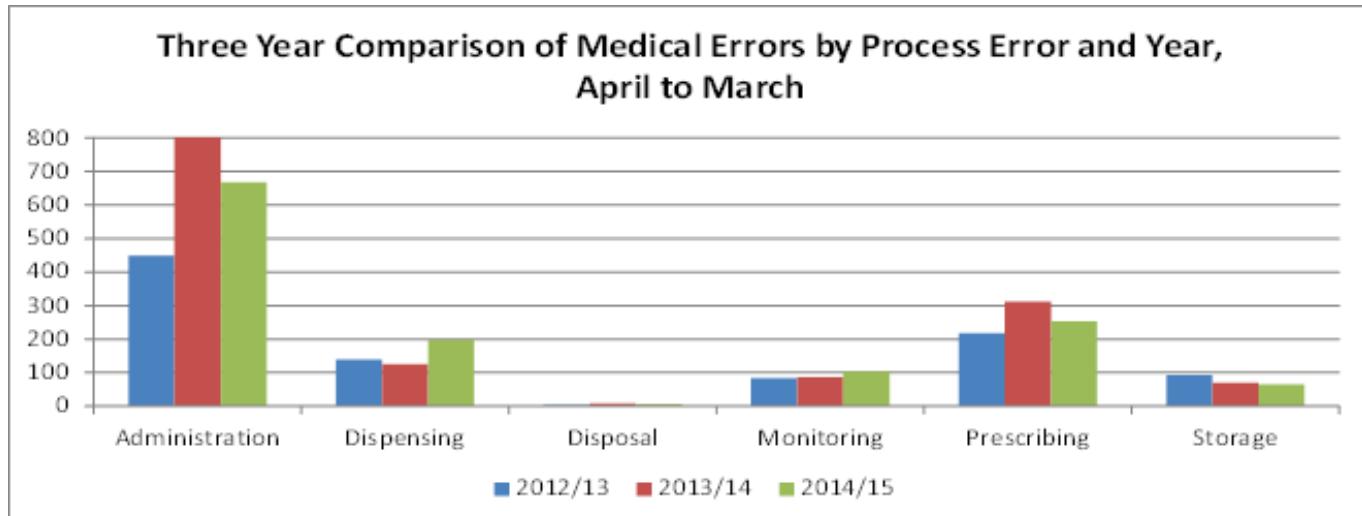
The Trust is able to report an improvement in the number of incidents reported by staff with a marked reduction in low level harm incidents however, the target of 30% reduction of medication errors resulting in moderate or severe harm remained static. This emphasises the need for ongoing focus on improvement strategies in relation to medication errors which the Trust is committed to making a priority in 2015/16.

Graph 15 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.

Graph 16 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.

Much work has been carried out over the last 12 months to detect report and learn from patient safety incidents involving medication. The Trust is fully compliant with the Patient Safety Alert NHS/PSA/D/2014/005 – Improving medication error incident reporting and learning - in having the relevant personnel and systems in place. Errors continue to be recorded and monitored for trends and themes via the Medicines Management Committee chaired by the Director of Pharmacy.

Reduce the Incidence of New Hospital Pressure Ulcers stage 2 by 30%, stage 3 by 40% and stage 4 by 100%.

The majority of pressure ulcers are avoidable through simple actions by frontline healthcare staff, patients and carers. As well as causing long-term pain and distress for patients, treatment for each pressure ulcer costs an average of £4,638 - which causes a financial burden on the NHS of between £1.4 and £2.1 billion per year. Avoidable pressure ulcers are a key indicator of patient safety and good quality care and preventing them from happening will improve all care for vulnerable patients. As a Trust we take the development of pressure ulcers which occur in our care seriously, and are working hard to reduce the incidence of these. The Trust is committed to reducing the prevalence of pressure ulcers occurring in our care and embedding cultural change through clinical ownership at ward and team level.

The reduction of pressure ulcers has been identified as a priority indicator to enable the Trust to meet

national healthcare directives and current local quality improvement priorities for 2014/15. 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 12 months as shown in Graph 17.

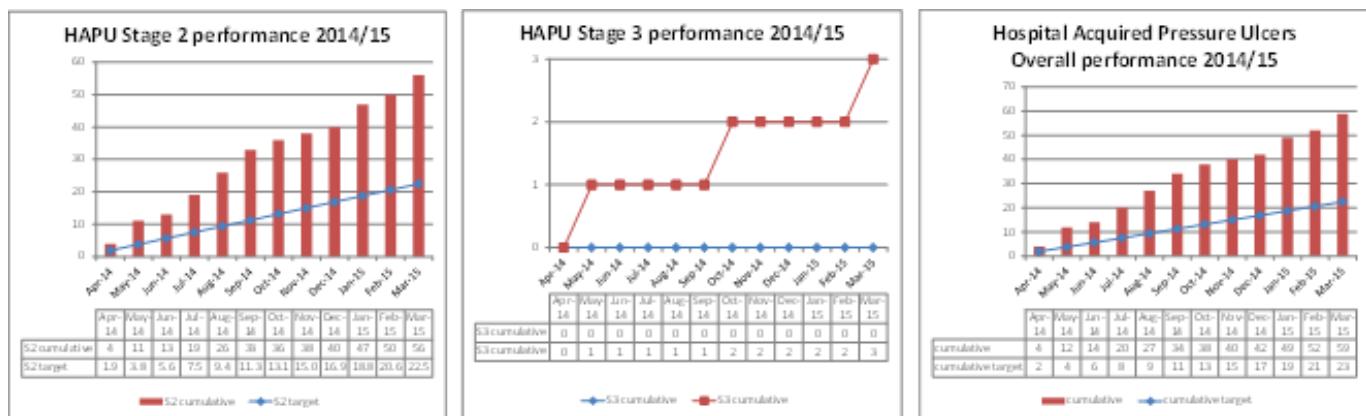
The above strand of work is being monitored to enable the Trust to measure progress in reducing avoidable patient harms and to improve patient outcomes and experiences.

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.

In 2014/15 the number of stage 2 hospital acquired pressure ulcers exceeded trajectory (56 reported against a trajectory of 22.5; in 2013/14 there were 45 stage 2 pressure ulcers reported) and the

number of stage 3 hospital acquired pressure ulcers was three reported against a trajectory of zero (in 2013/14 there were six stage 3 pressure ulcers reported).

Graph 17



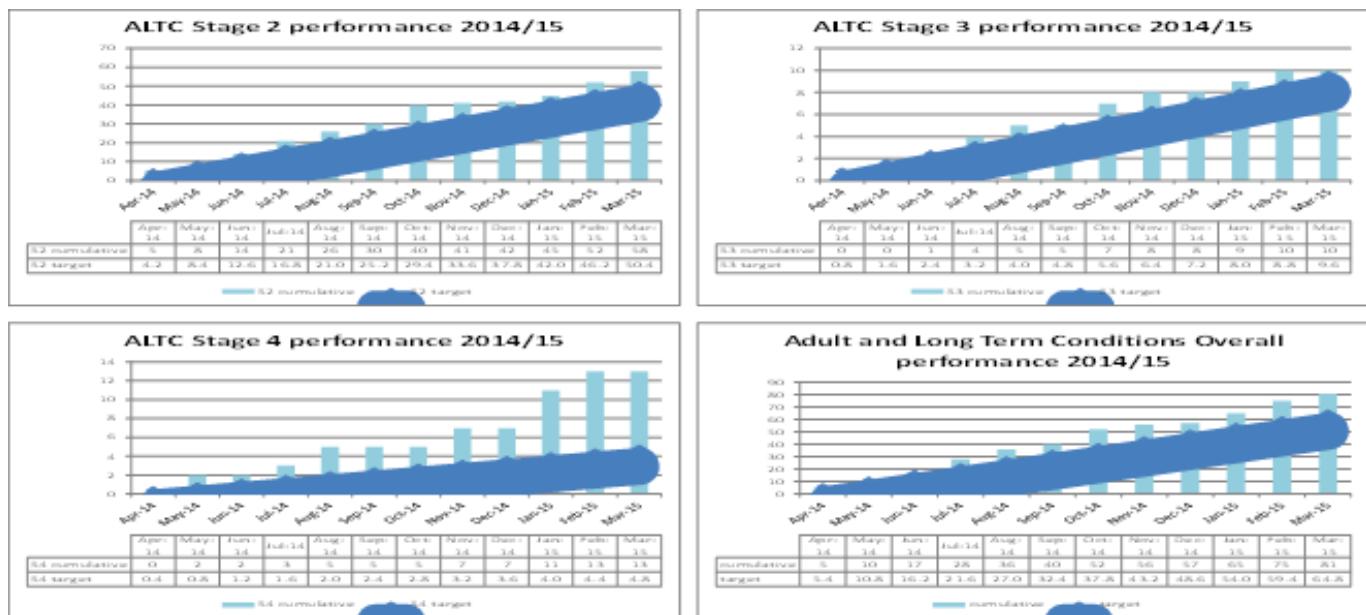
Data source: Ward-based prevalence audit. This data is governed by standard national definitions.

Target - Reduce stage 2, 3 and 4 pressure ulcers acquired whilst the patient is under the care of the community services by stage 2 and 3 (30%) and stage 4 (50%)."

In 2014/15 there were 58 stage 2 pressure ulcers reported, a decrease of 19.4% from 2013/14 but less than the target of 30%. The prevalence of pressure ulcers across the hospital and community teams has been influenced by the increase in the acuity of patients the Trust cares for and the

There were zero stage 4 hospital acquired pressure ulcers; hence despite seeing a reduction overall in year compared to 2013/14, the Trust has not achieved to meet its internal target for pressure ulcers.

Graph 18



To Introduce the Think Glucose Programme

Think Glucose campaign was commenced in 2014 to highlight the needs and care for patients with diabetes. The aim of the "Think Glucose" project was to improve patient care by promoting proactive care for patients who have diabetes as a secondary diagnosis. This was supported by a rolling education programme and was commenced on the endocrinology wards.

The "Think Glucose" Clinical Nurse Specialist lead implemented base line audits on the management of diabetes on the wards and used the audit outcomes to tailor the training programme accordingly. The outcome of the programme is to improve staff knowledge on diabetes, reduce insulin errors, provide an e-referral system and provide a better patient experience.

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.

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

Website: 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.

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 - dated 21/05/15 and Fylde & Wyre Clinical Commissioning Group – dated 22/01/2015

Blackpool Teaching Hospitals NHS Foundation Trust Quality Account for 2014/15

F&WCCG Commentary regarding BTH 2014/15 Quality Account

We would like to commend the trust on a very readable Quality Account. The report describes a continuous drive to attract, train and retain a motivated and caring workforce and recognises the staff contribution to the improvements achieved. This is a necessary foundation on which to respond to the challenges, including for example, mortality. Whilst the trust statement is correct about mortality indicators having improved in the last 12 months, it should be acknowledged that this is an area in which the trust and commissioners are continuing to strive for a better understanding and speedier improvement. Employing more coding staff and improving the first 24-36 hours of patient care are evidence of the trust's commitment. Further work is required to make it as easy as possible for all relevant staff, including temporary staff, to understand and maintain the quality and safety standards agreed for each pathway eg stroke. The individuals in care teams must receive regular feedback about their contribution to the team's level of compliance with the standards described within a pathway, with an explicit expectation of continuous improvement at personal and team level.

To complement the results of nursing and medical care indicators, it would be helpful to see an evaluation of how useful the workforce finds these care indicators as a means to measure and feedback good care and what level of commitment individuals feel to achieving improved indicator scores within their service areas over time.

This Quality Report positively describes the delivery of more out of hospital care through a number of initiatives. In addition, the trust has recognised a need to consider the impact of hospital care and smooth the patient journey, thereby improving the patient's confidence to continue self-management of their condition, for example by explaining their medication and any side effects more clearly and knowing who to contact if identified warning signs or triggers occur when people go home. There is a need for equal focus on high quality, safe, evidence-based care for people who always access care in the community, not just for those who access services which contribute to admission/re-admission avoidance and early discharge.

The trust is receiving positive patient feedback in the main. Learning from patient experience feedback including complaints is important and we would like to see the 55% of complaints coded as miscellaneous, being described more accurately in future reports along with some examples of how feedback has directly affected changes in practice and the culture being promoted. It is encouraging to see that more complex complaints are being resolved at an informal level to the complainants' satisfaction. The use of the simulation centre to draw out and focus on the learning from serious incidents is to be commended. It will be interesting to understand the added benefit to learning and whether this makes a longer term impact on practice than traditional methods of learning from incidents. It is also essential that having embedded Duty of Candour in policies, the trust ensures this is real and meaningful, informative and supportive for those affected by incidents.

Blackpool CCG Statement on the 2014-2015 Quality Accounts:

Blackpool CCG as Lead Commissioner welcome the opportunity to appraise the content of the Quality Account for 2014-2015 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, The Quality Account is clear and concise given the breadth of information

it is required to reference, well presented and reflects the new requirements to benchmark against its 'peers'.

