Bradford Teaching Hospitals **NHS**
NHS Foundation Trust

Annual Report and Accounts 2013/14

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

Contents

1. Introduction

Bradford Teaching Hospitals NHS Foundation Trust is responsible for providing hospital services for the people of Bradford and, in a growing number of specialties, for communities across Yorkshire.

We became a Foundation Trust on 1 April 2004 – among the very first in the NHS to do so - and employ approximately 5,000 staff, serving a population of around 500,000. We also have one of the largest membership bases in the country with almost 50,000 members, equating to 12% of the eligible local population.

We currently operate over several sites; the Bradford Royal Infirmary provides the majority of inpatient services, and St Luke's Hospital provides outpatient and rehabilitation services. On 1 April 2011, we welcomed staff from Bradford and Airedale Community Health Services (BACHS) who joined the Foundation Trust as part of the government's reorganising of the NHS. We also took over the running of four community hospitals: Westwood Park, Westbourne Green, Shipley Hospital and Eccleshill Community Hospital.

Bradford Royal Infirmary has over 900 beds and is also home to one of the busiest A&E departments in the country, with more than 120,000 attendances each year. Its maternity unit is also one of the NHS's busiest, delivering more than 6,000 babies.

St Luke's Hospital has 80 beds and houses a variety of outpatient clinics and daycase facilities.

As a teaching hospital, the Foundation Trust is at the forefront of research and development in healthcare. This promotes a culture of learning and professional development that ensures that all doctors, nurses and other healthcare professionals practice the highest clinical standards. The last few years have seen us being named as among the safest hospitals in the NHS.

Bryan Millar
Chief Executive

2. Strategic Report

2.1 National and Local Challenges Shaping Planning

Our vision for Bradford Teaching Hospitals NHS Foundation Trust is set out in our strategy for 2013-18 "Together, putting patients first". In this document we outline our ambitions and vision for the coming years. We have a clear mission to ensure that patients are at the centre of all that we do and that our services support the needs of our population. BTHFT is committed to the safe delivery of these services to the highest standard of quality at all times.

We understand that this vision and our ambitions will need to be delivered in the ever more challenging environment that is faced by the NHS both nationally and locally.

The NHS overall, faces an ageing population, an increase in long term conditions, rising costs and increased public expectations. Allied to this, there is also an unprecedented financial challenge with the NHS forecast to face a funding gap of £30bn by 2020/21.

Locally, the Bradford area faces a range of specific challenges. Amongst these is the fact that it sits within the 10% most deprived local authorities in the country. These higher levels of deprivation have a significant impact on the health needs of the population, with Bradford having higher levels of chronic disease than neighbouring areas. Areas of particular concern are cardiovascular disease, diabetes and respiratory disease. The local population also does not follow national trend with a growing younger population.

The Foundation Trust recognises these local factors and is also cognisant of the fact that, in line with the rest of the NHS, we will need to address these issues whilst faced with a significant financial challenge. The estimated funding deficit in the Bradford health and social care economy has been assessed by the Trust and its Local Health Economy (LHE) partners (including adult social care) as being in the region of £357m over the next 5 years. Indeed, the Trust's high level planning assumptions indicate that the Trust will need to identify £29m of efficiency improvements over the next two years.

We are also fully aware that whilst addressing the financial and social challenges outlined above we must also implement the lessons of the Francis, Keogh, Berwick and Clwyd-Hart reports and ensure that our focus on maintaining and improving the quality of our services does not waver.

The Foundation Trust has recognised that in order to respond effectively to the unprecedented financial challenge and to maintain our ambitions in terms of quality and patient focussed services, current methods of service delivery will not be sufficient. As a result, it is vital that we work closely with our LHE partners to develop a range of transformational and integrated services.

Integration

It is clear from our consultation with LHE partners that all parties are aware of the affordability gap affecting health and social care and the challenge of delivering patient focussed, high quality care whilst bridging this gap.

The transformation and integration of services and the appropriate use of the Better Care Fund are seen as key drivers in meeting this challenge. Indeed, the Trust and its Local Health Economy (LHE) partners have been aware of the need to transform and integrate

services for some time. Consequently, an established (since 2011) and robust Integrated Care Programme (ICP) has been developed involving:

- Bradford Teaching Hospitals NHS Foundation Trust
- Airedale NHS Foundation Trust
- NHS Bradford City Clinical Commissioning Group (CCG)
- NHS Bradford Districts CCG
- NHS Airedale, Wharfedale and Craven CCG
- Bradford District Care Trust
- City of Bradford Metropolitan District Council
- Bradford Health and Wellbeing Board

The ICP is overseen by the Bradford Integration and Change Board (ICB). The ICB liaises with the Health and Wellbeing Board and connects senior leadership from across the NHS with Local Authority Providers and Commissioners. There is also full engagement with the local Healthwatch. Indeed, as a LHE community, we are working with Healthwatch and voluntary sector partners as a pilot site in the Building Health Partnerships programme.

The Foundation Trust and its LHE partners have formally committed themselves, through the ICB, to a joint vision for transformation and integration. They have agreed that this joint programme of work must be evidence based and founded on sound data to demonstrate potential improvements in quality and value. Successful actions to date have included; work to develop the Virtual Ward, the development of the Urgent Care Programme and specific areas of service level integration such as multidisciplinary teams in Motor Neurone Disease.

Transformation

The Trust is aware that it has a responsibility to internally review its services, assess the way in which they are provided, and look to transform delivery wherever possible. Consequently, it has developed a robust process to do this.

During 2013, the Trust recognised that it would be appropriate to strengthen its resources with regard to service improvement and service development and appointed an experienced Head of Transformation. The Head of Transformation and the Trust's Transformation Team are charged with supporting teams to transform the way in which services are provided delivering improvements to the quality, safety and productivity by thinking and working differently. The Head of Transformation and the Service Improvement Team work closely with the Planning department to ensure that opportunities to develop and transform patient centred services are identified at an early stage. During the summer and autumn of 2013, the Trust developed and ran a series of strategy development days for each of its divisions. The purpose of these review days was to encourage clinicians, nurses and service management to identify and have input into the development of services based on key drivers and core principles. These service developments are to apply over the coming 2 year (operational) and 5 year (strategic) period.

The strategy development days were also attended by representatives of the local CCGs and patients. Broad commissioning intentions and the perceived health needs of the local community were discussed and factored into the service development process at each review day. The impending financial challenge and the subsequent need to deliver services in new transformational ways were highlighted as some of the key drivers to maintain operational and financial sustainability.

The output of this has been distilled into a series of Divisional planning templates and a range of both incremental and transformational service developments were identified.

The progress and delivery of these service developments will be overseen by the Trust's Programme Management Office (PMO). The PMO is responsible for monitoring and supporting the delivery of service developments. It assigns business partners to work with the relevant managers at the Trust and has the remit to focus sharply on outcomes and the delivery of benefits for patients. In this way it will ensure that proposed service transformations are delivered and are effective.

The process described above has allowed the Trust to develop a range of service developments for the next two years aimed at transforming the way in which services are delivered. Examples include;

- Seven Day working
- Service developments in Diabetes
- Cardiovascular care
- Elderly care
- Continuing Care
- Patient Flow and Urgent Care Pathways
- Outpatient reconfiguration
- Discharge

Quality, Innovation, Productivity and Prevention (QIPP)

In addition to the work on transformation highlighted above, the Trust has also recognised that it requires further support to identify additional opportunities to transform services. As a result it has utilised the national QIPP initiative to run alongside the strategy development days and Annual Planning process. The Trust has also commissioned an external consultant, KM&T, to provide support in identifying QIPP schemes.

In summary the QIPP programme has 8 main categories:

1. Workforce Productivity
2. Clinical Service Productivity
3. Diagnostic Services
4. Procurement
5. Divisional Specific
6. Estates Rationalisation
7. Back-Office and Support Functions
8. IT Enablers

A series of QIPP meetings have been held with each Division, corporate function and executive directors at the Trust. QIPP schemes have been discussed and worked up at these meetings. Steps to be taken to implement these schemes are being identified.

In line with the transformation agenda above, each QIPP programme will be managed through the PMO supported by a matrix team including appropriate representation from human resources, finance, IT and communications. Each programme will have an Executive Director lead that will have accountability for delivery and to ensure engagement of relevant clinical staff and operational managers.

2.2 Performance of the Foundation Trust during the year

During 2012/13 following failure to reach the 18 week Referral to Treatment targets set by Monitor, a comprehensive Turnaround Programme was launched which resulted in a return to compliance with these targets in April 2013. Throughout 2013/14 the Foundation Trust has reported high levels of performance against all access and outcome targets set by Monitor and in contracts with its Commissioners.

In January 2014 the Care Quality Commission published the report of its unannounced inspections in September and October 2013. The inspection covered six standards and the results were as follows:

- Respecting and involving people who use services – Action Needed
- Care and welfare of people who use services – Action Needed
- Management of medicines – Standard Met
- Staffing – Enforcement Action Taken – Warning Notice Issued
- Assessing and monitoring the quality of service provision – Action Needed
- Complaints – Standard Met

As a result of the Warning Notice, Monitor announced on 8 January 2014 that it was carrying out an investigation into governance concerns at the Foundation Trust and amended the Governance Rating accordingly.