Quality Priorities 2015/2016

We note the improvements in hospital mortality rates in 14-15, however despite improvements the Trust continue to be an outlier in this respect. Blackpool Teaching Hospitals NHS Foundation Trust needs to maintain its focus on mortality in order to see the Hospital Mortality Rates achieve a sustainable reduction. BCCG will continue and are committed to supporting further improvement in 2015-16 in specific care pathways, including independent specialist support and scrutiny. We welcome the continued review and monitoring of internal clinical pathways and support the implementation of the heart failure pathway in 2015-16. We would recommend that this pathway is also included in the Trusts priority indicators for quality improvement in 2015-16.

Blackpool CCG and FWCCG have worked in partnership with the Trust to review incidences of Health Care Acquired Infection. The Trust takes all cases very seriously. Each C Diff case has been reviewed by case, and 24 lapses in care of the 53 total cases were identified. A health economy approach was developed in 14-15 to promote reduction in community cases and help reduce those cases outside of the Trusts control. NHS England has set a new trajectory for 15-16 for the Trust, this being 40 lapses in care. BCCG will ensure this is closely monitored and continue to work with all parties to develop and implement joint improvement plans. There were 3 MRSA cases reported by the Trust in 2014- 2015, however, the CCG would note these were not all hospital acquired and therefore not directly attributable to the Trust. In each case an improvement plan has been developed to reduce the possibility of a recurrence.

We want to see a reduction in long trolley waits in 2015-16. Unfortunately there were 2 incidents in early 2014 that led to detailed review and investigation. We are however confident the Trust takes all waits seriously and have taken comprehensive actions to reduce the possibility of recurrence.

Pressure ulcers are the most frequently reported serious incident (as is the case with most hospital

trust reporting) We note the increased reporting of grade 3 pressure ulcers in 2014-15 and note that the Trust included all the Community related pressure ulcer incidents in this data. We fully support the Trusts review of pressure ulcer lessons learned and actions to reduce the incidence of newly acquired pressure ulcers. We do however; expect to see a reduction in these during 2015-16.

Blackpool Teaching Hospital NHS Foundation Trust continues to be a high reporter of patient safety incidents together with an associated decrease in reported levels of harm from these, particularly relating to medication incidents. The CCG view is that this as a positive indicator which clearly demonstrates an organisation with an open transparent culture, and clear and accessible reporting mechanisms. We also commend the ongoing work to promote harm free care within the Trust.

The CCG do however want to see an improvement in initial reporting times related to serious incidents in 2015-16.

The CCG recognise the achievement of significant improvements in dementia screening and assessment by the Trust during 2014-15.

The CCG is pleased to note that the Trust FFT responses are very good and have achieved above the national average ratings, with many patients recommending the Trust to their friends and family. The CCG recognises the improvement activities led by the patient relations team within the Trust to promote improvement in the patient experience and patient satisfaction.

The CCG statements are based on an early draft version of the Quality Accounts and at the time of comment responses to data queries are not available.

The CCG are satisfied that, on the whole, this is an accurate account of progress in a challenging year.

1.2 Statement from Governors – 07/05/2015

As Governors, our role is to represent the interests of the Trust's members and the public that the

Trust serves. Additionally, the Council of Governors hold the Non-Executive Directors to account for the performance of the Board of Directors. In order to do this, the Council needs to have access to the appropriate information, resources, and people within the Trust. The Quality Accounts Report is an aggregation of very many activities and processes that occur throughout the year, to which the Council of Governors has access and is able to comment and influence as appropriate.

The following comments from Governors are intended to provide assurance that the Council of Governors is focussed on fulfilling its duty of care.

"The Board communicates well with the Governors and is open about the challenges the Trust faces as well as its successes."

"The Governors will continue to press the Board to ensure that the Safety and Quality of care provided to Patients remains the top priority against a difficult background of increasing demand and financial stringency."

"As Governors, we will continue to challenge NEDs to ensure processes and practices are in place so that patient care and quality is the number one priority and is of the highest standard, not to be compromised by the challenges the Trust will be addressing."

In relation to some of the specific quality measures and activities seen during this last period, the following comments have been made by Governors;

"During 2014/2015 the Trust managed to maintain a high level of care for patients whilst successfully meeting the challenge of delivering £20million in cost savings. Standardised pathways have continued to be introduced for the highest mortality conditions and these have made a significant contribution to reducing mortality."

"The Trust is putting significant effort into recruitment and retention of staff, as historically this has been a challenging area for the Trust."

The Council of Governors supports the strategy and direction of the Trust, whilst constantly monitoring activities and performance to ensure the very best interests of the members and the public are maintained, at all times.

1.3 Statement from Local Healthwatch Blackpool – 22/05/2015



Blackpool Healthwatch would like to thank the Trust for providing the opportunity to view and comment upon their Quality Accounts Report 2014/15. Blackpool Healthwatch welcome such a detailed and comprehensive report, as an organisation we commit to our continued support for the Trust in delivering quality healthcare whilst advocating with, for and on behalf of those who use these services.

The report reflects Healthwatch Blackpool's knowledge of the Trust and the experiences expressed by those people who use the service. It is positive to read that patient and public engagement is an area of focus for the Trust. The Friends and Family Test receives its first formal finding within this report with a measure set against a national average, whilst it is disappointing to note such a low attainment is it positive to note that the percentage of responses has increased over the last 12 months. We would encourage and actively support the Trust to focus upon the findings within the Friends and Family Test in combination with finding within some of the Patient Reported Outcome Measures (PROM) and the identified complaints, with a particular focus upon Issues relating to "treatment issues", "Communication" and "staff attitudes" (Page 37) which received the top three highest number of complaints accounting for over 70% of complaints. The PALS office moving to a more central and visible location in the atrium has been a positive step and is evident in the increased number of contact it has made since moving.

The work and emphasis that the Trust has focused upon Dementia is a positive step forward, especially as prevalence rates in dementia are increasing nationally and as Blackpool has a higher than normal reported prevalence rate of people with Dementia related conditions. Dementia screening across the Trust has been an excellent step forward which has been demonstrated by the Dementia

screening figures supplied. We would welcome the Trust developing dementia related services and studies further, this could include contributing to the next submission of the National Audit of Dementia.

The last Care Quality Commission (CQC) visit highlighted some positives in the Trust although it recorded a number of "Requires Improvement" (page 22). This has been a regular focus of attention to a large number of people who use and support the Trust. It is positive to read that a plan of action has been developed, which is reviewed by the Trust Board and the local Clinical Commissioning Board, with the anticipation that "all matters requiring improvement will be attained on re-inspection".

Blackpool Healthwatch look forwards the coming year and working with the Trust, with patients and the wider public to achieve an excellent local health service.

1.4 Statement from Local Healthwatch Lancashire

No comments received

1.5 Statement from Lancashire Health Scrutiny Committee – 01/05/2015

The role of the Lancashire Health Scrutiny Committee is to review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate.

The Committee undertake this responsibility through engagement and discussions with the Trust, addressing any areas of concern as they arise. It is the intention of the Committee that this methodology of ensuring that the Trust improve patient safety and deliver the highest quality care to the residents of Lancashire will continue by having an oversight of how the Trust evidence the provision of quality and safe services. In addition the Health Scrutiny Committee will seek

reassurance that every effort is being made to ensure; financial stability, reasonable waiting times and the safeguarding of the most vulnerable.

1.6 Statement from Blackpool Health Scrutiny Committee – 13/05/2015

The Health Scrutiny Committee would like to thank Blackpool Teaching Hospitals NHS Trust for the opportunity to view and comment on the Trust's draft 2014/15 Quality Account. Due to the period of 'purdah' leading up to the local and general election on May 7th, the Committee has been unable to formally comment in relation to the process this year. However, the Committee has been 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.

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 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 NHS 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 2014/15 and supporting guidance;
- 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 2014 – March 2015;
 - Papers relating to Quality reported to the Board over the period April 2014 to March 2015;
 - Feedback from the commissioners - Blackpool Clinical Commissioning Group dated 21/05/2015; and Fylde & Wyre Clinical Commissioning Group – dated 22/05/2015;
 - Feedback from Governors dated 07/05/2015;
 - Feedback from Local Healthwatch organisations – Local Healthwatch Blackpool dated 22/05/2015;
 - Feedback from the Blackpool Council's Health Scrutiny Committee dated 13/05/2015;
- Feedback from Lancashire Health Scrutiny Committee dated 01/05/2015;
- The Trust's Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 21/04/2015;
- The 2014 national patient survey published February 2015;
- The 2014 national staff survey published February 2015;
- The Head of Internal Audit's annual opinion over the Trust's control environment approved 21/04/2015;
- The CQC Intelligent Monitoring Report dated July 2014, Dec 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>).

SIGNED:



Ian Johnson
CHAIRMAN:

DATE: 28th May 2015

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

SIGNED:



Gary Doherty
CHIEF EXECUTIVE

DATE: 28th May 2015

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 2015 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance (the "specified indicators"); marked with the symbol **(A)** in the Quality Report, consist of the following national priority indicators as mandated by Monitor:

<i>Specified Indicators</i>	<i>Specified indicators criteria</i>
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways	In line with the definition included within Monitor's 'Detailed Guidance for External Assurance on the Quality Reports 2014/15'
Emergency re-admissions within 28 days of discharge from hospital	In line with the definition included within Monitor's 'Detailed Guidance for External Assurance on the Quality Reports 2014/15'

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 2014/15" 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 2014/15";
- 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 "2014/15 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 the "Detailed requirements for quality reports 2014/15"; 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 2014 - March 2015;
- Papers relating to quality report reported to the Board over the period April 2014 to March 2015;
- Feedback from the Commissioners Blackpool Clinical Commissioning Group dated 21/05/2015; and Fylde & Wyre Clinical Commissioning Group dated 22/05/2015;
- Feedback from Governors dated 07/05/2015;
- Feedback from Local Healthwatch organisations Local Healthwatch Blackpool dated 22/05/2015
- Feedback from Blackpool Council's Health Scrutiny Committee dated 13/05/2015 and Lancashire Health Scrutiny Committee dated 01/05/2015
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015;
- The 2014 national and local patient survey dated February 2015;
- The 2014 national and local staff survey dated February 2015;
- Care Quality Commission Intelligent Monitoring Reports dated July 2014 and December 2014;
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 21/04/2015;

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 2015, 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 2014/15";
- 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 the 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 the “Detailed requirements for quality reports 2014/15” 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 2015,

- 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 2014/15”;
- 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 “Detailed guidance for external assurance on quality reports 2014/15”.

**PricewaterhouseCoopers LLP
Manchester
28 May 2015**

The maintenance and integrity of Blackpool Teaching Hospital 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.
- ensure that the use of public funds complies with the relevant legislations, delegated authorities and guidance.
- 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 set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

SIGNED:



Gary Doherty
CHIEF EXECUTIVE

DATE: 28th May 2015

Annex E: Annual Governance Statement 2014/15

Annual Governance Statement 2014/15
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 also 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 2015 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. 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

comprised from the Directors within the Trust, the Chairman and a selection of specialist advisors who routinely attend each meeting including the Head of Corporate Assurance, the Local Counter Fraud Specialist and other Senior Managers. 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. The committee structure is being reviewed again this year internally to ensure that it is efficient and effective and is continuing to meet

the needs of the Trust. These reviews ensure the committee's structure is working at its optimum, preventing duplication of work and ensuring there are clear lines of responsibility and accountability to the Board of Directors, Council of Governors and our regulatory bodies as required.

The Trust is updating the Risk Management Strategy in light of a review undertaken to comply with Monitor's, *Well-led Framework*. The Risk Management Strategy clearly describes the roles and responsibilities of individual Executive Directors specifically and generally and is reviewed and endorsed by the Board of Directors. 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. 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 bi-monthly 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 of Directors. 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), is the Senior Information Risk Owner (SIRO) and as has overall responsibility for information governance risk, and is also 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 Finance and Performance 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 of Directors 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, health visitors 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 Operations is responsible for developing risk based operational key performance indicators and for monitoring performance and reporting to the Board of Directors on a monthly basis.
- The Director of Workforce and Organisational Development is responsible for workforce planning, staffing issues, education and training.

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 of Directors, attending Board of Director 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 risk management. 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. Risk management is a dedicated session on the Corporate Mandatory Training Programme providing information on risk assessment, incident reporting and incident investigation. The Trust has in place a mandatory training programme and the Board of Directors has set out the minimum requirements for staff training required to control key risks and includes risk management processes such as health and safety, moving and 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. Members of the Board of Directors have participated in bespoke risk management training this year regarding risk appetite with the Internal Auditors focusing on the Corporate Risk Register and Board Assurance Framework.

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. The Corporate and Divisional Risk Registers and Board Assurance Framework are managed electronically and updated bi-monthly. 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.

The Learning from Incidents and Risks Committee meets on a bi-monthly basis to ensure concerns identified from incidents, complaints and claims, are reviewed with lessons learnt being used as a method of improvement and sharing of 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 Risk Management 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 Trust's Newsletter Staff 'The Pulse'.

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 2014/15, the Trust has

taken on board recommendations from a number of external reports including ongoing work in relation to the Trusts CQC inspection.

The report from which was received by the Trust in April 2014. 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.

The Trust has committed itself to improving the nurse and doctor to patient ratios over coming

years invested over £1m new monies to enhance staffing levels in clinical areas. The benefits to be realised from this is 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 reviews any gaps against new guidance and adjusts 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 ratified by the Board of Directors. The Risk Management Strategy and the Carrying out a Risk Assessment and Developing a Risk Register and Board Assurance Framework Procedure 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 operational pressures, strategic planning and from the analysis of untoward incidents. The Risk Management Strategy is referenced to a series of related risk management documents, for example, Carrying out a Risk Assessment and Developing a Risk Register and Board Assurance Framework, Health and Safety Policy, Untoward Incident and Serious Incident Reporting Procedure. These documents are available to all staff via the Document Library on the Trust Intranet.

The Trust's vision and values, (which have recently been ratified by the Board of Directors) identify the expected culture for the Trust; these are linked to the strategic objectives and therefore support the risk management framework. The Board of Directors has recently discussed their corporate risk appetite in a session with the Internal Auditors and refined the risk assessment matrix. This is a very useful tool in aiding the Board of Directors thinking on risk, tolerance and corporate decision making. This is a simple approach to quantifying risk in order to define qualitative measures of consequences and likelihood, which is used as the basis of identifying acceptable and unacceptable levels of 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 supports a clinical leadership model which puts senior medical and nursing colleagues at the heart of decision-making and management. The culture of the organisation is driven by the Trust's new values which are embedded in and drive the ethos 'together we care'. This is also influenced by national drivers that the Trust has embraced such as the 6 C's Care and Compassion strategy.

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. During 2014/2015 the Trust received 50,594 pieces of patient feedback across its many formats open to patients and relatives to provide feedback.

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. This is supported by a 'buddy ward' process with each Director buddyng a number of wards the aim of which is to regularly visit and be visible to clinical areas to provide direct access and support clinical staff.

The Board continues to use patient stories, reflecting on positive and negative experiences of patients using our services, at the start of its formal meetings. The Board of Directors monitor quality by reviewing compliance of the Quality performance indicators within the Trust Integrated Performance Report. Safety, quality and patient experience are paramount within the agenda and proceedings of the sub board 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 Department of Health. 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.

Quality and Accuracy Elective Waiting Time Data

The Trust recognises the importance of accuracy of data and facilitates a review of the 18 week process by the Trust internal auditors.

The Trust also requested an external review in 2014 by the national elective intensive support team and random spot audit are internally undertaken on a monthly basis. To underpin management of data the Trust has recently completed a structured training programme for all staff involved in waiting list management which involves a competency questionnaire following the training. In line with our work with our local CCG's the Trust undertakes reviews at their request of any service area where we have seen growth or reduction/changes to patient flows in order to fully understand the reason for that change.

4.3 Organisations Key Risks

The key organisational risks for the year were identified from the strategic objectives for 2014/15, forming the Board Assurance Framework and operational risks collated for the Corporate Risk Register, these included the following:

In-Year Risks 2014/15	Future Major and Significant Clinical Risks 2015/16
<p>Objective: To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services.</p> <ul style="list-style-type: none"> Failure to have appropriate beds and nursing/doctor staffing ratios risks the safe delivery of high quality care to medical patients. Reduced support of onsite surgical vascular services at Blackpool Teaching Hospitals risks patient mortality. Failure to have adequate staffing within the district nursing service risks safely meeting the planned and unplanned demand of patients. Failure to facilitate appropriate level of anaesthetic cover for a patient when their condition deteriorates out of hours risks patient mortality. A failure to have Appointed and Competent/ Authorised Persons risks staff and patient safety. 	<ul style="list-style-type: none"> Failure to attract, recruit and retain appropriately skilled staff risks the delivery of safe patient care and higher than planned expenditure through agency/ locum costs. Failure to engage and motivate staff risks the Trust being unable to improve/maintain quality whilst at the same time reducing costs.
<p>Objective: To be financially viable, managing services within available resources, allowing us to invest in our future.</p> <p>Objective: To provide an holistic model of care, with treatment undertaken in community settings wherever possible.</p> <ul style="list-style-type: none"> Failure to achieve the Cost Improvement Programme (CIP) risks intervention by regulators/bankruptcy. Failure to maintain sufficient cash balances risks intervention by regulators/ bankruptcy. Inability of Commissioners to fund over performance on the Payment by Results (PBR) elements of the contract risks intervention by regulators/bankruptcy. Failure to recover private patient activity risks intervention by regulators/bankruptcy. Failure to achieve/maintain performance standards (4hr/18 week/cancer) risks impacting adversely on quality of services to patients and financial income to the Trust. 	<ul style="list-style-type: none"> Lack of sufficient funding to support or the inability to plan and implement the transition of care from acute focused to community based care risks intervention by regulators/ bankruptcy. Failure to have robust joint working and plans with partners risks non-achievement of the Trust's strategic objectives, non-delivery of strategic initiatives and non-delivery of required levels of service quality and financial performance.

<p>Objective: To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes.</p> <p>Objective: To prevent unnecessary emergency admissions to hospital through new service models that provide enhanced support in community settings and integrated care for the most.</p> <ul style="list-style-type: none"> • Failure to management patients appropriately risks Clostridium Difficile. • An increased Orthopaedic Service demand risks achieving the 18 week wait. • Failure to achieve Monitor's Compliance Framework performance measures would risks service quality and breaching the terms of authorisation for the Trust, which would invite regulatory action and damage public confidence. • Failure to invest in the PC replacement programme, the implementation of Electronic Health Records (EDMS) and ICT core infrastructure risks staff not being able to access critical electronic systems containing patient information, which could impact upon quality of patient care. • Operating the X-ray gantry beyond its useful working life risks the clinical safety of patients requiring a chest x-ray in Emergency Department. • Failure to provide a timely Mental Health Team intervention within the Emergency Department and Observation Ward risks the deterioration of a patient. • A failure to appropriately review unreported cases risks an unexpected find of a report with serious clinical implications. • Failure to have adequate consultant PA time and a dedicated service manager risks the provision of the service within breast care imaging. • The continued operation of obsolete medical equipment risks harming patients. 	<ul style="list-style-type: none"> • Failure to maintain a reduction in the Trusts mortality rates risks service quality, patient confidence in our services and Regulatory action. • Failure to deliver the Better Care Fund risks non-achievement of the Trust's strategic objectives, non-delivery of strategic initiatives and non-delivery of required levels of service quality and financial performance. • Failure to deliver a positive patient experience risks service quality, patient confidence in our services and Regulatory action.
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All the above risks have been assessed; mitigations put in place and are managed within impact scores ratified by the Board of Directors. The risks are monitored on an ongoing bi-monthly basis at the Risk Committee and reported to the Board of Directors.

In the preceding 12 months, the Trust has taken effective action to mitigate the overall risk of significant harm in the following areas:

- The reviewing of unreported general practice plain film reports which could result in serious clinical implications.
- The risks associated with using Cardiac Day Case Unit (CDCU) to nurse medical escalation patients.
- The total loss of all equipment in PACS server room (X-Ray North and Lancashire Cardiac Centre) due to some form of environmental

- failure risking patient's safety.
- The lack of cross-cover for the Cancer Data Manager, as it is a stand-alone post within the Trust.
 - The pharmacy staff shortages across the Trust, especially on Scheduled Care wards due to the lack of resources.
 - The risks associated with falls from new hospital car park.

Mitigating actions against a number of potential significant in-year risks 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.

The Internal Auditors undertook a review of the Trust's performance against a set of national measures Monitor uses to assess the quality of governance at NHS Foundation Trusts (Self-Certification Review). The review assessed the Trust's performance as 'Significant Assurance' and identified two areas for improvement; first, the addition of an 'improvement opportunities action' within the internal review system. The Trust follows the 'comply' or 'explain' format but this does not allow for the identification of improvement opportunities. The second action is that the internal review was undertaken in June 2014, therefore to provide robust assurance for the Annual Report an internal review should be considered. Both these areas of improvement have been addressed by the Corporate Assurance team and the results reported to the Audit Committee.

The Trust has finalised an internal review of the key Corporate Governance Documents; Standing Orders, Reservation of Powers and Scheme of Delegation and Standing Financial Instructions. This took place alongside the Monitor's, Well-led Framework Review undertaken by the Internal Auditors. The internal review focused on the responsibilities of committees of the Board of Directors and directors, the reporting lines and accountabilities between the Board of Directors, its committees and the executive team. The Well-led Framework Review focused on the effectiveness of the Trust governance structures and committees. Throughout 2014/15 substantial work has been undertaken on the timings of committee meetings to ensure timely and accurate information is provided to the committees to assess risks to compliance with the Trust's Provider Licence. The Finance Committee has taken on the remit to provide rigour and oversight over the Trust's performance and a Strategic Workforce Committee has been established to monitor and address human resources concerns, before reporting through to the Board of Directors. These changes are allowing the Quality Committee to focus on the quality of services provided to patients and any serious incidents.

The Annual Governance Statement contents are assured through processes such as the

Board Assurance Framework, risk registers, risk assessments, the Chief Executives Assurance Report and committee structures. The Annual Governance Statement is reviewed and validated through, specifically the Audit Committee and Board of Directors. The Trust has consulted the Internal Auditors in 2014/15 on the statement and finally the External Auditors will validate the statement in line with the Annual Reporting Manual.

4.4 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 programme, annual mandatory 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 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 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 protection and wellbeing of patients, employees, and visitors at Blackpool Teaching Hospitals NHS Foundation Trust is a key priority. The delivery of high levels of safety and security is critical to the delivery of the highest possible standards of clinical care to which Blackpool Teaching Hospitals NHS Foundation Trust is wholly committed as this improves the environment and sense of overall personal security for those who access our services and for those who provide those services.

The Trust currently employs two full time accredited Local Security Management Specialists

(LSMS) that lead on work to identify and tackle crime. The aim is to protect our staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

A Security Management Strategy has been produced that sets out the Trust's security priorities and how it is delivered to ensure all members of the Trust understand its priorities in relation to security management and identify ways of working towards achieving them.

The LSMS responsibilities are broad, but nationally dictated priority areas of action have been identified to deliver the anti-crime work, outlined under the four NHS Protect standard areas of:

- Hold to Account.
- Inform and Involve.
- Prevent and Deter.
- Strategic Governance.

It is important that the Trust develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets and participates in all national and local publicity initiatives to raise security awareness. The LSMS continues to work closely with its partner agencies as well as developing new and extended contacts.

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

The Trust has, this financial year, developed from a working group to a standing Security Committee overseeing the security strategy.

The Trust Closed Circuit Television (CCTV) working group continues to oversee and develop the CCTV monitoring system, for the Blackpool Victoria, Clifton and Fleetwood sites. There have been a number of new camera installations and digital upgrades during the 2014/15 period that had been

highlighted as gaps during consideration of the critical assets of the Trust. The CCTV enhancements throughout a number of premises has increased the probability of criminals being caught and act as a visual deterrence to people mindful of committing criminal offences. The security room both monitor and control in excess of 200 cameras, covering the Blackpool Victoria Hospital site and remote monitoring of Clifton Hospital.

The Trust has an Internal 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 Internal Security Team work closely with the Police in criminal investigation that occur at the Trust which allows a professional direction resulting in several successful prosecutions in the last financial year.

The Trust has a focus on positive reporting of any security event, reporting its entire staff related physical assaults to NHS Protect annually. All staff are actively encouraged to report via the incident reporting scheme any incidents of violence and aggression and also any incidence of physical, non-physical assaults relating to both patients or visitors, theft, damage, burglary, arson, and vandalism to NHS property or equipment.

We are committed to ensuring that Trust staff are properly protected, appropriate training is recognised as a key factor towards this aim. Frontline staff are trained in Conflict Resolution and Breakaway Training and a security awareness module is delivered as part of the Corporate Induction.

The lone worker system introduced within the Trust continues to be financially supported by the Board of Directors. As part of the consultation and improvement strategy the Trust invited three service providers to present the capabilities of their respective devices to ensure equipment provided to support and protect staff is up to date, effective and cost effective. 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.

Security audits continue to be undertaken within the Trust led by the LSMS. Departments are visited

and audited, and results are published along with improvement recommendations where necessary to assure the Trust that all standards and protocols are being adhered to enabling the department to produce its own individual Lockdown action card.

The Trust has a zero-tolerance approach to fraud which was enhanced by the appointment of a whole time equivalent “in house” Local Counter Fraud Specialist. This appointment enables the anti-fraud culture to become embedded and tackle fraud, bribery and corruption in accordance to an annual workplan which dictates the counter fraud work that will be conducted under four subject headings:

- Strategic Governance.
- Inform and Involve.
- Prevent and deter.
- Hold to account.

The Local Counter Fraud Specialist (LCFS) will complete an annual self-assessment, which is a mandatory requirement by NHS Protect. Each of the above subject headings hold numerous “Standards” that the LCFS must adhere and comply to. The Standards are periodically reviewed at a local level to ensure existing controls continue to mitigate the fraud risk.