The Foundations Trust developed and is implementing a detailed action plan as a result of the findings of the CQC. In February 2014 PricewaterhouseCoopers (PwC) was commissioned to conduct an independent investigation and review of The Foundation Trust's governance arrangements in relation to the CQC Warning Notice, to ensure that it has appropriate governance arrangements in place to identify and to mitigate any future risks to quality performance and ensure that quality concerns are escalated and acted upon appropriately. PwC's final report, issued in April 2014 contains a number of recommendations to improve governance arrangements which have been accepted by the Foundation Trust and will be implemented during 2014. Monitor closed its investigation in May 2014 as a result of the action taken by the Foundation Trust and the results of the PwC review.

2.3 Developments during 2013/14

Excellent progress has been made over the last 12 months by each of our divisions in improving our capacity, modernising our hospitals and improving our capabilities. A selection of key developments is outlined here:

Our patients

- We were named as one of the top 10 performers for our fast response time in treating stroke patients with clot busting drugs that can prevent further damage to their brains. The results of the British Association of Stroke Physicians' (BASP) audit, which analysed "door to needle" times which rate a hospital's ability to give patients a blood thinning drug within a certain timeframe, found that our A&E and stroke teams were able to provide treatment within an average of 42 minutes.

- Bradford Teaching Hospitals was one of just 10 centres across the UK awarded a special Queen's Nursing Institute grant for a scheme which aims to improve the care

and lives of female patients by encouraging them to attend fitness classes after experiencing heart problems.

- Our palliative care team, who look after patients in the last months of their lives in collaboration with Macmillan Cancer Support, were awarded the International Journal of Palliative Nursing multidisciplinary teamwork award for the positive impact that their work has on the care they provide.

- Patients, carers and relatives were involved in a day-long event in August where they were able to give their views on what improvements they wanted to see in our £513,000 dementia-friendly refurbishment of St Luke's Hospital.

- We became one of the first hospitals in the country to introduce a paperless maternity service in February when community midwives started replacing handwritten notes for mums-to-be with an electronic record that they can view securely over the internet. Thanks to a £346,000 investment from NHS England's Nursing Technology Fund, community staff can now access and record women's medical histories on handheld devices.

- Patients with chronic long-term conditions in Bradford were given a boost thanks to a major multi-million pound partnership between our Trust, NHS primary care, local universities, councils, industry, charities and the public. The National Institute for Health Research awarded £10m to the region's Collaboration for Leadership in Applied Health Research and Care (CLAHRC) to test new ways of delivering health services and tackling health inequalities. The research programme will aim to improve services for people with diabetes, chronic obstructive pulmonary disease, mental health problems and stroke. There will also be projects on the use of remote health technologies and work to improve diagnosis and care for the frail and elderly. Researchers at the Bradford Institute for Health Research, which is based at the Bradford Royal Infirmary, and clinicians from Bradford Teaching Hospitals will play an important part in new research projects aimed at benefitting patients across the city.

- A newly-refurbished £300,000 ultrasound suite at the BRI opened in December which has ensured reduced waiting times for patients needing scans.

- Researchers from the Bradford Institute for Health Research's respiratory research unit recruited the first patient to try a new bronchodilator; a specially designed inhaler which opens up the airways using two medicines - instead of the inhaled steroids contained in more conventional inhalers - so that air can flow into the lungs more freely and improve breathing.

- Patients were told "it's OK to ask" after our doctors and nurses backed a new National Institute for Health Research campaign encouraging people to ask their doctors about the possibility of taking part in clinical research if it is right for them. Clinical research is carried out to gather evidence on "what works" so the NHS can improve the treatments it offers.

- Hundreds of patients, Foundation Trust members and the public visited the 'Experience Matters' event held at the Trust in September to hear about and give their views on our services across all six of our hospitals.

- Focus groups were held with patients and the public as we formulated a new involvement strategy (due to be launched summer 2014) to help improve the patient experience, service provision and strategic planning.

- Around 18,000 people rated our inpatient, A&E and maternity services through the new Friends and Family Test with the majority (92%) saying they were extremely likely (67%) or likely (25%) to recommend our Trust

- Bereaved parents who had lost children and hospital staff came together in the Shared Memories event in October to remember the babies and young people who had died prematurely.

- Patients across the country are to benefit after Bradford health professionals were awarded a £1.6m research grant which aims to improve long-term stroke care. Professor Anne Forster and her colleagues at Bradford Institute for Health Research, along with the University of Leeds, were awarded a National Institute for Health Research (NIHR) programme grant to develop a national strategy for the long-term care of stroke survivors and their families.

- St Luke's Sound hospital radio station, which is staffed by volunteers and has broadcast to hundreds of thousands of patients, celebrated its 35th anniversary on Valentine's Day by hosting a 12-hour, non-stop broadcast.

- The Friends of Bradford Royal Infirmary donated life-saving equipment valued at £18,000 to the hospital's surgical theatres and anaesthesia department. The specialist rapid blood transfusers quickly help replace lost blood in emergency situations and are located in the maternity unit and in one of our major operating theatres.

- Patients at St Luke's Hospital and the Bradford Royal Infirmary were part of a special afternoon tea to celebrate national Nutrition and Hydration Week which aims to raise awareness and generate discussion about the importance of food and drink in aiding recovery.

- More kidney patients than ever before are being treated in the comfort of their own homes - rather than a hospital ward - thanks to our home haemodialysis programme. The scheme aims to improve the experience of patients with renal failure by giving them more control over their dialysis by allowing them to dialyse at home and provides them with a more flexible dialysis arrangement which best suits their individual needs.

- Our surgical patients are benefiting from a varicose vein pathway redesign, while coeliac patients are gaining from the introduction of a nurse-led telephone clinic bringing more immediate care direct to the patient in their own homes.

- We have continued to roll out the ThinkGlucose national campaign which will improve the care, outcomes and experience of inpatients with diabetes.

- Our research team at the Digestive Disease Centre has recruited the highest number of patients to a flagship cancer research project inspired by 1966 World Cup soccer player Bobby Moore. The team will be evaluating the benefits of stenting the bowel of patients (by inserting an expanding tube) compared to using standard surgical techniques to clear blockages caused by colorectal cancer.

- In total throughout 2013-14, 4,069 patients were enlisted to 115 National Institute for Health Research non-commercial projects here at Bradford Teaching Hospitals in our pursuit of high quality research.

Our staff

- Professor John Young was seconded to NHS England as the Government's National Clinical Director for Integration and the Frail Elderly in May and will spearhead change in healthcare delivery in the NHS. His appointment emphasises our strong engagement with the national health and social care landscape.

- Community midwife, Chris Harding, who was praised by patients for always seeing mums at short notice, has won the Yorkshire Evening Post's Best of Healthcare Midwife of the Year award for going the extra mile for her patients. Chris's colleague, midwife Claire Cummings was also shortlisted in the same section.

- Our renal team at St Luke's Hospital won the 2013 Green Nephrology Award for demonstrating significant environmental savings while maintaining the quality of care for dialysis patients at the Centre for Sustainable Healthcare's annual awards. The Bradford initiative successfully reduced the consumption of water, acid concentrate and bicarbonate used in dialysis treatment for patients whose kidneys are failing.

- Consultant paediatrician, Dr Mathew Mathai, climbed Mount Kilimanjaro to support the Bradford Hospitals Children's Charity and raised £1,847 to purchase additional equipment for the benefit of the babies, young people, carers and families who use our children's services.

- Two new urological consultants (Mr R Singh and Mr R Chahal) have completed training on our Da Vinci surgical robot which is providing innovative, minimally invasive surgical treatment to an ever-increasing number of Bradford patients.

- Diabetes specialist dietician, Ruth Boocock, gained the best abstract award for her work on non-medical prescribing at the British Dietetic Association Research Symposium in December after detailing how Bradford dieticians were delivering quality improvements in service and patients experience.

- The Bradford Royal Infirmary's Academic Unit of Elderly Care and Rehabilitation team raised more than £1,000 for the Stroke Association by running the Resolution Run at Temple Newsam, in an effort to give something back to the charity which provides vital support to many of their patients and families.

- Mauritian-born consultant gastroenterologist and hepatologist, Dr Sulleman Moreea, who is based at the Bradford Royal Infirmary, is to receive one of his homeland's highest medals of honour after being decorated with the Grand Officer of the Order of the Star and Key of the Indian Ocean for his benevolent contribution to medicine on the island.

- The Estates department were named Work Placement Provider of the Year by the Shipley-based Cellar Trust, for helping a gardener with mental health needs secure permanent employment with the Foundation Trust.

- Our role of honour celebrating the local efforts of Bradford nursing staff responding to the NHS Chief Nurses' Jane Cummings' 6Cs strategy of care, compassion, competence, communication, courage and commitment continues to grow as these values are further embedded around the Foundation Trust.