The Local Counter Fraud Specialist will develop an anti-fraud culture throughout the Trust by;

- Apply a strategic, co-ordinated, intelligence-led and evidence based approach to all aspects of counter fraud work.
- To work in partnership with and provide key stakeholders, such as the Police, Crown Prosecution Service, UK Border Agency, Local Authorities and professional organisations the opportunity to coordinate the delivery of counter fraud work.
- To ensure robust policies and processes are in place to protect NHS assets.
- To ensure that the highest standard of work is achieved by means of a clear professional and ethical framework that is consistently used throughout the counter fraud field of work.
- To prevent and deter fraudulent acts throughout the Trust, by promoting successful counter fraud work.
- Conducting fraud detection exercises into areas of risk.

- Investigation of all allegations of suspected fraud.
- Obtaining, where possible, appropriate sanctions and redress.

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 Quality Committee and reports to the Audit Committee.

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.

4.5 Elements of the Assurance Framework

The Board Assurance Framework has been fully reviewed during 2014/15. The Assurance Framework:

- Identifies the strategic objectives the Trust is striving to achieve.
- Identifies the risks to the achievement of the strategic objectives.
- 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.

The Risk Committee considers high/significant risks, recommends their inclusion on the Corporate Risk Register 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 strategic objectives which have been derived from internal and external sources of risk identified from national requirements and guidance. 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 strategic 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 Board Assurance Framework is monitored and reviewed on a bi-monthly basis by the Risk Committee and the Board of Directors, with assurances on the system controls provided to the Audit Committee. This demonstrates that the document is live and continuous and provides evidence to support the Annual Governance Statement.

The Director of Finance and Performance and Head of Corporate Assurance 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.

4.6 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 CCG, NHS Fylde and Wyre CCG, Blackpool Overview and Scrutiny Committee, Lancashire Overview and Scrutiny Committee, Blackpool Local Safeguarding Children's Board, Blackpool Vulnerable Adults Board, and local branches of Health watch. The Trust has engaged with Public Governors in managing risk through the participation on the Learning from Incidents, Risk and Claims Committee, and through sharing the Board of Directors meeting information including the Chief Executives Assurance report which contains risk management mitigations. In addition, as part of the Annual Report and Annual Accounts review a sub group of Governors is convened to review the document.

The Trust has a Patient and Carer Experience and Involvement Strategy in place and this has been continuously implemented throughout 2014/15 which outlines how staff must ensure they systematically listen to, capture and use the views and experiences of public stakeholders, groups and organisations in the delivery, evaluation, improvement and development of our services.

Patient feedback is actively solicited through daily and monthly surveys and is reviewed on an ongoing basis with performance reports reviewed regularly by the Board, the Patient Panel, the Quality Committee and the Patient Experience and Involvement Committee.

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 and Executive and Non-Executive board members regularly visit clinical areas to hear first-hand from patients

and staff about how safety standards might be improved. These visits are structured and planned so that an action plan can be agreed on the day to tackle any issues highlighted.

4.7 Disclosure of Registration Requirements

The NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

Announced visit to Blackpool Teaching Hospitals NHS Foundation Trust by the Care Quality Commission (CQC)

In April, the Trust received its report from the inspections of the Blackpool Teaching Hospitals acute services at Victoria Hospital, Clifton Hospital and Fleetwood Hospital as part of the Care Quality Commission's national programme of inspections. 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 people's needs and are they well-led.

The CQC's final report, gave an overall rating to the Trust of "requires improvement" with the following ratings for each of the five 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, two were outstanding, 22 were requires improvement and two areas were deemed

inadequate. Maternity Services were rated as 'inadequate' due to the ongoing review of PPH cases that had resulted in a hysterectomy, five cases in a six month period. The expected range for our Trust is two cases per year. The Royal College of Obstetricians & Gynaecologists undertook a case review on 30th April and the CQC have received a copy of the case review report and subsequent completed action plan and the Trust await a date for re-inspection by the CQC.

One quality improvement action plan was formulated following the CQC visit, the implementation of which has been monitored via the Trust Board throughout 2014/2015 and progress has been reviewed by our Commissioners and the CQC. Through completion of each section of the action plan it is envisaged that all matters requiring improvement will be attained on re-inspection.

Special Reviews/Investigations

The Imaging Service Accreditation Scheme (ISAS)

In March 2015, the Trust received an Imaging Service Accreditation Scheme (ISAS) visit.

All areas and modalities within the department of Radiology were visited with an extension for the first time of the accreditation scope including Nuclear Medicine and Fleetwood Heath Centre.

Initial feedback has been very positive with findings being divided into mandatory non-compliances against the standards and recommendations for improvement. The mandatory findings for both the existing scope, and the extended scope areas requires further evidence. Once supplied this will enable clearance by the assessors who will then grant the department accreditation status.

The Trust is pleased to report that the assessment reflected that patients were very happy with the service and that they had nothing but praise for the way they were treated.

The Trust has welcomed this review to inform the maintenance of an ongoing quality cycle for improvement across the Radiology department.

The National Cancer Peer Review

The National Cancer Peer Review Programme is a quality assurance programme that is aimed at reviewing clinical teams and services to determine their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment. The programme encompasses a whole systems approach to ensuring safe, personal and effective care in relation to the patient experience and clinical outcomes.

The programme involves self-assessment by Multidisciplinary Teams (MDTs), validated self-assessments and external reviews of teams conducted by professional peers, against nationally agreed quality measures.

The programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible.
- improving the quality and effectiveness of care.
- improving the patient and carer experience.
- undertaking independent, fair reviews of services;
- providing development and learning for all involved.
- encouraging the dissemination of good practice.

The Trust completed self assessments across all tumour sites and the Lung team were chosen for an external peer review visit which took place on 16 July 2014. The Trust positively used this process to review its provision of care across all cancer sites, with 8 areas noted as requiring no action. Key actions for 6 other sites were identified to further enhance quality of care and the MDT's have been proactively facilitating these actions throughout the year.

4.8 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.

4.9 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 Quality 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. The Trust held its fourth Equality Delivery System (EDS) public consultation and engagement event in June 2014 at venues in Blackpool and Lancaster.

The Trust's current Equality Objectives are:

- Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.
- Improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience.

Following the outcome of the 2014 Equality Delivery System (EDS) public consultation and engagement event it was agreed these objectives should continue for 2014/15. By maintaining these two equality objectives it provides the ideal opportunity for the

Trust to further improve in these areas. 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.

4.10 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 31st March 2015 the Trust's Governance Risk Rating status, published on Monitor's website is "Under Review".

The Trust achieved its planned delivery of a Continuity of Service Rating (CoS) of 2 at the 31st March 2015.

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 2014/15 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:
 - Department SWOT analysis.
 - Providing more care in the community.
 - QuIPP ideas.
 - Department activity plan.
 - Key deliverables.
 - Clinical and quality priorities.
 - Key risks and mitigations.
- Approval of the annual budgets by the Board of Directors.
- Monthly Finance 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 Committee. The Cash Committee has minimised the risk of the Trust using the Working Capital Facility.
- 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.
- The Divisions play an active part in ongoing review of financial performance including Cost Improvement Requirements / Quality, Innovation, Productivity and Prevention (QuIPP) delivery.
- Monthly reporting to the Board of Directors on key performance indicators covering Finance activity; Quality and Safety activity and Human Resource targets through the Integrated Performance Report (IPR).
- 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. 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 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.

The IG SIRI category is determined by the context, scale and sensitivity.

- Level 0 or 1 confirmed IG SIRI but no need to report to ICO, DH and other central bodies/regulators.
- Level 2 confirmed IG SIRI that are reported to ICO, DH and other central bodies/regulators.

A further category of IG SIRI is also possible and is used in incident closure where it is determined that it was a near miss or the incident is found to have

been mistakenly reported:

- Level 0: Near miss/non-event - used where an IG SIRI has been found not to have occurred or severity reduced due to fortunate events which were not part of pre-planned controls this is recorded as a "near miss" to enable lessons learned activities to take place and appropriate recording of the event.

During 2014/15 the Trust has incurred 63 incidents classified as IG SIRI severity level 1 (see Table 1) and 7 incidents classified as IG SIRI severity level 2 (see Table 2).

The Trust achieved Information Governance Toolkit (IGT) internal assessment compliance score of 82% in 2014/15. The IGT submission is subject to independent audit, the Trusts' auditors, KPMG have reviewed the evidence provided as part of the Version 12 submission and provided an overall rating opinion of Significant Assurance in respect of our process of Self-Assessment.

Table 1

Summary of other Personal Data Related Incidents in 2014-15 (SIRI 1's)		
Category	Breach Type	Total
A	Corruption or inability to recover electronic data	1
B	Disclosed in error	31
C	Lost in Transit	5
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	8
F	Non-secure disposal- hardware	1
G	Non-secure disposal-paperwork	3
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	14
K	Other	0
Total		63

Table 2

Summary Of Serious Incident Requiring Investigations Involving Personal Data As Reported To The Information Commissioner's Office In April 2014 – March 2015		
Date of Incident	Nature of Incident	Paper or electronic information
16/6/14 & 23/6/14	2 x Loss of dictation tapes	Electronic
28/7/14	Loss of paperwork	Paper
10/9/14	Unable to locate archive CD	Electronic
8/10/14	Loss of dictation Tape	Electronic
31/12/14	Non-secure Disposal paperwork	Paper
31/1/15	Upload to website in error	Electronic
26/3/15	Not secure transfer of Paperwork	Paper

7. Annual Quality Report

The 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. The Trusts vision, values and priorities have been set

through wide involvement and in consultation with patients, staff, external stakeholders and Governors. The consultation of the Quality Account was launched and included presentation to the Council of Governors on Quality Accounts and feedback from this process taken into account, with the Council of Governors selecting the areas for external audit assurance processes. In the preparation of the Quality Account, the Trust appointed a Quality Account Project Lead to develop the Quality Account who has reported direct to the Director of Nursing and Quality on progress on the development of the Accounts.

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 2014/2015 priorities for improvement for clinical effectiveness, quality of the patient experience and patient safety and these 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 and subsequent amendment guidance to prepare its Quality Accounts for the financial year 2014 / 2015. 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 Quality 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, advise, review data 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**

Our Workforce Strategy 2014-2019 is a key document that brings together strategically all the Trusts processes to attract, develop, retain, support and reward our staff to meet our strategic priorities. In order to meet the new challenges and opportunities of the future the Trusts recognises it is vital that it has the right people, in the right jobs with the right skills at the right time. The impact staff experience has on our patients experience and the delivery of high quality safe and effective care is recognised by the Board of Directors.

The Boards aim is to create a great and safe place to work and the best place to receive care by ensuring that our staff experience compassion, excellence and positivity and that as an organisation the Trust is putting people, patients and staff, at the centre of everything it does. Our strategy outlines how we aspire to achieve this aim.

A core component for ensuring the quality of our workforce and achieving our mission of Together We Care is the assurance the Board must have and must, in turn, be able to provide to regulators working on behalf of the public as to the safety of our working practices.

Six areas of policy which are central to providing this assurance in relation to our workforce are:-

- Safe staffing levels
- Safe recruitment and induction practice.
- Compliance with mandatory training requirements.
- Staff being able to raise concerns (whistle-blowing)
- Effective systems of feedback
- Revalidation of medical and dental staff and future revalidation of nursing staff.

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, HED 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.

8. 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

Its aspirations for quality improvement in 2014/15 were to:

- All patients and carers involved in decisions about their care.
- Zero inappropriate admissions.
- Zero harms.
- Zero delays.
- Compliance with standard pathways.

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 Care Quality Commission (CQC) quality and safety action plan. 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 has been overseen through a number of committees and forums and reported on a monthly basis to the Board.

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 2014/15. 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.

effectiveness of the system of internal control by the Board, the Audit Committee, Risk 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, Risk Committee, Quality Committee, Clinical Audit, Internal Audit and External Audit in this process. My review has been informed by:

- 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.

Head of Internal Audit Opinion

2014/15 Head of Internal Audit Opinion to Blackpool Teaching Hospitals NHS Foundation Trust

Basis of opinion for the period 1 April 2014 to 31 March 2015

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with Public Sector Internal Audit Standards, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist the Board in the completion of its AGS, and may also be taken into account by other regulators to inform their own conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary.

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning Assurance Framework and supporting processes;
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas; and
- An assessment of the process by which the organisation has assurance over its registration requirements of its regulators.

Our overall opinion for the period 1 April 2014 to 31 March 2015 is that:

Significant with minor improvements assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

The commentary below provides the context for our opinion and, together with the opinion, should be read in its entirety.

Our opinion covers the period 1 April 2014 to 31 March 2015 inclusive, and is based on the four core and nine strategic audits that we completed in this period.

The design and operation of the Assurance Framework and associated processes

Overall our review found that the Trust's Assurance framework is founded on a systematic risk management process and provides appropriate assurance to the Board.

The Assurance Framework reflects the organisation's key objectives and risks and is reviewed on a quarterly basis by the Board following review by the Risk Committee. It was last reviewed by the Board on 20th January 2015.

It should be noted that despite our positive conclusion around the overall framework for seeking and receiving assurance around strategic risks, we have identified the need for the Board to develop a more systematic and efficient approach to identifying, managing and monitoring strategic risks. Trust management have recognised this and are currently in the process of clarifying risk management processes throughout the organisation to provide appropriate assurance to the Board. We do not consider this issue to affect our overall annual opinion on assurance and risk management. However, we recommend that the Trust prioritises the action needed to address the issues identified in relation to the risk management, and to improve the strength of the assurance the BAF provides and the efficiency of its operation.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

In 2014/15, we issued 5 reports that provided 'partial assurance with improvements required'. None of our reports had a conclusion of "no assurance".

The reports receiving only partial assurance related to:

- Admissions, Discharges and Transfers
- Health and Safety
- Reforecasting
- Workforce Management: Temporary Staffing and Agency
- Workforce Management: Attendance.

In our reports, we raised a total of 7 high risk recommendations. These are summarised below.

Report	Summary of high priority recommendations raised
Admissions, Discharges and Transfers (x2)	<ul style="list-style-type: none">▪ The information team should ensure that live bed occupancy information per the PAS is available across the Trust.▪ The Data Quality team should increase the frequency of ward audits that currently take place to identify and remedy data accuracy issues
Reforecast (x1)	<ul style="list-style-type: none">▪ The Trust should establish a constructive assurance trail evidencing the review and approval by the Divisional Board through the Finance Committee and ultimately by the Board.
Health and Safety (x1)	<ul style="list-style-type: none">▪ The Health and Safety Committee should be led by a Director and should establish robust systems to identify health and safety concerns and to escalate and cascade them through the Trust's management as appropriate.
Financial Controls (x1)	<ul style="list-style-type: none">▪ The Private Patients Manager should implement a strict policy of deposits, prepayments, agreements and collection procedures to appropriately control private patient debt.
Trust Strategy (x1)	<ul style="list-style-type: none">▪ We have not seen any documentary evidence to suggest that the Trust has completed these stages of the toolkit published by Monitor. This is mainly due to the stage of the strategy journey that the Trust is currently on.
Workforce Management – Temporary Staffing (x1)	<ul style="list-style-type: none">▪ Overall, there are concerns with the level of scrutiny applied by the Medacs agency in the recruitment of permanent medical staffing.

This does not prevent us from issuing an overall opinion of "significant assurance with minor improvements" as the organisation is implementing the recommendations raised as a result of our work to address the issues identified.

KPMG LLP

9. 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

SIGNED:

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

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.

DATE: 28th May 2015

Annex F: Independent Auditor's Report To The Council of Governors

Report on the financial statements

Our opinion

In our opinion, Blackpool Teaching Hospitals NHS Foundation Trust's ("the Trust's") financial statements (the "financial statements"):

- give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of its income and expenditure and cash flows for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

What we have audited

The Trust's financial statements comprise:

- the Statement of Financial Position as at 31 March 2015;
- the Statement of Comprehensive Income for the year then ended;
- the Statement of Cash flows for the year then ended;
- the Statement of Changes in Taxpayer's Equity for the year then ended; and
- the notes to the financial statements, which include a summary of significant accounting policies and other explanatory information.

Certain required disclosures have been presented elsewhere in the Annual Report, rather than in the notes to the financial statements. These are cross referenced from the financial statements and are identified as audited.

The financial reporting framework that has been applied in the preparation of the financial statements is the NHS Foundation Trust Annual Reporting Manual 2014/15 issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our audit approach

Overview



- Overall materiality: £7,470,820 which represents 2% of total revenue.
- We performed our audit of the financial information for the Trust at the Blackpool Victoria Hospital, which is where the finance function is based.
- In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.
- Financial position and sustainability;
- Management override of control;
- Risk of fraud in revenue and expenditure recognition; and
- Valuation of Property, Plant and Equipment.

The scope of our audit and our areas of focus

Blackpool Teaching Hospitals NHS Foundation Trust provides acute services to residents across Blackpool, Fylde, Wyre and North Lancashire from its main hospital in Blackpool and a number of other sites.

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) ("ISAs (UK & Ireland)").

We designed our audit by determining materiality and assessing the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain. As in all of our audits, we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are identified as "areas of focus" in the table below. We have also set out how we tailored our audit to address these specific areas in order to provide an opinion on the financial statements as a whole, and any comments we make on the results of our procedures should be read in this context. This is not a complete list of all risks identified by our audit.

<i>Area of focus</i>	<i>How our audit addressed the area of focus</i>
<p>Financial position and sustainability <i>The Trust's future business plans are discussed in detail on pages 16 to 26 of the Strategic Report. The Trust's finances for the year ended 31 March 2015 are discussed in detail on pages 33 to 43 of the Strategic Report.</i></p> <p>The Trust has reported a Continuity of Services Risk Rating ("COSRR") of 2 for FY15 and forecasts that this will worsen to a COSRR of 1 for the financial year ending 31 March 2016. As a result, Monitor has identified there to be a significant level of financial risk at the Trust.</p> <p>Further, the Trust achieved a deficit of £7.5m in the year ended 31 March 2015 compared to a budgeted deficit of £1.3m.</p> <p>Although the Trust has achieved £20.3m of cost savings, this falls short of the original cost improvement programme ("CIP") target of £20.6m for 2014/15.</p> <p>The Trust's annual plan for FY16, which has been approved by the Board of Directors, identifies the Trust as achieving:</p> <ul style="list-style-type: none">• Operating income of £377.9m;• Deficit of £11.5m;• COSRR of 1; and• CIP savings of £20.6m. <p>This annual plan supports the directors' expectation that the Trust will have a COSRR of 1 for FY16, which is the lowest rating available.</p> <p>The most significant inputs into the annual plan, are income and expenditure.</p> <p>When considering its annual plan, the Trust identified a number of key risks in its delivery, so stress-tested it for these uncertainties to test its robustness. The key uncertainties identified were:</p> <ul style="list-style-type: none">• non delivery of part of the CIP programme;• not achieving 25% of CQUIN income (income linked to achieving Commissioning and Quality Innovation goals);• experiencing activity remunerated at marginal rates;• additional cash required to support dual running of services/redundancy costs etc; and• specific long term creditors requesting return of funds. <p>We focussed on this area because the assessment of the Trust's financial position and financial sustainability, and in particular the annual plan, requires significant levels of judgement in choosing appropriate assumptions (as</p>	<p>We evaluated and challenged the composition of the annual plan and the financial projections and the process by which they were drawn up.</p> <p>In particular, we obtained the reconciliation for income and expenditure from the FY15 actual results to the FY16 Annual plan and understood the following assumptions which the plan is most sensitive to:</p> <ul style="list-style-type: none">• the forecast movement in non-recurrent income (including uncertain funding schemes) and expenditure;• the forecast impact of inflation in expenditure and deflation in income; and• the forecast impact of CIP savings. <p>We then challenged these assumptions by (i) agreeing the reasonableness of deflation and inflation applied to tariff deflators and inflation rates issued by Monitor; (ii) considering whether non recurrent income and expenditure had been appropriately included/excluded from the forecasts; and (iii) agreeing a sample of CIP schemes to supporting documentation (including project initiation forms and delivery tracker reports) and where possible, evidence of delivery to date. We found the assumptions used to be acceptable although noted that any change in these assumptions would have a direct impact on the Trust's result and cash flow forecast for FY16.</p> <p>We tested management's forecasting accuracy by comparing the current year actual results to those included in the prior year annual plan. We found that the annual plan for FY15 had, with hindsight, been optimistic. With that in mind, we performed sensitivity analysis over the assumptions within the Trust's annual plan. We determined that the calculations were most sensitive to assumptions for achievement of CIP targets, achievement of 25% of CQUIN payments and the mix of activity has on income. We calculated that unforeseen expenses of £7.8m or underachievement of income of £7.8m, with no mitigation, could result in the Trust requiring additional funding. We considered the sensitivities the Trust was proposing and concluded that those most likely to occur would result in a further reduction to the cash headroom as at 31 March 2016 before any mitigations.</p> <p>The Trust presented a number of mitigations as part of the Going concern paper submitted to the Board during April 2015. For the purposes of our assessment, we have only taken into consideration the ability of the Trust to reduce/delay capital expenditure and stretch creditors, with a total upside of £3m. Our conclusion on the financial</p>

Area of focus

described above). These assumptions directly impact the Trust's COSRR for FY16, which could have serious implications for the Trust and its stakeholders.

Management override of control and Fraud in Revenue/Expenditure recognition

See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of income and expenditure and notes 2 to 5 for further information.

There is a risk that, due to the financial position and sustainability of the Trust, and the pressure the Trust is under to achieve a reduced deficit in any accounting year, the Trust has adopted accounting policies or treated income or expenditure transactions in such a way as to lead to an understatement of the reported deficit position. This combined with the inherent complexities in a number of contractual arrangements entered into by the Trust and the timing and complexity intra-NHS balance reconciliation process led us to focus on this risk.

We considered the risk of the Trust's liquidity rating deteriorating to 1 in FY15 and in response to this, we concluded that the understatement of expenditure/liabilities was most at risk of manipulation.

We also considered revenue recognition to be a risk, in particular the revenue from Clinical Commissioning Groups ("CCGs") and NHS England, which accounts for 95.6% of income in FY15. The service level agreements with the CCGs are renegotiated annually and consist of standard monthly instalments and a 'true up' receipt, which is negotiated with the CCG after the end of the financial year and is, therefore, subject to management judgement regarding its value and recoverability.

We considered only the non-pay expenditure in this area of focus.

We focussed our work on the elements of income and expenditure that are the most susceptible to manipulation, being:

- non-standard journal transactions, including the accrued/deferred income and accrued/prepaid expenses;
- items of expenditure whose value is estimated, including the provision for bad debts; and
- unrecorded liabilities.

How our audit addressed the area of focus

position and sustainability of the Trust is set out below.

Income and expenditure

For a sample of transactions recognised during the year and, around (both before and after) the year end, we checked that income and expenditure had been recognised in line with the accounting policies and in the correct accounting period by agreeing the transactions to the supporting invoice, goods receipt note (for expenditure) and cash receipts/payments.

For a sample of CCG income, we obtained and agreed the income recorded during the year to the signed contracts with the CCGs with no exceptions noted. For income arising from over performance on contracts, we have agreed the income to the supporting invoice and underlying performance reports.

Journals

We tested a sample of manual journal transactions that had been recognised in both income and expenditure, by tracing the journal entry to the supporting documentation (for example, invoices and cash receipts and payments). For the sample tested we were satisfied that the journals were supported by appropriate documentation and that the related income and expenditure was recognised in the correct accounting period.

Intra-NHS balances

We obtained the Trust's intra NHS confirmations for debtor, creditor, income and expenditure balances, checked that management had investigated all disputed amounts greater than £0.25m and discussed with them the results of their investigation and the resolution thereof, which we agreed to correspondence with the counterparty. We considered the impact, if any, these disputes would have on the value of income and expenditure recognised in FY15 and determined that there was no material impact.

Provision for impairment of receivables

We evaluated and challenged the provision for impairment of receivables and the basis of its calculation by identifying old receivables which were at risk of not being recovered, agreeing to cash receipt (where possible) or evidence to support their recoverability. From the testing performed we did not identify any indication of management bias in this estimate.

We performed testing to check that there were no unrecorded liabilities by:

- agreeing large payments recognised after the year

<i>Area of focus</i>	<i>How our audit addressed the area of focus</i>
	<p>end to supporting documentation and checking that they related to post-year end expenditure;</p> <ul style="list-style-type: none"> • agreeing large invoices received after the year end to supporting documentation and checking that they related to post-year end expenditure; • agreeing invoices and payments after the year end for the Trust's top 6 suppliers to supporting documentation and checking that they related to post-year end expenditure; • considering the monthly activity with the top 6 suppliers and identifying unusual trends around the year end date; and • comparing the list of accrued expenses recognised at 31 March 2015 with that recognised in the prior year to identify differences year on year which we then investigated. <p>From the testing performed we identified one low value unrecorded liability as at the year-end date.</p>
Property, plant and equipment <i>See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to property, plant and equipment and note 11 for further information.</i>	<p>We used our valuations expertise to confirm that management's decision to apply the BCIS indexation to the carrying value of Land and Buildings (including dwellings) was appropriate, particularly given the time period that had elapsed since the last full valuation and the trust's specific circumstances, including regional adjustments.</p> <p>This work has highlighted the following factors impacting the valuation of properties:</p> <ul style="list-style-type: none"> • an increase in value arising from applying an appropriate indexation, partly offset by a reduction in value due to depreciation incurred over the year. • the useful economic lives of the properties, which drive the depreciation charge, have been revisited; • the professional fees that were incorporated into the indexed value have been revisited. <p>The changes arising from these factors are within our acceptable range and are consistent with those used by other comparable organisations and our knowledge of management's plans surrounding the future use of those properties.</p> <p>We independently recalculated the revaluation/impairment arising from the valuation exercise for a sample of assets based on the above factors and confirmed that this had been correctly reflected in the annual report (note 11).</p>
A full valuation of the Trust's portfolio of land and buildings (including dwellings) was undertaken during 2013/14 by the Trust's valuation experts. Management have applied the BCIS indexation for the purpose of an interim valuation as at 31 March 2015 and this has resulted in a net impairment of £1.8m of the Land and Buildings balance (excluding impairments specific to Blenheim House and Rossall Hospital).	
In evaluating the valuation of these assets our audit work focussed on the key assumptions adopted by the Trust:	
<ul style="list-style-type: none"> • the indexation applied in calculating the revaluation; • the useful economic lives adopted for the properties; and • the proportion of the carrying value relating to professional fees. 	