Our services

- St Luke's Hospital is being transformed after the Foundation Trust secured a £513,000 grant as part of the Department of Health's national dementia environmental capital scheme. The Horton Wing is being renovated under a "Yorkshire at its Best" refurbishment programme which aims to create a more conducive environment for dementia patients and their carers by generating surroundings which promote relaxation, independence and better orientation. Two new sensory gardens, dementia-friendly signage, bespoke artwork and revamped corridors are just some of the key aspects of this project which is currently in its final stages.

- The £2m expansion and refurbishment of the Bradford Royal Infirmary's neonatal unit is nearing completion after a year-long build to improve and enhance the environment for every baby in need of our expert care.

- We were the first hospital in the world to use the latest, state-of-the-art CT scanner providing quicker, more detailed head and body scans. The scanner's introduction means we can scan more patients, with a wider range of conditions, every day. It also heralded the beginning of a new partnership with Toshiba Medical Systems as the Bradford Royal Infirmary was designated their world reference centre.

- Work began on our new £2.3m catheter lab to support patients with heart problems. The new cardiac unit – which will be among the most advanced of its kind in the country – is being built alongside our coronary care unit on ward 22 and will provide a dedicated x-ray laboratory and day-case unit for cardiac procedures when it opens in summer 2014. A further £500,000 will be spent on the refurbishment and redevelopment of the cardiology ward and CCU, bringing the overall cost of the project to £2.8m.

- Research results from the Born in Bradford (BiB) project have started to have a big impact this year and are making headlines across the world. Results from this research of over 12,000 BiB mothers and their children are helping locally to give us greater insight into the health of the people in Bradford so we can provide better services, and globally add to our scientific knowledge about the causes of major health problems.

- Our £1.2 million birth centre celebrated its first birthday in November when some of the 1,421 babies returned to celebrate this landmark date with our midwives.

- We are taking part in a Diabetes UK Improving Local Services Together project which aims to improve care and research into diabetes in the city. It also intends to make provision better for patients by involving them more in their local services.

- An innovative Nutrition Learning Centre has opened its doors at St Luke's Hospital to enable the training, education and support of patients, carers and health professionals across the Bradford district.

- Pharmacy is now providing a seven day a week medicines service to our admissions units which will significantly improve our medicines reconciliation rates.

- Our physiotherapy and occupational therapy teams have developed several very successful Early Supported Discharge schemes for patients in the stroke, orthopaedics and elderly specialities.

- Patients are benefiting from improved patient flow in our A&E department thanks to the successful occupational therapy service which now operates within the department,

helping to reduce unnecessary admissions to our hospitals by safely discharging patients with appropriate support to the community.

- Nearly 100 people from across the district took part in our Patient-Led Assessments of the Care Environment (PLACE) in March which examined the quality of non-clinical services and the conditions of our buildings at the Bradford Royal Infirmary. Our annual PLACE assessments of St Luke's hospital and our four community hospitals will be held later this spring.

- We have invested in the new Dr Foster 'quick-look' performance management tool which aims to speed up the accurate collection of data and clinical coding, ensuring that our hospitals are increasingly safer by improving the quality of information we have on-hand.

- Patients are now offered a wider choice of food following the launch of our new children's and adult menus throughout our hospitals, which was put together with the support of patients and a multi-disciplinary team and now includes a lighter bites menu.

Our organisation

- A year-long pilot scheme between West Yorkshire Police and Bradford Royal Infirmary, which sees a Police Community Support Officer based on site between 8am and 11pm, seven days a week, is helping to lower incidents of violence and aggression against NHS staff and enhance patient safety.

- Our hospitals were ranked among the highest performers in the Government's league table rating the efforts of businesses and public bodies in carbon-cutting. The Carbon Reduction Commitment (CRC) league table ranks more than 2,000 UK organisations on how effectively they have introduced measures to monitor energy use. Bradford was the third highest NHS organisation listed in the top 50. Recent carbon reduction projects around the hospitals have included the introduction of energy efficient lighting, improved roof insulation, LED car park lighting, better heating and cooling controls, new boilers and the installation of solar panels.

- Our catering facilities at St Luke's Hospital and the Bradford Royal Infirmary have been awarded the highest possible five star rating following unannounced environmental health inspections this year.

- Estates secured a national Carbon Trust award for their efforts in reducing our carbon footprint, as over the past three years, we have achieved between 1.5%-13.6% carbon dioxide reductions in a host of areas from gas and electricity to fuel oil, refrigerants, fleet transport and business travel.

Our community

- Consultant in renal medicine, Dr John Stoves, and representatives from the district's new clinical commissioning groups (CCGs) won the BMJ Renal Team of the Year award in recognition of how their IT project, which is helping hundreds of previously undiagnosed people to manage the early stages of chronic kidney disease (CKD), has improved the health outcomes of many patients across the district.

- The Friends of the BRI celebrated 25 years of providing vital services to our patients at a special event at Bradford's Hilton Hotel where they announced that they had raised

more than £100,000 over the years towards purchasing hospital equipment and by giving their free time to improve patients' hospital experiences.

- Our hospital-based 'Project Search' initiative, which aims to help 13 young people with learning disabilities into work, began in September and will run for the next year, providing the interns with valuable work experience.

- The hard work and commitment of frontline nursing staff at Bradford Royal Infirmary was recognised during a visit by Janet Davies, Executive Director for Nursing and Service Delivery at the Royal College of Nursing (RCN), in October when she met with Chief Nurse Juliette Greenwood and her senior nursing team.

- Principal dietician, Clare Gelder, has been staffing the new Good Food Advice stall (run by Bradford Council) at the Oastler Shopping Centre in an effort to raise awareness of healthy eating.

- Bradford Hospitals Children's Charity (BHCC) continues to receive widespread community support as local businesses, schools and organisations join in fundraising to help purchase additional equipment for our children's services, wards and clinics. In December Bradford City Football Club's players donated their £2,000 match fees from their FA Cup defeat at Rotherham.

- Young people, aged between 14 and 21-years-old, who are supported by Barnardo's worked alongside nurses, doctors and senior management at Bradford Royal Infirmary and St Luke's Hospital as part of national Takeover Day which was launched by the Children's Commissioner for England.

- Jon Rouse, Director General for Social Care, Local Government and Care Partnerships at the Department of Health, visited our elderly care wards at the Bradford Royal Infirmary in March to see what innovative work we have been doing to enhance the healing environment for our dementia patients.

- Our Nutrition and Dietetic service joined up with West Yorkshire Trading Standards to run master classes for the district's takeaway owners showing how subtle changes to the way they cook their food can help improve the health of their customers.

2.4 Financial Overview

Income and Expenditure Position

The Foundation Trust continues to report a year on year surplus. This year, the year-end surplus is £3.8m which is slightly ahead of the original plan of £3.4m. This position has been achieved through controlling costs and ensuring the recovery of an appropriate level of income commensurate with the work carried out in the year.

The table below summarises how the position has changed between 2012/13 and 2013/14

	Position at 31.3.13 £m	Position at 31.3.14			% Change on Previous Year
		Plan £m	Actual £m	Variance £m	
Total Income	356.6	346.4	363.8	17.4	2.0%
Operating Expenditure	-338.4	-329.9	-347.7	-17.8	2.8%
EBITDA	**18.2**	**16.5**	**16.1**	**-0.4**	
Interest, Depreciation & Dividend	-12.1	-13.1	-12.3	0.8	
Surplus / (Deficit)	**6.1**	**3.4**	**3.8**	**0.4**	

The Foundation Trust has continued to maintain a strong liquidity position throughout the year and ended the year with a cash balance of £68.4m, which is above plan.

The Foundation Trust remains in surplus, as has been the case since 2006/07 as demonstrated below:-

2006/07	£0.7m surplus
2007/08	£1.9m surplus
2008/09	£4.3m surplus
2009/10	£2.4m surplus
2010/11	£3.6m surplus
2011/12	£7.3m surplus
2012/13	£6.1m surplus
2013/14	£3.8m surplus

Securing this healthy financial position is in recognition of all the hard work of by all staff within the organisation. Surpluses are reinvested in the Foundation Trust through the capital programme

The underlying position remains one of planned surplus to maintain the strong foundation generated over recent years. The financial planning parameters used to populate the financial plan for 2014/15 reflecting both nationally prescribed assumptions and local variations, produce a significant challenge to the Foundation Trust for the forthcoming year. The emphasis will remain on maintaining robust financial management controls to deliver its financial targets and ensuring, as with previous years, that cost improvements are delivered on a recurrent basis to ensure there is not deterioration in the underlying position.

Income

The total income reported for the 2013/14 financial year was £363.8m which is split as follows:

- Income from Activities - £328.3m
- Other Operating Income - £35.5m

The composition of the income is summarised in the table below:
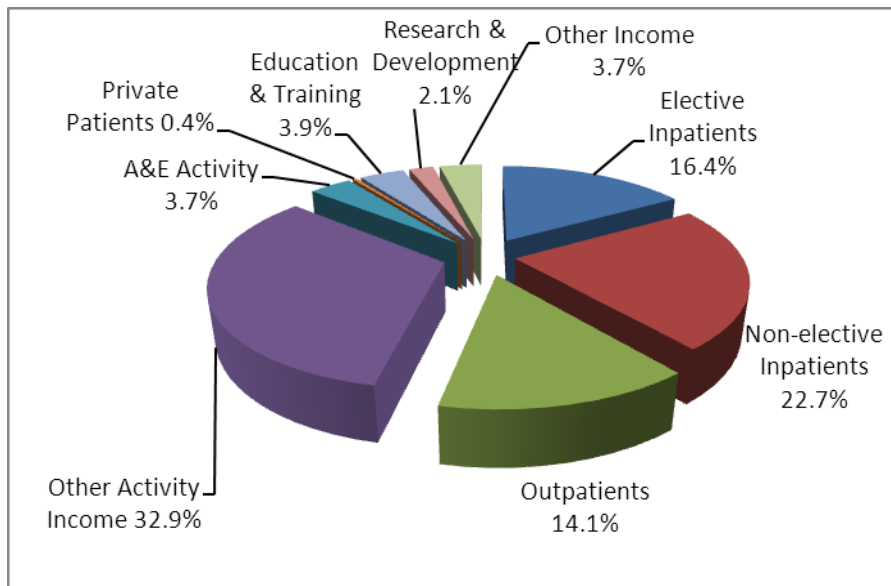
Income from activities is primarily income from Clinical Commissioning Groups and NHS England in relation to the provision of patient treatment services under contractual and commissioning arrangements. Other income is primarily non-patient related income and includes income for education and training, research activities, catering, car parking and other services.

The Foundation Trust has delivered more income than planned mainly through:

- Higher than planned level of elective in-patient activity;
- Increased high cost items such as drugs and blood products chargeable to the CCGs & NHS England on a usage basis;
- Other operating income as a result of additional income relating to education & training, research & development.

Expenditure

The composition of the total expenditure of £360.0m is summarised in the chart below:
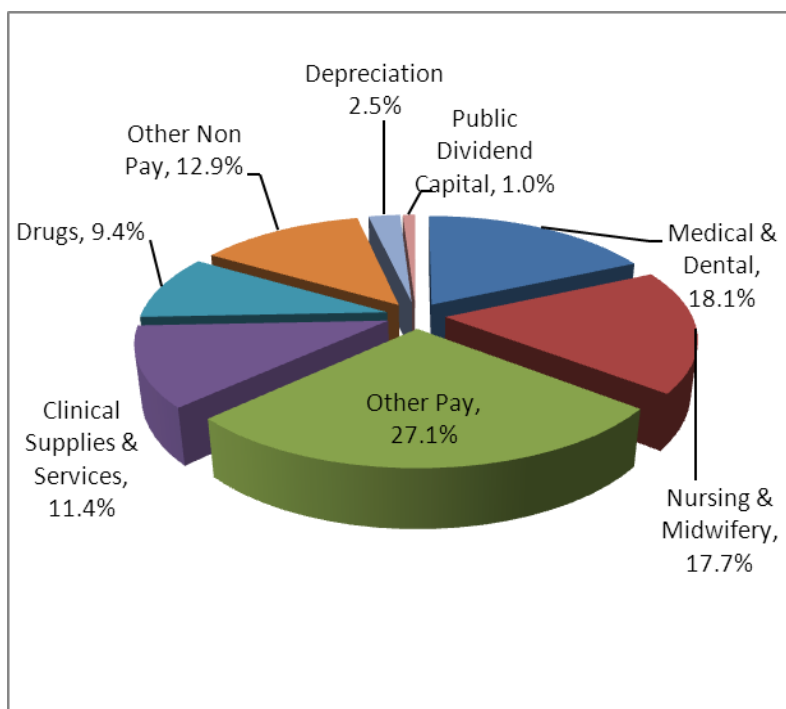
The Foundation Trust has incurred higher expenditure than planned through:

- the delivery of extra activity generating additional income;
- the prescribing of specialist drugs, blood and the use of specialist equipment all of which were sourced through directly attributable income; and
- service developments together with investment in the estate and environment all of which attracted separate income streams.

Efficiency Requirements

The Foundation Trust commenced the year with a plan to deliver a surplus of £3.4m which represented 1.0% of turnover. Delivery of this target required the Foundation Trust to secure efficiencies of £12.3m mainly through the delivery of cost reduction programmes that deliver real cash releasing savings. The efficiency plans have been delivered through a differential cost improvement programme levied across the Divisions/Departments. A number of corporately sponsored schemes have been commissioned to support the delivery of Divisional CIPs. By delivering a surplus of £3.8m the Foundation Trust has delivered its cost improvement target in full.

The financial outlook for the forthcoming and future years continues to pose a significant financial challenge which will need to be delivered through an extensive efficiency programme at a time of ever increasing expectations for improving the quality and safety of healthcare. For the forthcoming years the Trust is linking the delivery of efficiency gains with service improvement and transformation, by adopting the nationally devised Quality, Innovation, Productivity and Prevention (QIPP) Programme to improve the quality of care by removing waste and inefficient processes that will in turn lead to more effective patient experience.

Key Financial Risks

The Foundation Trust started 2013/14 with a number of significant financial risks, which have been managed effectively through the delivery of the financial position highlighted above.

The main financial risks for 2014/15 are similar to those experienced in 2013/14, namely the delivery of:

- Budgetary control targets and the efficiency targets against a backdrop of inflationary cost pressures, service developments and quality improvement initiatives;
- Planned activity and income levels and ensuring robust, timely counting and charging processes are in place to facilitate monthly reporting; and
- Delivery of contractual indicators that attract financial penalty clauses for non-delivery.

In addition to maintaining the strong financial management arrangements, the main contingencies identified to mitigate against the above risks should they materialise are to:

- Identify further Divisional and centrally driven productivity and efficiency initiatives;
- Identify non recurrent measures that will release savings in-year;
- Closely monitor progress on access targets using the capacity review provisions within the contract to mitigate the application of financial penalties by the CCGs;
- Detailed monitoring and management of performance against contractual indicators with rigorous internal mechanisms for targeting both delivery and improvement;
- Generate additional income/contribution;
- Regular dialogue with Divisions, to ensure internal reporting processes are appropriately identified where contractual changes have been introduced; and
- Maximise the opportunities resulting from the transform agenda associated with the Better Care Fund.

Improving Value for Money

The Foundation Trust continues to pursue improvements in value for money for the services it provides, together with the drive for improvements in the qualitative aspects of care. This has been demonstrated through the continued investment in the infrastructure and estate to provide modern, fit for purpose facilities and meet nationally prescribed standards.

The Foundation Trust is committed to maintaining its financial position to release financial resources for reinvestment into services. In recognition of this, and subject to financial stability in 2014/15, the Foundation Trust will continue to explore in detail the viability of a second modular build, housing modern ward facilities together with a new main entrance.

The Divisional annual plans and the capital programme also identify a number of ambitious schemes and service developments that will:

- enhance service delivery;
- align capacity to ensure services are provided from the optimum location; and
- deliver real qualitative improvements to the services provided.

The Foundation Trust's Programme Management Office have identified and are pursuing a number of Trust-wide modernisation and service improvement initiatives as part of the QIPP initiative which will secure improved value for money through recurrent productivity and efficiency benefits. Examples of the workstreams underway include:

- Workforce Productivity, which includes work-streams to improve staff rostering, agency staff usage and sickness management;
- Clinical Service Productivity, which includes plans to improve operating theatre and outpatient clinic utilisation and in-patient bed re-configuration;
- Diagnostic Services, through demand management and efficiency reviews;
- Procurement, which will ensure the Foundation Trust obtains value for money when sourcing equipment, consumables and drug products;
- Estates Rationalisation, to ensure the Trust continually reviews the premises it owns to use them as efficiently as possible and to dispose of those parts that are no longer required;
- Back-Office and Support functions, to ensure that these services are as efficient as possible to maximise resources available for clinical care activities; and
- IT Enablers, which includes a wide range of IT based solutions to provide qualitative improvements as well as efficiency savings, with examples including electronic prescribing and real time admission, transfer & discharge processes.

The Foundation Trust's Programme Management Office is working closely with Divisions to secure sustainable and tangible change throughout the organisation. The remit of the team, working in partnership with the organisation, is to:

- facilitate change and innovation;
- maximise efficiency and productivity;
- instil a culture of continuous improvement;
- train staff in improvement tools and techniques; and
- co-ordinate programmes of improvement work.

Through working with services and teams and challenging behaviours and processes, the significant outcomes will be the redesign of services/processes together with measurable efficiency, productivity and financial gains.

The continued development of service line reporting/management improves the Foundation Trust's knowledge regarding the relative standing of services in relation to the income it receives through tariff. This has been further facilitated by the roll-out of a patient level costing system, providing detailed costing schedules on a per patient basis. The information produced by these two systems provides an excellent opportunity to examine in detail those services that both do and do not appear to provide value for money and to identify opportunities for savings.