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the trust, the accounting processes and controls, and the environment in which the trust operates.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, consistent with last year, we determined materiality for the financial statements as a whole as follows:

<i>Overall materiality</i>	£7,470,820 (2014: £7,464,100).
<i>How we determined it</i>	2% of revenue
<i>Rationale for benchmark applied</i>	We have applied this benchmark, which is a generally accepted measure when auditing not for profit organisations, because we believe revenue to be the most appropriate financial measure of the performance of a Foundation Trust.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £250,000 (2014: £250,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Other required reporting in accordance with the Audit Code for NHS foundation trusts

Opinions 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 2014/15.

Consistency of other information

Under the Audit Code for NHS foundation trusts we are required to report to you if, in our opinion:

- information in the Annual Report and Accounts (the "Annual Report") is:
 - materially inconsistent with the information in the audited financial statements; or
 - apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
 - otherwise misleading.
 - the statement given by the directors on page 11, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable and provides the information necessary for members to assess the Trust's performance, business model and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit.
 - the section of the Annual Report on page 87 to 89, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
 - the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 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 no exceptions to report arising from this responsibility.
- We have no exceptions to report arising from this responsibility.
- We have no exceptions to report arising from this responsibility.
- We have no exceptions to report arising from this responsibility.

Economy, efficiency and effectiveness of resources and Quality Report

Under the Audit Code for NHS Foundation Trusts we are required to report to you if:

- we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; and
- we have qualified, on any aspect, our opinion on the Quality Report.

We have no exceptions to report arising from this responsibility

We have no exceptions to report arising from this responsibility

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 2014/15.

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 as a body 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.

What an audit of financial statements involves

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 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.

We primarily focus our work in these areas by assessing the directors' judgements against available evidence, forming our own judgements, and evaluating the disclosures in the financial statements.

We test and examine information, using sampling and other auditing techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. We obtain audit evidence through testing the effectiveness of controls, substantive procedures or a combination of both.

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.

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.

Rebecca Gissing (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester
28 May 2015

- (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 2014 to 31st March 2015

Foreword to the Accounts

Blackpool Teaching Hospitals NHS Foundation Trust

These accounts for the year ended 31st March 2015 have been prepared by the Blackpool Teaching Hospitals NHS Foundation Trust in accordance with Schedule 7 of the National Health Service Act 2006, paragraphs 24 and 25 and in accordance with directions given by Monitor, the sector regulator for health services in England.

SIGNED:



DATE: 28th May 2015

Gary Doherty
CHIEF EXECUTIVE

Statement of comprehensive income for the year ended 31 March 2015

		2014/15	2013/14
	NOTE	£000	£000
Income from activities	3	349,311	347,254
Other operating income	4	24,229	25,951
Operating expenses	5	(376,561)	(380,419)
OPERATING DEFICIT		(3,021)	(7,214)
FINANCE COSTS			
Finance income	8	97	68
Finance costs	9	(1,260)	(1,261)
Public Dividend Capital dividends payable		(3,274)	(4,003)
Net finance Costs		(4,437)	(5,196)
DEFICIT FOR THE YEAR		(7,458)	(12,410)
(Deficit) / Surplus for the financial year before exceptional items		(4,093)	3,355
Exceptional items			
Net loss from non current asset impairments	11	(3,177)	(14,686)
Net loss on disposal of non current assets	7	(130)	(197)
Redundancy	6	(58)	(882)
Deficit for the financial year after exceptional items as stated above		(7,458)	(12,410)
Other comprehensive income:			
Gain from transfer by absorption from demising bodies		0	173
Revaluation losses on property, plant and equipment	11	(2,517)	(5,889)
Revaluation gains on property, plant and equipment	11	370	4,727
Total other comprehensive income		(2,147)	(989)
TOTAL COMPREHENSIVE EXPENSE FOR THE YEAR		(9,605)	(13,399)

The notes on pages v to xxxv form part of these accounts.

All revenue and expenditure is derived from continuing operations.

Statement of Financial Position as at 31st March 2015

	NOTE	31st March 2015 £000	31st March 2014 £000
NON-CURRENT ASSETS:			
Intangible assets	10	1,873	2,094
Property, plant and equipment	11	187,141	189,677
Trade and other receivables	15	406	620
Total non-current assets		189,420	192,391
CURRENT ASSETS:			
Inventories	14	2,389	2,314
Trade and other receivables	15	12,343	12,492
Non-current assets held for sale	16	350	0
Cash and cash equivalents	17	25,085	25,292
Total current assets		40,167	40,098
CURRENT LIABILITIES:			
Trade and other payables	18	(41,892)	(35,808)
Borrowings	20	(4,492)	(3,172)
Provisions	21	(836)	(5,103)
Other liabilities	19	(2,923)	(5,060)
Total current liabilities		(50,143)	(49,143)
NON-CURRENT LIABILITIES:			
Borrowings	20	(41,265)	(40,430)
Provisions	21	(4,153)	(1,924)
Other liabilities	19	(1,500)	0
Total non-current liabilities		(46,918)	(42,354)
TOTAL ASSETS EMPLOYED		132,526	140,992
TAXPAYERS' EQUITY			
Public dividend capital	Page iii	144,779	143,640
Revaluation reserve	Page iii	22,980	26,201
Income and expenditure reserve	Page iii	(35,233)	(28,849)
TOTAL TAXPAYERS' EQUITY		132,526	140,992

The accounts on pages v to xxxv were approved by the NHS Foundation Trust Board on 20 May 2015 and are signed on its behalf by:

Signed: Gary Doherty, Chief Executive

Date: 28 May 2015

Statement of changes in taxpayers' equity at 31st March 2015

	NOTE	Total taxpayers' equity £000	Public Dividend Capital £000	Revaluation reserve £000	Income and Expenditure reserve £000
Taxpayers' equity at 1st April 2014		140,992	143,640	26,201	(28,849)
Total Comprehensive Expense for the year:					
Deficit for the financial year		(7,458)	0	0	(7,458)
Impairment of property, plant & equipment	11	(2,517)	0	(2,517)	0
Revaluation gains on property, plant & equipment	11	370	0	370	0
Transfer to retained earnings on disposal of assets	11	0	0	(37)	37
Public Dividend Capital Received	13	1,139	1,139	0	0
Transfer between reserves		0	0	(1,037)	1,037
Taxpayers' equity at 31st March 2015		132,526	144,779	22,980	(35,233)
Taxpayers' equity at 1st April 2013		151,782	141,031	27,467	(16,716)
Total Comprehensive Income 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		2,583	2,583	0	0
PDC adjustment for cash impact of payables/receivables transferred from legacy teams		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)

The notes on pages v to xxxv form part of these accounts.

Cash flow statement for the year ended 31st March 2015

	NOTE	Year ended 31st March 2015	Year ended 31st March 2014
		£000	£000
Cash flows from operations			
Total operating deficit		(3,021)	(7,214)
Adjusted for:			
Depreciation	11	5,646	5,408
Amortisation	10	758	682
Impairments	11	3,631	17,212
Reversal of Impairments	11	(454)	(2,526)
Decrease/(increase) in trade and other receivables		1,167	(898)
(Increase)/decrease in inventories		(75)	80
Increase in trade and other payables		6,402	2,579
(Decrease)/increase in other liabilities		(637)	(613)
(Decrease)/increase in provisions		(2,064)	277
Other movements in operating cash flows		(29)	155
Net cash generated from operations		11,324	15,142
Cash flows from investing activities			
Interest received		96	101
Purchase of property, plant and equipment		(10,195)	(17,157)
Purchase of intangible assets		(414)	(553)
Sales of property, plant and equipment		24	0
Net cash used in investing activities		(10,489)	(17,609)
Cash flows from financing activities			
Public Dividend Capital received		1,139	2,583
Loans received from the Department of Health		4,910	6,100
Other loans received		477	0
Loans repaid to the Department of Health		(3,171)	(2,828)
Other loans repaid		(59)	0
Interest paid		(1,236)	(1,198)
Public Dividend Capital dividends paid		(3,102)	(4,256)
Net cash (used) in / generated from financing activities		(1,042)	401
Decrease in cash and cash equivalents		(207)	(2,066)
Cash and cash equivalents at the beginning of the financial year		25,292	27,358
Cash and cash equivalents at the end of the financial year	17	25,085	25,292

The notes on pages v to xxxv 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 accounts 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 accounts have been prepared in accordance with the 2014/15 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 accounts 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.

1.5 Property, Plant and Equipment continued

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.

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 arise from a clear consumption 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 that arises from a clear consumption 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 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'.

1.7 Intangible assets continued

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.

1.8 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.

1.9 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.

1.10 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.

1.11 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 transaction 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.

1.11 Financial instruments and financial liabilities

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.

1.12 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 (2013/14: 2.2%), except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.3% in real terms (2013/14: 1.8%).

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 21.2. 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 21.

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.

1.13 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 20.

1.14 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.

1.15 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, and (iii) 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.

1.16 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.

1.17 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.

1.18 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.

1.19 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.

1.20 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.

1.21 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.

1.22 Accounting standards adopted early

The NHS Foundation Trust has not adopted any accounting standards early in 2014/15.

1.23 Accounting standards not yet effective and not adopted early

The following standards, amendments and interpretations to existing standards have been published and are mandatory for the Trust's accounting periods beginning on or after 1 April 2015 or later periods, but the Trust has not early adopted them:

- IFRS 13 Fair Value Measurement: To be adopted from 1 April 2015.
- IFRS 15 Revenue from contracts with customers: Expected to be effective from 1 April 2017.
- IFRS 9 Financial Instruments: Expected to be effective from 1 April 2018.
- IAS 36 (amendment) - recoverable amount disclosures: To be adopted from 1 April 2015.
- Annual Improvements 2012: Expected to be effective from 1 April 2015.
- Annual Improvements 2013: Expected to be effective from 1 April 2015.
- IAS 19 (amendment) - employer contributions to defined benefit pension schemes: Expected to be effective from 1 April 2015.
- IFRIC21 Levies: EU adopted in June 2014 but not yet adopted by HM Treasury.

1.24 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 2015 the NHS Foundation Trust's valuer carried out a desktop revaluation of the land, buildings and dwellings. This has resulted in an downward valuation of these non-current assets by £1.816m, split between a revaluation reserve decrease of £0.801m, impairment charge to operating expenditure of £1.469m and recognition of (£0.454m) in operating income relating to the reversal of impairments previously charged to operating expenses. In addition to this the Trust has valued Rossall Hospital & Blenheim House to open market value as a result of both properties being in an advanced stage of sale, this has resulted in an impairment of £3.508m split between £1.346m revaluation reserve & £2.162m impairment charged to operating expenditure.

See Note 11 for further details on these revaluations.

Sale of Rossall Hospital

An unconditional contract for the sale of Rossall Hospital has been signed in March 2015 with a completion date in May 2015. The NHS Foundation Trust has accounted for the sale of the property in 2014/15 recognising a receivable for the sale value of £0.975m.

Sale of Blenheim House

The NHS Foundation Trust has accepted an offer for the sale of Blenheim House for £0.35m, however the contract had not been signed as at 31st March 2015. The Trust has transferred the asset from Property, Plant and Equipment assets to non-current assets held for resale. The sale is expected to be completed within one year.

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.

Going concern

The management of risk is a key function of the Board of Directors. We seek to minimise all types of service, operational and financial risk through the Board Assurance Framework, which is subject to regular review and audit.

The Trust financial plan is to deliver a deficit of £11.3m in 2015/16. The high level of deficit is a result of higher than expected year on year financial pressures in relation to nationally mandated changes, the Trust's underlying deficit and the continued requirement to invest in key frontline clinical staff to meet the quality and operational standards used the NHS standard contract.

At its meeting of 21st April 2015 the Audit Committee considered the budget for 2015/16 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.

After making enquiries, the Directors believe that it is appropriate to prepare the financial statements on a going concern basis

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.

From 2013/14, the NHS Foundation Trust is required to consolidate the charitable fund into its accounts, 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.