Cash and Statement of Financial Position

The cash position has increased to £68.4m (2012/13 £63.3m) which is largely due to the underlying surplus position.

Prudential Borrowing

The prudential borrowing requirements in section 41 of the NHS Act 2006 were repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statement disclosures that were provided previously are no longer required.

The Foundation Trust secured a loan of £10m over 10 years with the final principal repayment due in January 2019 from the Foundation Trust Financing Facility. This loan was used to fund new wards at Bradford Royal Infirmary.

The Foundation Trust has secured interest free loans from the Salix Energy Efficiency Loan Scheme. The total value of interest free Salix loans which are still to be repaid is £615k. The final principal repayment will be made in September 2015.

Investments

The Foundation Trust does not have any investments in subsidiaries or joint ventures. The Trust invests any short term cash surpluses in the Government Banking Service and the National Loans Fund Temporary Deposit facility in line with the approved policy.

Capital Programme

Capital investment totalling £11.7m was made during the year. The main elements of the capital programme were as follows:

Scheme	£million
Information Technology Schemes	1.8
Medical Equipment	1.9
Patient Environment Improvements	0.3
Buildings and Engineering Maintenance and Upgrade	1.6
New Building Schemes & Other Strategic Investments	6.1
Total	**11.7**

Statement on Going Concern

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

2.5 Analysis of Staff Numbers at 31 March 2014

Group	Female	Male	Total
Directors	4	8	12
Senior Managers	214	168	382
Other Employees	4,204	1,076	5,280
Total	4,422	1,252	5,674

2.6 Sustainable Development

The Foundation Trust continues to put in a strong Sustainable Development performance for 2013/14. Buildings CO_2 emissions at 13,050 tonnes are down 12% on 2007/08, exceeding the NHS target of a 10% reduction by 2014/15.

The Foundation Trust was recently recertified to the Carbon Trust Standard for another two years. The Carbon Trust Standard is a demanding standard which follows strict verification of our data and documentation. To retain our certification, we successfully demonstrated that we had reduced our carbon dioxide emissions, continued investment in carbon management schemes, and have trust-wide sustainability processes in place.

The Foundation Trust continues to roll out a programme of sustainability and carbon reduction projects. Projects cover Procurement with the development of a sustainable procurement policy and projects, sustainable transport plans and waste management. The Trust is implementing behavioural change programmes including Carbon Trust Empower which is an interactive energy-saving tool and Smart Metering at Maternity that will allow each ward and department to monitor its own performance instantaneously.

The Carbon Trust Revisited Plan detailing a diverse range of projects was completed in 2013 and approved by the Carbon Trust with potential annual cost savings by 2019/20 of:
• Buildings Energy - £558,351
• Transport – £86,638
• Procurement - £7,392,000

The Foundation Trust is now implementing a rolling programme of carbon reduction schemes such low energy LED lighting, better heating and cooling controls and more efficient air conditioning. Carbon reduction is becoming a financial imperative because under the Carbon Reduction Commitment the Trust is required to pay £16 per tonne CO_2 in 2014/15, up from £12 per tonne in 2013/14.

To ensure that sustainable development is fully integrated, a Sustainable Development Steering Group (SDSG) has been established. The SDSG provides the forum for reviewing the implementation of the Sustainability Strategy, Implementation Plan and exploring further sustainability initiatives that will benefit both the Foundation Trust and the wider community. This group is chaired by the Foundation Trust's Chairman, David Richardson.

Future sustainability programmes will focus on integrating sustainability into areas of clinical care including looking at care pathways and build on work that has been done in areas such as the Renal Department. The first stage in having a more clinically focused sustainability strategy has been to highlight sustainability in the Foundation Trust's new corporate strategy. One of the vision statements under 'Organisation' declares:

"We are a sustainable organisation caring for the future; working within financial, social and environmental limits."

2.7 Charitable Fund

Purpose of the Charitable Fund

Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund (charity registration number 1061753) is operated for the benefit of staff and patients in accordance with the objects of the charity.

Significant Donations during the Year

During 2013/14, the Charitable Fund received a large number of very generous donations from many parts of the community, including £171,811 in general donations and £34,173 'in memory of loved ones' donations.

Key Benefits Accruing from the Charitable Fund for 2013/14

During the year, the Charitable Fund purchased a large number of items of equipment and new fixtures and fittings for the wards and departments within the Foundation Trust.

Other significant purchases included:

- a cerebral function monitor for the Neonatal Unit;
- an infra-red therapy unit for the Renal Dialysis Department;
- a cough assistor for the Physiotherapy Department; and
- a matrix strobe unit and camera head for the Head and Neck Cancer Department.

3. *Directors' Report*

The Board of Directors

The Board of Directors is responsible for the day-to-day management of the Foundation Trust and the operational delivery of its services, targets and performance.

The Board reviews the Matters Reserved to the Board and Scheme of Delegation annually and the last review took place in September 2013. Matters reserved to the Board include:

- The definition of the strategic aims and objectives of the Foundation Trust.
- Approval annually of revenue and capital budgets.
- Ratification of proposals for the acquisition, disposal or change of use of land and/or buildings.
- Approval of organisational structures to facilitate the discharge of business by the Foundation Trust.

The Scheme of Delegation sets out detailed arrangements for the delegation of budgetary control and financial procedures to executive directors.

Composition of the Board of Directors

The Board of Directors comprises the following members:

Chair

Mr David Richardson

Executive Directors

Mr Bryan Millar – Chief Executive
Mrs Helen Barker – Chief Operating Officer (from 3 June 2013)
Ms Juliette Greenwood – Chief Nurse (from 22 July 2013)
Mr Matthew Horner – Director of Finance
Professor Clive Kay – Medical Director / Deputy Chief Executive
Mrs Sally Napper – Chief Nurse / Chief Operating Officer (to 4 May 2013)
Mrs Sally Scales – Acting Chief Nurse (from 5 May 2013 to 31 August 2013)
Ms Sandy Spencer – Interim Chief operating Officer (from 29 April 2013 to 3 July 2013)

Non-Executive Directors

Professor Grace Alderson
Mr Richard Bell (to 31 October 2013)

Dr Trevor Higgins
Mr Chris Jelley (to 31 October 2013)
Mr David Munt (from 1 November 2013)
Mrs Pauline Vickers (from 1 November 2013)
Professor James Walker (from 1 April 2013)
Mr John Waterhouse

It is the opinion of the Board of Directors that all non-executive directors are independent and that the composition of the Board is appropriate to the requirements of the Foundation Trust.

Audit Information

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. Each director has taken all reasonable steps to make themselves aware of any relevant audit information, and to establish that the auditors are aware of this information. This includes making inquiries of fellow directors and the Foundation Trust's auditors for this purpose. It also includes those steps required by their duty as a director to exercise reasonable care, skill and diligence.

Accounting Policies for Pensions and Other Retirement Benefits

Accounting Policies for pensions and other retirement benefits are set out in note 1.4 to the accounts.

Senior Employees' Remuneration

Details of senior employees' remuneration can be found on page 26 of the Remuneration Report.

Register of Interests

The Trust Secretary maintains a register of interests for both the Board of Directors and Board of Governors. These are available to the public and requests should be directed to the Trust Secretary, Trust HQ, Bradford Royal Infirmary, Bradford, BD9 6RJ.

There are no Company Directorships or other significant interests held by the individual Directors or Governors that may cause a conflict with the responsibilities of their respective roles.

Quality Governance

The Foundation Trust's approach to quality and quality governance is detailed in the Quality Report (page 50) and the Annual Governance Statement (page 146).

The Board of Directors carried out a self- assessment against the requirements of Monitor's Quality Governance Framework in May 2013 and again in May 2014. This identified that compliance with and the assurance mechanisms surrounding the Quality Governance Framework were generally sound, however a small number of areas for improvement were identified and an action plan will be developed and monitored during 2014/15.

Policies Relating to Disabled Employees

The Foundation Trust's Recruitment and Selection Policy ensures full and fair consideration is given to application for employment made by disabled persons by guaranteeing interviews for disabled persons who meet the essential criteria on a person specification.

The Policy on Managing Attendance details the arrangements for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.

The Staff Development Policy covers the arrangements for the training and development of all employees.

Research and Development Activities

The Bradford Institute for Health Research (BIHR) is based at the Foundation Trust. It was established in 2007 as a unique research partnership between the primary and secondary care NHS Trusts in Bradford and Airedale and the universities of Bradford, Leeds and York.

The Institute provides a physical centre for academic and research staff employed by the Trust and the Universities of Leeds, Bradford and York and houses a number of these staff. In addition it provides the following facilities for health care professionals in the Trusts:

- Purpose-designed clinical research facility for all patients involved in commercial and non-commercial clinical trials, supported by high calibre, dedicated research nurses.

- A hub for all clinical researchers in Bradford across all disciplines. Formal meeting rooms for research training and research meetings and seminars

- A Research Support Unit for supporting grant development for clinical staff with new ideas.