2. Operating segments

2014/15	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	106,482	116,302	42,040	55,926	20,864	31,447	373,061
Expenditure	(85,806)	(100,745)	(30,965)	(54,791)	(60,251)	(33,755)	(366,313)
EBITDA	20,676	15,557	11,075	1,135	(39,387)	(2,308)	6,748
Restructuring costs							(58)
Net loss on revaluation of non current assets							(3,177)
Depreciation and amortisation							(6,404)
Net loss on disposal of non current assets							(130)
Interest receivable							97
Interest payable							(1,260)
PDC dividend							(3,274)
Deficit for the Financial Year							(7,458)
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)

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.

	2014/15 £000	2013/14 £000
Scottish NHS bodies	330	207
Local Health Boards in Wales	130	219
Northern Ireland Health and Social Care Trusts	34	67

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 2015 £000	Year ended 31st March 2014 £000
Elective income	60,880	59,003
Non elective income	78,958	77,280
Outpatient income	35,594	33,490
A & E income	8,181	8,210
Community Trust income from CCG's & NHS England	62,854	59,929
Community Trust income not from CCG's & NHS England	5,995	7,964
Other NHS Clinical income	90,545	94,305
Private patient income	1,723	1,867
Other clinical income	4,581	5,206
	349,311	347,254

Of which operating income from activities relates to:

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Commissioner requested services	336,103	336,931
Non-commissioner requested services	13,208	10,323
	349,311	347,254

3. Income from activities continued

3.2 Income from activities by source

	Year ended 31st March 2015 £000	Restated Year ended 31st March 2014 £000
NHS Foundation Trusts	1,539	1,387
NHS Trusts	1	0
Clinical Commissioning Groups and NHS England	334,000	331,413
Local Authorities	9,370	9,219
NHS Other	753	791
Non NHS:		
- Private patients *	1,657	1,841
- Overseas visitors *	66	25
- NHS Injury scheme income **	710	1,256
- Other	1,215	1,322
	349,311	347,254

* Income from private patients in 2013/14 has been restated to separately disclose income from overseas visitors.

** NHS Injury scheme income has reduced due to a reduction in the level of cases including inpatient treatment.

3.3 Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Income recognised this year	66	25
Cash payments received in-year	5	12
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	1	124

4. Other Operating Income

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Research and Development	1,944	1,760
Education, training and research *	11,322	11,642
Charitable and other contributions to expenditure	159	115
Non-patient care services to other bodies **	4,889	4,988
Profit on disposal of property, plant & equipment	24	0
Reversal of impairments of property, plant & equipment	454	2,526
Sales of goods and services ***	2,416	2,554
Income in respect of staff costs where accounted on gross basis	535	679
Other	2,486	1,687
	24,229	25,951

* 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 2015 £000	Restated Year ended 31st March 2014 £000
Services from Foundation Trusts		1,148	1,361
Services from NHS Trusts		178	276
Services from CCG's and NHS England		260	0
Services from other NHS Bodies		103	0
Purchase of healthcare from non NHS bodies *		5,486	4,459
Non Executive Directors' costs		154	138
Executive Directors' costs **	6	1,258	1,076
Employee costs (excluding Executive Directors' costs)	6	241,368	235,231
Redundancy ***	6	58	882
Drug costs		26,474	24,242
Supplies and services - clinical		40,433	40,680
Supplies and services - general		8,031	8,071
Establishment		4,692	5,116
Transport		789	1,034
Premises *		21,570	20,108
Rentals payable under operating leases		1,361	1,932
Increase in provision for impairment of receivables		1,343	393
Increase in other provisions	21	(1,815)	490
Depreciation	11	5,646	5,408
Amortisation	10	758	682
Non-current asset impairments	11	3,631	17,212
Loss on disposal of property, plant and equipment	11	154	197
Audit services - statutory audit		69	76
Clinical negligence		6,627	5,307
Training, courses and conferences		2,324	2,271
Legal, professional and consultancy fees		1,933	2,913
Insurance costs		181	195
Other ****		2,347	669
		376,561	380,419

* Expenditure in 2013/14 with NHS Property Services has been reclassified as follows:

	£000
Services from other NHS Bodies	(2,968)
Purchase of healthcare from non NHS bodies	(2,112)
Premises	5,080

** The increase in Executive Director costs has mainly arisen due to the the Director of HR becoming a voting member of the Board in 2014/15. In previous years this cost was included in employee costs.

*** 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.

**** Other expenditure includes costs for internal audit services, and losses and special payments.

5. Operating expenses continued

5.2 Other auditors' 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 2014/15 (2013/14: £9,600)

Pricewaterhouse Coopers LLP did not provide any other services to the NHS Foundation Trust in 2014/15 (2013/14: 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 2015 £000	Year ended 31st March 2014 £000
Minimum lease payments	1,361	1,932
	1,361	1,932

5.4.2 Total future minimum lease payments

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Payable:		
Not later than one year	906	733
Between one and five years	2,113	905
Later than five years	403	31
	3,422	1,669

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
- Endoscopy equipment	263	7
- MRI Scanner	157	5
- Patient Monitors x4 leases	145	5
- Electric Beds	129	7
- Theatre patient monitoring	82	5
- CT Scanner	70	5

6. Employee costs and numbers

6.1 Staff costs

	Permanently employed £000	Other £000	Total £000	Year ended 31st March 2014	Year ended 31st March 2014
Salaries and wages	192,290	245	192,535	186,327	
Social security costs	13,535	0	13,535	12,922	
Employers contribution to NHS Pension Scheme	21,840	0	21,840	21,726	
Agency / Contract staff	0	14,716	14,716	15,332	
Termination benefits	58	0	58	882	
Total	227,723	14,961	242,684	237,189	

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 2015. (2013/14 comparatives shown in brackets).

Exit package cost band	Compulsory redundancies	Other departures agreed	Total
	Number	Number	
<£10,000	0 (3)	3 (0)	3 (3)
£10,000 - £25,000	0 (2)	2 (4)	2 (6)
£25,001 - £50,000	0 (5)	1 (3)	1 (8)
£50,001 - £100,000	0 (2)	0 (3)	0 (5)
£100,001 - £150,000	0 (1)	0 (0)	0 (1)
Total number of packages by type	0 (13)	6 (10)	6 (23)

	£000	£000	£000
Total resource cost - 2014/15	0	95	95
Total resource cost - 2013/14	505	377	882

Exit packages: Non compulsory departure payments	2014/15		2013/14	
	Agreements Number	Value £000	Agreements Number	Value £000
Voluntary redundancies including early retirement contractual costs	5	58	9	357
Exit payments following employment tribunals or court orders	1	37	0	0
Non-contractual payments requiring HMT approval	0	0	1	20
Total	6	95	10	377

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 2015	Year ended 31st March 2014
	Permanently employed	Other	Total
	WTE	WTE	WTE
Medical and Dental	370	58	428
Administration and estates	1,120	131	1,251
Healthcare assistants and other support staff	1,278	0	1,278
Nursing, midwifery and health visiting staff	2,077	47	2,124
Scientific, therapeutic and technical staff	787	15	802
	5,632	251	5,883
			5,816

6.4 Retirements due to ill health

In the year ended 31st March 2015 there were 4 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 £0.176m. (2013/14: 5 cases with estimated liability of £0.471m) 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 accounts 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 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 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 2012. The Scheme Regulations 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.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

6. Employee costs and numbers continued

6.5 Pension costs continued

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

7. Net (loss) on disposal of non current assets

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Gain on disposal of property, plant and equipment	24	0
Loss on disposal of property, plant and equipment	(154)	(197)
	<hr/> <hr/> (130)	<hr/> <hr/> (197)

The loss on disposal is connected to the Trust decision to move away from Healthcare Gateway providers of the Viper system and develop our own in house solution.

8. Finance income

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
Interest from bank accounts	<hr/> <hr/> 97	<hr/> <hr/> 68

9. Finance costs

	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
NOTES		
Loans from Foundation Trust financing facility	1,234	1,228
Unwinding of discount on provisions	21 26	33
	<hr/> <hr/> 1,260	<hr/> <hr/> 1,261

10. Intangible assets

Intangible assets comprise the following elements:

	Software Licences £000	Licences & Trademarks £000	Total £000
Cost at 1st April 2014	3,027	1,569	4,596
Additions purchased	202	335	537
Cost at 31st March 2015	3,229	1,904	5,133
Accumulated amortisation at 1st April 2014	1,798	704	2,502
Charged during the year	503	255	758
Accumulated amortisation at 31st March 2015	2,301	959	3,260
Net book value at 31st March 2015	928	945	1,873
Net book value			
Purchased at 31st March 2015	928	945	1,873
Total at 31st March 2015	928	945	1,873
Prior year - restated:			
Cost at 1st April 2013 - brought forward	5,347	1,081	6,428
Prior period adjustment *	(2,430)	0	(2,430)
Cost at 1st April 2013 - restated	2,917	1,081	3,998
Additions purchased **	110	488	598
Cost at 31st March 2014	3,027	1,569	4,596
Accumulated amortisation at 1st April 2013 - brought forward	3,751	499	4,250
Prior period adjustment *	(2,430)	0	(2,430)
Accumulated amortisation at 1st April 2013 - restated	1,321	499	1,820
Charged during the year **	477	205	682
Accumulated amortisation at 31st March 2014	1,798	704	2,502
Net book value at 31st March 2014	1,229	865	2,094
Net book value			
Purchased at 31st March 2014	1,229	865	2,094
Total at 31st March 2014	1,229	865	2,094

* Cost and accumulated depreciation as at 1st April 2013 has been restated following the part disposal of the Alert system during 2012/13.

** Additions and depreciation in 2013/14 have been restated to reclassify assets between the software licences and licences and trademarks categories.

11. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	IT Hardware	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1st April 2014	8,517	167,827	3,692	0	28,088	119	7,718	43	216,004
Additions purchased	0	3,420	0	0	4,847	0	1,487	0	9,754
Additions donated	0	0	0	0	159	0	0	0	159
Impairment charges to revaluation reserve	(100)	(2,188)	(229)	0	0	0	0	0	(2,517)
Impairments recognised in operating expenses / income	(473)	(2,704)	0	0	0	0	0	0	(3,177)
Revaluations	0	357	13	0	0	0	0	0	370
Transfer to assets held for sale	0	(350)	0	0	0	0	0	0	(350)
Disposals	0	(1,034)	0	0	(717)	(26)	(202)	0	(1,979)
Transfer of depreciation to gross book value following revaluation	0	(2,696)	(75)	0	0	0	0	0	(2,771)
Cost or valuation at 31st March 2015	7,944	162,632	3,401	0	32,377	93	9,003	43	215,493
Accumulated depreciation at 1st April 2014	0	0	0	0	21,139	115	5,054	19	26,327
Charged during the year	0	2,755	75	0	1,787	1	1,024	4	5,646
Disposals	0	(59)	0	0	(717)	(26)	(48)	0	(850)
Transfer of depreciation to gross book value following revaluation	0	(2,696)	(75)	0	0	0	0	0	(2,771)
Accumulated depreciation at 31st March 2015	0	0	0	0	22,209	90	6,030	23	28,352
Net book value at 31st March 2015	7,944	162,632	3,401	0	10,168	3	2,973	20	187,141
Net book value									
Owned									
Purchased at 31st March 2015	7,944	159,027	3,401	0	9,304	3	2,970	20	182,669
Donated at 31st March 2015	0	3,605	0	0	864	0	3	0	4,472
Total at 31st March 2015	7,944	162,632	3,401	0	10,168	3	2,973	20	187,141

Donated assets are provided as physical assets rather than as cash. There are no restrictions on the use of donated assets.

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 desktop asset revaluation took place on 31st March 2015 based on modern replacement cost and was undertaken by Thomas Roberts 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:

	2014/15 £000	2013/14 £000
Revaluation gains recognised in the revaluation reserve	(370)	(4,727)
Impairments charged to the revaluation reserve	1,171	5,889
Impairments recognised in operating expenses	1,469	17,212
Reversal of impairments recognised in other operating income	(454)	(2,526)
	<hr/> 1,816	<hr/> 15,848

The Trust has also impaired the carrying values on both Blenheim House & Rossall Hospital which are in advanced stages of sale

	2014/15 £000
Blenheim House	
Impairments charged to the revaluation reserve	362
Impairments recognised in operating expenses	98
	<hr/> 460

A sale has been agreed and the contracts are currently with legal teams awaiting a completion date

	2014/15 £000
Rossall Hospital	
Impairments charged to the revaluation reserve	984
Impairments recognised in operating expenses	2,064
	<hr/> 3,048

A contract for the sale of Rossall Hospital has been signed with a completion date in May 2015.

11. Property, plant and equipment continued

Prior year - restated:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	IT Hardware	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	(1,734)	(8)	0	(42)	(1,784)
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	28,088	119	7,718	43	216,004
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	(1,577)	(8)	0	(2)	(1,587)
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	21,139	115	5,054	19	26,327
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
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

* The disposal value of plant and machinery assets disposed in 2013/14 has been restated to correct the closing cost and accumulated depreciation amounts at 31st March 2014.

12. Capital Commitments

Commitments under capital expenditure contracts at the statement of financial position date were £1.421m (2013/14: £3.499m). All commitments relate to the acquisition of property, plant and equipment assets.