Building on its success to date, the BIHR developed a new five year strategy in 2013. The strategy focuses on:

- Goal 1: To continue to conduct high quality applied research in our areas of strength and expand these to new areas of need

- Goal 2: To support and develop new and existing researchers across the Bradford research community

- Goal 3: To ensure our research will translate into benefits for society

- Goal 4: To provide an opportunity for local people to share the benefits of participation and involvement in the cutting edge of healthcare research

- Goal 5: To Improve the Institute's communication with its various audiences

- Goal 6: To strengthen the governance and management arrangements that promote sustainability and the smooth running of the Institute

4. Remuneration Report

Remuneration Committee

All the Non-Executive Directors are members of the Remuneration Committee. In attendance are Bryan Millar, Chief Executive and Pat Campbell, Director of Human Resources. There were three meetings held during the year.

The Remuneration Committee agrees the appointment process, salaries and terms and conditions for new Executive Director posts. The Committee are also responsible for the review of appraisal outcomes for Executive Directors.

Contracts for Executive Directors are permanent, with the exception of the Chief Executive and new appointments include a 3-month notice period. Cost-of-living pay awards are automatically linked to Agenda for Change and salary progression is subject to achievement of objectives. The exception is the Medical Director who has retained Medical and Dental Terms and Conditions. An Executive Remuneration Policy has been developed. There is no separate provision for compensation for early termination. No significant awards were made to former senior managers during the year.

In terms of the definition of senior managers, it is the view of the Board of Directors that the authority and responsibility for controlling manager activities is retained by the Board and not exercised below this level.

Attendance at meetings of the Remuneration Committee 2013/14

MEMBERS	24.04.13	29.05.13	30.10.13	TOTAL
David Richardson	✓	✓	✓	3 of 3
Grace Alderson	✓	✓	✓	3 of 3
Richard Bell	✓	✓	✓	3 of 3
Trevor Higgins	✓	X	✓	2 of 3
Chris Jelley	✓	✓	X	2 of 3
James Walker[1]	X	X	✓	1 of 3
John Waterhouse	✓	✓	✓	3 of 3
Pat Campbell (in attendance)	✓	✓	✓	3 of 3
Bryan Millar (in attendance)	✓	✓	✓	3 of 3
✓ = attended x = apologies sent [1] Commencement Date = 1 April 2013				

Directors' Remuneration
Remuneration of senior managers

Note: It is the view of the Board that the authority and responsibility for controlling major activities is retained by the Board and is not exercised below this level.

Name and Title 2013/14	Salary and Fees (Bands of £5,000) £000s	Taxable Benefits (to the nearest £100) £00s	Annual performance related bonuses (Bands of £5,000) £000	Long term performance related bonuses (Bands of £5,000) £000	Pension related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Mr David Richardson (Chairman)	50 - 55	-	-	-	-	50 - 55
Mr Bryan Millar (Chief Executive)[1]	175 - 180	-	-	-	-	175 - 180
Ms Helen Barker (Chief Operating Officer)[2]	95 - 100	-	-	-	12.5 -15.0	105 - 110
Ms Juliette Greenwood (Chief Nurse)[3]	80 - 85	-	-	-	10.0 - 12.5	90 - 95
Mr Matthew Horner (Director of Finance)	125 - 130	-	-	-	17.5 - 20.0	145 - 150
Professor Clive Kay (Medical Director)	95 - 100	-	-	150 - 155	30.0 - 32.5	275 - 280
Mrs Sally Napper (Chief Operating Officer/Chief Nurse)[4]	10 - 15	-	-	-	0.0 - 2.5	15 - 20
Mrs Sally Scales (Acting Chief Nurse)[5]	25 - 30	-	-	-	2.5 – 5.0	25 – 30
Ms Sandy Spencer (Interim Chief Operating Officer)[6]	50 - 55	-	-	-	-	50 – 55
Professor Grace Alderson (Non–Executive Director)	10 - 15	-	-	-	-	10 - 15
Mr Richard Bell (Non-Executive Director)[7]	5 - 10	-	-	-	-	5 - 10
Dr Trevor Higgins (Non-Executive Director)	10 - 15	-	-	-	-	10 -15
Mr Chris Jelley (Senior Independent Director)[8]	5 - 10	-	-	-	-	5 – 10
Mr David Munt (Non-Executive Director)[9]	5 - 10	-	-	-	-	5 – 10
Mrs Pauline Vickers (Non-Executive Director)[10]	5 - 10	-	-	-	-	5 – 10
Professor James Walker (Non-Executive Director)[11]	10 - 15	-	-	-	-	10 - 15
Mr John Waterhouse (Non-Executive Director)	10 - 15	-	-	-	-	10 - 15

1 Mr Bryan Millar, Chief Executive, current contract commenced 29 April 2013
2 Ms Helen Barker, Chief Operating Officer from 3 June 2013
3 Ms Juliette Greenwood, Chief Nurse from 22 July 2013
4 Mrs Sally Napper, Chief Nurse, Chief Operating Officer, to 4 May 2013
5 Mrs Sally Scales, Acting Chief Nurse, from 5 May 2013 to 31 August 2013
6 Ms Sandy Spencer, Interim Chief Operating Officer, from 29 April 2013 to 3 July 2013
7 Mr Richard Bell, Non-Executive Director, to 31 October 2013
8 Mr Chris Jelley, Non-Executive Director, to 31 October 2013
9 Mr David Munt, Non-Executive Director, from 1 November 2013
10 Mrs Pauline Vickers, Non-Executive Director from 1 November 2013
11 Professor James Walker. Non-Executive Director, from 1 April 2013

Name and Title 2012/13	Salary and Fees (Bands of £5,000) £000s	Taxable Benefits (to the nearest £100) £00s	Annual performance related bonuses (Bands of £5,000) £000	Long term performance related bonuses (Bands of £5,000) £000	Pension related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Mr David Richardson (Chairman)	50 - 55	-	-		-	50 - 55
Mr Bryan Millar (Chief Executive)[a]	180 - 185	-	-		25.0 - 27.5	205 - 210
Mr Matthew Horner (Director of Finance)	110 – 115	-	-		15.0 - 17.5	125 - 130
Professor Clive Kay (Medical Director)	85 – 90	-	-	145 - 150	27.5 - 30.0	265 - 270
Dr Dean Johnson, (Director of Planning & Performance)[b]	155 - 160	-	-	-	15.0 - 17.5	175 - 180
Mrs Sally Napper (Chief Operating Officer/Chief Nurse)	150 – 155	-	-	-	20.0 - 22.5	170 - 175
Professor Grace Alderson (Non–Executive Director)	10 – 15	-	-	-	-	10 - 15
Mr Richard Bell (Non-Executive Director)	15 – 20	-	-	-	-	15 - 20
Mr John Bussey (Non-Executive Director)[c]	0 – 5	-	-	-	-	0 - 5
Professor David Cottrell (Non-Executive Director)[d]	5 – 10	-	-	-	-	5 - 10
Dr Trevor Higgins (Non-Executive Director)[e]	10 - 15	-	-	-	-	10 -15
Mr Chris Jelley (Senior Independent Director)	15 - 20	-	-	-	-	15 - 20
Mr John Waterhouse (Non-Executive Director)	10 - 15	-	-	-	-	10 - 15

a Mr Bryan Millar, Chief Executive, left the NHS Pension Scheme on 27 March 2013
b Dr Dean Johnson, Director of Planning & Performance, to 31 January 2013
c Mr John Bussey, Non-Executive Director to 30 April 2012
d Professor David Cottrell, Non-Executive Director to 30 September 2012
e Dr Trevor Higgins, Non-Executive Director from 21 May 2012

Pension entitlement of senior managers

Note: As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Members.

Name and Title 2013/14	Total accrued pension at age 60 at 31 March 2014 (Bands of £2,500) £000s	Value of automatic lump sums at 31 March 2014 (Bands of £2,500) £000s	Real increase in pension during the year (Bands of £2,500) £000s	Real increase in automatic lump sum during the year (Bands of £2,500) £000s	CETV* at 31 March 2014 (Bands of £1,000) £000s	CETV* at 31 March 2013 (Bands of £1,000) £000s	Real increase / (decrease) in CETV* during the year (Bands of £1,000) £000s
Ms Helen Barker (Chief Operating Officer)[1]	32.5 – 35.0	102.5 – 105.0	0.0 – 2.5	2.5 – 5.0	566 – 577	526 – 527	33 – 34
Ms Juliette Greenwood (Chief Nurse)[2]	47.5 – 50.0	142.5 – 150.0	2.5 – 5.0	10.0 – 12.5	871 – 872	746 – 747	86 – 87
Mr Matthew Horner (Director of Finance)	35.0 – 37.5	107.5 – 110.0	5.0 – 7.5	17.5 – 20.0	541 – 542	440 - 441	101 – 102
Professor Clive Kay (Medical Director)	62.5 – 65.0	192.5 – 195.0	5.0 – 7.5	15.0 – 17.5	1,170 – 1,171	1,050 – 1,051	120 – 121
Mrs Sally Napper (Chief Nurse/Chief Operating Officer)[3]	47.5 – 50.0	147.5 - 150.0	0.0 – 2.5	0.0 – 2.5	890 - 891	835 - 836	5 – 6
Mrs Sally Scales (Acting Chief Nurse)[4]	30.0 – 32.5	92.5 – 95.0	0.0 – 2.5	2.5 – 5.0	523 – 524	442 – 443	26 - 27

* The CETV (Cash Equivalent Transfer Value) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Mr Bryan Millar, Chief Executive, left the NHS Pension Scheme on 27 March 2013
1 Ms Helen Barker, Chief Operating Officer from 3 June 2013
2 Ms Juliette Greenwood, Chief Nurse from 22 July 2013
3 Mrs Sally Napper, Chief Nurse, Chief Operating Officer, to 4 May 2013
4 Mrs Sally Scales, Acting Chief Nurse, from 5 May 2013 to 31 August 2013

Expenses Claimed by Directors

The total number of directors holding office during 2013/14 was seventeen. During 2013/14 ten (2012/13 six) directors were paid a total of £7,616 (2012/13 £8,882).

HM Treasury Review of Tax Arrangements of Public Sector Appointees

The following tables demonstrate the Foundations Trust's compliance with HM Treasury guidelines on "off payroll engagements".

Off-Payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months

No.of existing arrangements as of 31 March 2014	11
Of which…	
No. that have existed for less than one year at the time of reporting	5
No. that have existed for between one and two years at the time of reporting	5
No. that have existed for between two and three years at the time of reporting	1
No. that have existed for between three and four years at the time of reporting	0
No. that have existed for four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than 6 months

No.of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	5
No. of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	5
No. for whom assurance has been requested	5
Of which…	
No. for whom assurance has been received	5
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

Off-payroll engagements of board members and/or senior officials

No.of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	2
No. of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements.	20

The off-payroll engagements relate to interim appointments following a re-structuring of the Trust's Executive Directors that lasted for 3 & 6 months, both of which have now ended and have been replaced by substantive on-payroll appointments.

Hutton Review of Fair Pay

The HM Treasury Financial Reporting Manual requires the Foundation Trust to disclose the median remuneration of its staff as at 31 March and the ratio between this and the mid-point of the banded remuneration of the highest paid director.

	2013/14	2012/13
Band of Highest Paid Director's Total Remuneration (£000)	245 - 250	240 – 245
Median Total Remuneration	25,783	23,589
Ratio	9.6	10.3

The median salary calculation is based on the spine point of individuals employed by the Foundation Trust on the last day of the financial year, 31 March 2014. Each staff member's spine point was taken and the median calculated from this population. Agency costs were not included as it was considered impracticable to evaluate the individual cost of vacant posts covered by temporary workers and deemed that such calculation would not materially after the calculation of the median.

Bryan Millar
Chief Executive

5. NHS Foundation Trust Code of Governance Disclosures

Council of Governors

The Council of Governors holds a number of statutory duties. These are to:

- Appoint and remove the Chairman and Non-Executive Directors;
- Set the terms and conditions of remuneration of the Chairman and Non-Executive Directors;
- Approve the appointment of the Chief Executive;
- Appoint the external auditor;
- Receive the annual accounts, auditor's report and annual report;
- Convene the Annual Members Meeting;
- Be consulted on the forward plans (annual plan) of the organisation;
- Approve any proposed increases in private patient income of 5% or more in any financial year;
- Represent the interests of the Members of the Trust as a whole and the interests of the public;
- May require one or more of the Directors to attend a Governors' meeting to obtain information about the Trust's performance of its functions or the Directors' performance of their duties (and for deciding;
- whether to propose a vote on the Trust's or Directors' performance;
- Approve significant transactions;
- Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution; and

- Approve amendments to the Trust's Constitution.

The Council of Governors met formally five times in 2013/14. Engagement between the Council of Governors and Board of Directors formally occurred during May 2013 and October 2013 in line with an established schedule. These sessions involved discussions related to the Trust's response to the 'Francis report' and those recommendations directed at Governors in relation to holding the Board of Directors to account and engaging with members and the public. Governors have also engaged with the Trust in relation to assurances provided with regard to the Quality Agenda (patient experience, effectiveness of treatments and patient safety). Governors have during the course of their formal meetings been consulted over the development of the operational plan.

This year the Governors:

- Approved the appointment of two non-Executive Directors and the reappointment of one Non-Executive Director;
- Have been consulted on the Foundation Trust's Operational Plan;
- Reviewed their Business Agenda in relation to the seven recommendations from the Francis report that relate directly to Governors and in turn developed actions where required in response to those recommendations;
- Presided over the delivery of a variety of membership engagement activities and consultations;
- Strengthened Governors' visits programme to ensure that this reflects and responds to the priorities of patients and members;
- Considered and accepted the annual performance review report on the Non-Executive Directors;
- Received the annual accounts, auditor's report and annual report; and
- Approved the agenda for the Annual Members Meeting

The appointment or reappointment of Non-Executive Directors is led by Search Committee comprising of Governors and the Chief Executive. These Search Committees make recommendations to the full Council of Governors for such appointments or reappointments.

The role of Governors at Bradford Teaching Hospitals has continued to develop significantly throughout the year and this is reflected in the extended Governor Work/Involvement Programme.

Although elements of the 'extended work programme' involve various numbers of Governors it is recognised that those involved act as representatives for the full Council of Governors. They regularly report back to the scheduled Council of Governor meetings on activities undertaken along with any recommendations for action, discussion and agreement. Individual Governors also participate in a selection of Foundation Trust business meetings and projects.

All Governors have been involved in some strand of the extended work programme. Membership of the governor working groups and involvement in other areas of influence has been determined through the interests, skills and knowledge Governors declared following the completion of their induction programmes.

During 2013/14 the Governors extended work programme encompassed the following:

- Non-Executive Director Appointments Search Committee;
- Care Quality Commission (registration outcomes review);
- Charitable Funds Committee;
- Membership Development and Communications;
- Monitoring and Evaluation of the Quality Account 'membership improvement priorities';
- Quality Agenda (Governor Ward Visits programme);
- Young Peoples' Engagement Programme;
- Volunteers Forum;
- Foundation Trust Governors Association;

- Complaints Steering Group;
- PLACE assessments;
- Quality Mark for Elder-Friendly Hospitals;
- Francis Recommendation Steering Group;
- SAFE Campaign Steering Group; and
- Governwell National Training and Development programme.

Governors have supported the Trust in maintaining membership levels and further developing the membership engagement programme. They have continued to oversee the delivery of membership communications.

Governors oversaw the Annual Members Meeting (AMM) in September 2013 where, in line with the HSC Act 2012, members voted to approve amendments directly related to the powers, duties and role of the Council of Governors. The AMM attracted approximately 90 people. The accompanying membership event that followed, 'Experience Matters', showcased the breadth of work taking place at the Trust in relation to 'improving patient experience'. Governors from the Patient Experience Governor Working Group were also integral to the planning and delivery of the accompanying Experience Matters event (the Foundation Trust's eighth annual major open event) which showcased over 30 departments, clinical areas and projects. The AMM and Experience Matters event formed the core activities delivered during a full week of special events aimed at staff, volunteers, members and the general public.

In targeting specific groups, Governors have supported the Foundation Trust in encouraging members to take part in patient and public engagement activities and encouraging staff teams and departments to increase their use of members within patient and public engagement activities. The Governors have also worked with staff through the monitoring and evaluation work undertaken in relation to the Quality Account 'membership improvement priorities'. The Governor Visits Programme has developed during the year with the patient survey piloted last year producing substantial feedback in relation to the improvement priorities. Governors have also supported consultations amongst a wide range of stakeholders in relation to the improvement priorities and the new local priorities for the Quality Account. This has included the piloting of surveys in languages other than English. Those used include Punjabi, Urdu, Czech and Slovak.

As can be seen from the areas above Governors have contributed to a broad engagement programme related to key developments here at the Foundation Trust.

The composition of the Council of Governors from 1 April 2013 to 31 March 2014 is set out below:

Public Governors	
Bradford East	Mr David Robertshaw
Bradford East	Mr Mohammad Yaqoob
Bradford South	Mr Mike Turner
Bradford South	Mrs Maureen Sharpe
Bradford West	Mr Abdul Ismail
Keighley	Mr Philip Turner
Keighley	Ms Vera Woodhead (up to 5/12/13)
Keighley	Marion Olonade-Taiwo (from 6/12/13)
Shipley	Mrs Susan Hillas
Shipley	Mr Phillip Moncaster
Patient Governors	
(Out of Bradford) Patients	Mr Philip Hodgson
(Out of Bradford) Patients	Mr Scott Nicholson (up to 11/10/13)
(Out of Bradford) Patients	Ms Hardev Sohal (from 12/10/13)*
Staff Governors	

Allied Health Professionals and Scientists	Mrs Alison Haigh
Medical and Dental	Mr Mark Steward (Vice-Chair)
Nursing and Midwifery	Mr Simon Kirk
All Other Staff Groups	Mr Rory Brown (up to 01/08/13)
All Other Staff Groups	Ms Ruth Wood (from 6/12/13)
Partner Governors	
Bradford Metropolitan District Council	Cllr Naveeda Ikram
Bradford University	Dr Marina Bloj
Leeds University	Professor Andrew Clegg (from 1/1/14)

In accordance with the Constitution – following the resignation of Scott Nicholson; Hardev Sohal as the next highest polling candidate was invited to continue in the Governor seat for the remainder of the term.