	2014/15 £000	2013/14 £000
Multi-storey Car Park / Main Entrance	0	706
Energy Efficiency Scheme	0	296
Complex Needs Suite	0	497
Other - Equipment replacement programme	0	2,000
Other - Information Technology replacement programme	1,421	0
	1,421	3,499

13. Public Dividend Capital

During 2014/15 the NHS Foundation Trust has received Public Dividend Capital to for the following schemes:

	2014/15 £000
Improving Birthing Environments	114
Salix Energy Funding	361
Electronic Prescribing	259
Electronic Document Management System	405
	1,139

14. Inventories

	31st March 2015 £000	31st March 2014 £000
Drugs and consumables	2,389	2,314

There have been no write-downs or reversal of write-downs of inventories during 2014/15 (2013/14: 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 2015.

Inventories charged to operating expenses include drugs totalling £20.923m (2013/14 £19.143m) issued through the in-house pharmacy and cardiac consumables totalling £4.597m (2013/14: £3.236m). 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 2015	31st March 2014
	£000	£000
Current		
NHS receivables	3,538	4,144
Other receivables with related parties	416	1,506
Provision for impairment of receivables	(1,929)	(639)
Prepayments	876	1,077
Accrued income	4,037	1,402
Interest receivable	7	6
PDC dividend receivable	295	467
VAT receivable	625	971
Other receivables	3,503	3,558
Other receivables - Capital	975	0
Trade and other receivables - current	12,343	12,492
Non current		
Other receivables	796	971
Provision for impairment of receivables	(390)	(351)
Trade and other receivables - non current	406	620
Total	12,749	13,112

The NHS Foundation Trust has declared an amount receivable of £2.046m (2013/14 £2.221m) 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 2015	31st March 2014
	£000	£000
0 - 30 days	380	273
30- 60 days	(6)	153
60- 90 days	493	157
90- 180 days	299	306
Over 180 days	901	154
	2,067	1,043

15.3 Analysis of provision for impairment of receivables

	2014/15		
	NHS Debts	Non NHS Debts	Total
	£000	£000	£000
As at 1st April 2014	246	744	990
Amounts written off during the year as uncollectible	0	(14)	(14)
Amounts reversed unused during the year	(157)	(8)	(165)
Increase in allowance recognised in operating expenses	933	575	1,508
As at 31st March 2015	1,022	1,297	2,319

15. Trade and other receivables continued

15.3 Analysis of provision for impairment of receivables

	NHS Debts £000	Non NHS Debts £000	Total £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

15.4 Ageing of impaired receivables

	31st March 2015 £000	31st March 2014 £000
0 - 30 days	923	25
30- 60 days	0	0
60- 90 days	49	45
90- 180 days	91	83
Over 180 days	1,256	837
	2,319	990

16. Non-current assets for sale and assets in disposal groups

	Property, plant & equipment	
	2014/15 £000	2013/14 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	0	0
Plus assets classified as available for sale in the year	350	0
NBV of non-current assets for sale and assets in disposal groups at 31 March	350	0

Blenheim House has been reclassified as held for sale during 2014/15. The property is subject to an offer for purchase and the sale of the asset is expected to complete during 2015/16

17. Cash and cash equivalents

	31st March 2015 £000	31st March 2014 £000
Balance at beginning of the year	25,292	27,358
Net change in the year	(207)	(2,066)
Balance at 31st March	25,085	25,292
Made up of:		
Cash with Government Banking Service	24,982	25,184
Cash in transit and in hand	103	108
	25,085	25,292

18. Trade and other payables

	31st March 2015 £000	31st March 2014 £000
NHS payables	4,043	2,750
Amounts due to other related parties	3,116	4,549
Non-NHS trade payables - revenue	18,609	16,507
Non-NHS trade payables - capital	2,702	3,020
Accruals	9,100	4,690
Subtotal	37,570	31,516
Tax & social security costs	4,322	4,292
Trade and other payables - current	41,892	35,808

19. Other liabilities

	31st March 2015 £000	31st March 2014 £000
Deferred income - Current	2,923	5,060
Deferred income - Non-Current	1,500	0
Other liabilities	4,423	5,060

20. Borrowings

	31st March 2015 £000	31st March 2014 £000
Current		
Loans from Independent Trust Financing Facility	4,373	3,172
Energy Efficiency Loans Programme	119	0
Borrowings - current	4,492	3,172
Non current		
Loans from Independent Trust Financing Facility	40,967	40,430
Energy Efficiency Loans Programme	298	0
Borrowings - non-current	41,265	40,430
Total borrowings	45,757	43,602

ITFF 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.

ITFF 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.

ITFF 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.

ITFF 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 2015 the NHS Foundation Trust had drawn down £7.81m against this loan.

Other Loan: £0.477m from Salix Finance Ltd under the Energy Efficiency Loans Programme on an interest free basis. The NHS Foundation Trust is committed to repaying 12.5% in each September and March with effect from 1st March 2015.

21. Provisions

21.1 Provisions analysis

	31st March 2015 £000	31st March 2014 £000
Pensions relating to other staff	14	17
Permanent Injury Benefit	76	76
Other legal claims	105	158
Other	641	4,852
Provisions - current	836	5,103
Pensions relating to other staff	113	142
Permanent Injury Benefit	1,240	1,232
Other	2,800	550
Provisions - non-current	4,153	1,924
TOTAL	4,989	7,027

21.2 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 2014	159	1,308	158	5,402	7,027
Change in discount rate	3	62	0	0	65
Arising during the year	0	0	44	91	135
Utilised during the year	(15)	(77)	(97)	(125)	(314)
Reversed unused	(23)	0	0	(1,927)	(1,950)
Unwinding of discount	3	23	0	0	26
At 31st March 2015	127	1,316	105	3,441	4,989
Expected timing of cash flows:					
Within one year	14	76	105	641	836
Between one year and five years	56	293	0	0	349
After five years	57	947	0	2,800	3,804
Total	127	1,316	105	3,441	4,989

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. £76.651m is included in the provisions of the NHSLA at 31 March 2015 in respect of clinical negligence liabilities of the NHS Foundation Trust (2013/14: £58.337m).

The other category consists of provisions for the following:

- 1) Potential return of £2.891m non-recurrent funding conditional on completion of development initiatives in 2015/16.
- 2) Additional contract costs relating to the Victoria Hospital Commercial Centre, £0.55m payable in October 2015

22. Contingencies

	31st March 2015 £000	31st March 2014 £000
Contingent liabilities	101	82

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 majority of the NHS Foundation Trust's income is due from NHS commissioners and is subject to legally binding contracts which limits credit risk. Non-NHS customers do not represent a large proportion of total income and the majority of these customers are organisations that are unlikely to cease trading in the short term or default on payments - 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 2015 £000	31st March 2014 £000
Loans and Receivables		Loans and Receivables
NHS Trade and other receivables	6,123	5,153
Non-NHS Trade and other receivables	3,168	3,568
Cash and cash equivalents	25,085	25,292
Total Financial Assets	<u>34,376</u>	<u>34,013</u>

23.2 Other Financial Liabilities by category

	31st March 2015 £000	Restated 31st March 2014 £000
NHS Trade and other payables	(4,043)	(2,750)
Non-NHS Trade and other payables	(33,527)	(28,766)
Subtotal - Trade and other payables	<u>(37,570)</u>	<u>(31,516)</u>
Other borrowings	(45,757)	(43,602)
Subtotal - Borrowings	<u>(45,757)</u>	<u>(43,602)</u>
Total Financial Liabilities at amortised cost	<u>(83,327)</u>	<u>(75,118)</u>

The NHS Foundation Trust has four loans with the Independent Trust Financing Facility (ITFF) and one interest free loan with the Energy Efficiency Loans Programme categorised within financial liabilities. The carrying value of the liability is considered to approximate to fair value as the ITFF arrangement is of a fixed interest rate and equal instalment repayment feature and the interest rate is not materially different to the discount rate.

The split between NHS and Non-NHS Trade and other payables in the 2013/14 accounts was incorrect. This has been restated to reflect the correct values reported in the Payables note (note 18) in the 2013/14 accounts.

23. Financial Instruments continued

23.3 Maturity of financial liabilities

	31st March 2015 £000	31st March 2014 £000
In one year or less	(42,062)	(34,688)
in more than one year but not more than two years	(3,092)	(3,617)
In more than two years but not more than five years	(8,409)	(5,966)
In more than two years but not more than five years	<u>(29,764)</u>	<u>(30,847)</u>
Total Financial Liabilities at amortised cost	(83,327)	(75,118)

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 2015 £000	31st March 2014 £000
Patients' monies	14	18
Blackpool Teaching Hospitals Charitable Fund	<u>1,957</u>	<u>2,116</u>
	1,971	2,134

25. Losses and special payments

	2014/15 Number	2013/14 Number	2013/14 £000	2014/15 £000
Losses:				
Bad debts and claims abandoned	25	0	0	0
Total losses	25	0	0	0
Special payments:				
Ex-gratia payments	47	59	29	29
Special severance payments	0	1	20	20
Total special payments	47	60	49	49
Total Losses and Special Payments	72	60	49	49

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	
			31st March	
	2014/15 £000	2013/14 £000	2015 £000	31st March 2014 £000
Blackpool CCG	125,825	123,550	1,939	969
Chorley & South Ribble CCG	1,741	1,510	131	0
Cumbria CCG	1,881	2,188	2	0
Fylde & Wyre CCG	99,832	99,475	1,339	161
Greater Preston CCG	5,343	5,235	117	56
Lancashire North CCG	16,028	15,393	72	0
Health Education England	8,404	8,062	17	86
NHS England	80,361	81,871	1,592	2,624
Lancashire Care NHSFT	960	943	121	122
Lancashire Teaching Hospitals NHSFT	1,253	2,195	921	446
University Hospitals of Morecambe Bay	400	404	25	9
University Hospitals of South Manchester NHSFT	0	2,256	0	10
	342,028	343,082	6,276	4,483

Most income from CCG's is in respect of services provided under healthcare contracts and priced using national prices (Payment by Results).

	Expenditure		Payables	
			31st March	
	2014/15 £000	2013/14 £000	2015 £000	31st March 2014 £000
Lancashire Teaching Hospitals NHS Foundation Trust	776	800	501	474
NHS Litigation Authority	6,627	5,307	12	0
NHS Property Services	5,053	5,725	1,711	1,395
Pennine Acute Hospitals NHS Trust	1	0	659	615
University Hospitals of Morecambe Bay	746	771	112	153
University Hospitals of South Manchester NHS Foundation Trust	44	1,537	13	12
	13,247	14,140	3,008	2,649

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 21.

26. Related party transactions continued

Non Whole of Government Accounts Bodies

The NHS Foundation Trust has a number of related parties with non Whole of Government Accounts (WGA) bodies where Governors hold positions at Universities. Teaching Hospital status was achieved through collaboration with the University of Liverpool therefore is treated as a related party. NHS Shared Business Services is classed as a related party to the NHS although it is outside the WGA boundary. The NHS Foundation Trust has had transactions with these bodies as set out below:

	Income		Receivables	
			31st March	31st March
	2014/15 £000	2013/14 £000	2015 £000	2014 £000
University of Central Lancashire	192	173	23	13
University of Cumbria	164	147	22	0
University of Liverpool	10	10	0	0
Spiral CIC *	0	1,270	0	306
	366	1,600	45	319
Expenditure				
	Expenditure		Payables	
	2014/15 £000	2013/14 £000	31st March 2015 £000	31st March 2014 £000
	Age UK	12	29	3
University of Central Lancashire	524	297	239	0
University of Cumbria	17	3	0	1
Spiral CIC *	0	3,629	0	0
NHS Shared Business Services	163	119	79	122
	716	4,077	321	128

* Wendy Swift, Director of Strategy / Deputy Chief Executive held a Non-Executive Director position at Spiral CIC which ended during 2013/14. No transactions are reported with Spiral CIC as a related party during 2014/15.

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 2015 £000	Year ended 31st March 2014 £000	Year ended 31st March 2015 £000	Year ended 31st March 2014 £000
	Salaries and other short term benefits	1,145	1,083	220
	Exit package	0	92	0
Pension contributions:				
Employer contributions to the NHS Pension Scheme	133	132	25	25
Accrued pension under NHS Pension Scheme	345	350	83	81
Accrued lump sum under NHS Pension Scheme	1035	1027	250	243
		Number	Number	
Number of directors to whom benefits are accruing under the NHS Pension Scheme		7	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:

	2014/15 £000	2013/14 £000
Donations received from the charitable fund, recognised as income	159	115
Amounts receivable from the fund as at 31st March	51	348

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 2015 the Trust owed £3.008 million (31 March 2014: £2.972 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 21.

27. Events after the reporting period

A contract for the sale of Rossall Hospital to Bellsfield Care Ltd for £0.975m was signed in 2014/15, which completed on 18th May 2015.

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, 28th September 2015 at 6.00 pm.

Further copies of the Annual Report and Accounts for the period 1st April 2014 to 31st March 2015 can be obtained by writing to:

Miss Judith 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



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