Elections to the Council of Governors

The elections process commenced in September 2013 and concluded on 6 December 2013. The deadline for nominations in three constituencies was 21 October 2013. The Keighley Constituency received one nomination and so the seat was uncontested.

Elections were held in two of the Foundation Trust's Membership constituencies. Voting concluded on 5 December 2013. The following governors were appointed and commenced their terms of office from 6 December 2013.

Public/Patient Governors	Name
Staff 'All other Staff groups'	Ms Ruth Wood
Bradford West	Ms Judy Wall

The Foundation Trust confirms that all elections to the Council of Governors have been held in accordance with the election rules as stated in the constitution.

Governors' expenses

The total number of governors holding office during 2013/14 was 21. The number of Governors receiving expenses in the reporting period was 9 (the number in 2012/13 was 7). The aggregate sum of expenses paid to governors in the reporting period was £790 (2012/13 £501).

Attendance at Meetings of the Council of Governors in 2013/14

Name	Governor Status	Representing	17/04/13	24/07/13	17/9/13 (AMM)	23/10/13	19/2/14	Total
Mr Philip Moncaster	Public Governor	Shipley	✓	x	✓	x	✓	3 of 5
Mr Philip Turner	Public Governor	Keighley	✓	✓	✓	✓	✓	5 of 5
Dr Marina Bloj	Partner Governor	Bradford University	✓	✓	x	x	✓	3 of 5
Mr David Robertshaw	Public Governor	Bradford East	✓	✓	✓	✓	✓	5 of 5
Mr Simon Kirk	Staff Governor	Nursing and Midwifery	✓	✓	✓	x	x	3 of 5
Mrs Alison Haigh	Staff Governor	Allied Health Professionals & Scientists	✓	✓	x	✓	✓	4 of 5
Mrs Susan Hillas	Public Governor	Shipley	✓	✓	✓	✓	✓	5 of 5
Ms Naveeda Ikram	Partner Governor	BMDC	✓	x	x	x	x	1 of 5
Mr Abdul Hamid Ismail	Public Governor	Bradford West	✓	x	x	x	✓	2 of 5
Mrs Maureen Sharpe	Public Governor	Bradford South	✓	✓	✓	✓	✓	5 of 5
Mr Rory Browne	Staff Governor	All Other Staff Groups	✓	✓				2 of 2
Ms Ruth Wood	Staff Governor	All Other Staff Groups					✓	1 of 1
Mr Scott Nicholson	Patient Governor	(Out of Bradford) Patients	✓	✓	✓			3 of 3
Ms Hardev Sohal	Patient Governor	(Out of Bradford) Patients					✓	1 of 1
Mr Mark Steward	Staff Governor	Medical and Dental	✓	✓	✓	✓	✓	5 of 5
Mr Mike Turner	Public Governor	Bradford South	✓	✓	✓	✓	✓	5 of 5
Ms Judy Wall	Public Governor	Bradford West					✓	1 of 1
Ms Vera Woodhead	Public Governor	Keighley	✓	✓	x	✓		3 of 4
Mr Mohammad Yaqoob	Public Governor	Bradford East	✓	✓	✓	✓	x	4 of 5
Professor Andrew Clegg	Partner Governor	Leeds University					✓	1 of 1
Ms Marian Olonade-Taiwo	Public Governor	Keighley					✓	1 of 1

Denotes period when not a member of the Council.

It will be noted that a number of Governors were unable to attend some/all of the scheduled meetings during 2013/14. The Chairman met with individuals concerned (in line with the constitutional requirement) and established there were acceptable reasons provided for non-attendance which in the majority of cases was due to other scheduling conflicts. All Governors have, however, participated in the extensive Governor Work Programme and so remain committed and active members of the Council.

Board of Directors

The Board of Directors is responsible for the day-to-day management of the Foundation Trust and the operational delivery of its services, targets and performance.

Appointments to the Board of Directors

Name and title	Commenced in post/terms of office
Mr David Richardson Chairman	01 July 2005 to 30 June 2014
Mr Bryan Millar Chief Executive	1 November 2011 to March 2013 April 2013 to present
Mrs Helen Barker Chief Operating Officer	3 June 2013
Ms Juliette Greenwood Chief Nurse	22 July 2013
Mr Matthew Horner Director of Finance	1 November 2011
Professor Clive Kay Medical Director	1 November 2006
Mrs Sally Napper Chief Nurse / Chief Operating Officer	31 March 2008 to 4 May 2013
Mrs Sally Scales Acting Chief Nurse	5 May 2013 to 31 August 2013
Ms Sandy Spencer Interim Chief Operating Officer	29 April 2013 to 3 July 2013
Professor Grace Alderson Non-Executive Director, (Senior Independent Director from November 2013).	1 December 2009 to 30 November 2015
Mr Richard Bell Non-Executive Director, Chair of Audit Committee	1 June 2005 to 31 October 2013
Dr Trevor Higgins Non-Executive Director	21 May 2012 to 20 May 2015
Mr Chris Jelley Non-Executive Director, Senior Independent Director	1 June 2005 to 31 October 2013
Mr David Munt, Non-Executive Director, Chair of Audit Committee	1 November 2013 to 31 October 2016
Mrs Pauline Vickers Non-Executive Director	1 November 2013 to 31 October 2016
Professor James Walker Non-Executive Director	1 April 2013 to 31 March 2016
Mr John Waterhouse Non-Executive Director	1 February 2008 to 31 January 2015

Assessment of Effectiveness

It is a statutory duty of the Board of Governors to appoint and remove the Chairman and the Non-Executive Directors. Therefore, in order to carry out this duty, the Chairman reports to the Governors on the outcome of the annual appraisal with each of the Non-Executive Directors at the July public meeting of the Board of Governors. The Senior Independent Director then carries out the appraisal of the Chairman, taking a sounding from both the Board of Directors and Board of Governors, to formally report back to the Board of Governors at a public meeting.

Should the Chairman have any concerns regarding the performance of the Non-Executive Directors then he would raise this with the individual and, where necessary, consult the Board of Governors for further action.

About Our Directors

Mr David Richardson, Chairman

David was appointed as Chairman to Bradford Teaching Hospitals NHS Foundation Trust in July 2005 and reappointed twice by the Governors in 2008 and 2011. David is currently the Director of his own company called DGR (UK) Ltd and he is the Chairman of Bradford and Airedale Community Solutions Ltd – LIFT Co. In 2013 he was engaged by Martin & Co, Leeds City, a lettings, sales and property company, to advise on business development.

A number of these posts have been held since the Chairman was appointed at the Foundation Trust. The work undertaken in these posts does not interfere with the Chairman's commitments at the Foundation Trust and their overlap with health partners, and many major businesses and city institutions, strengthens his effectiveness in the role as Chairman.

Mr Bryan Millar, Chief Executive

Bryan has worked in the NHS since 1977 in a variety of roles within Yorkshire and the North East of England. After occupying a number of posts at District and Regional Health Authorities, Bryan joined Northgate and Prudhoe NHS Trust becoming their Director of Finance and Performance Management in 1993.

He became Director of Finance at Bradford Community Health NHS Trust in 1999 before moving to Bradford South and West PCT where he was Director of Finance and Deputy Chief Executive. Bryan joined the Foundation Trust in October 2005. He is a fellow of the Association of Chartered Certified Accountants.

In addition to his current role as Chief Executive of Bradford Teaching Hospitals, Bryan is also a Board member of Health Education England, Yorkshire and the Humber (and Chair of its Finance, Governance and Risk Committee), Chair of the Local Comprehensive Research Network Partnership Group, and Director of Medipex (an intellectual property company and NHS innovation hub).

Mrs Helen Barker, Chief Operating Officer (from June 2013)

Helen has worked in the NHS since 1983 commencing her Orthopaedic nurse training in Bradford prior to undertaking general training and then completing the theatre Nursing course. Helen has been a clinical and operational manager since 2000 across several acute trusts in West Yorkshire. Most recently Helen was a Divisional General Manager at Leeds Teaching Hospitals NHS Trust followed by a brief period as their Director of Performance before taking up post in Bradford in June 2013.

As well as operational responsibilities Helen has managed several large scale transformational changes across health communities as well as within acute trusts and recently completed the 'Leading Transformational Change across Yorkshire and the Humber development programme'.

Ms Juliette Greenwood, Chief Nurse (from July 2013)

Juliette started her career in nursing as a pre-registration orthopaedic student in Stanmore, Middlesex and from then went on to complete integrated children and adult nurse training. She went on to develop clinical and professional expertise in the fields of neonatal and children's intensive care nursing care and management working in both tertiary and district general hospitals in London.

Juliette has always had an interest in developing new roles and new ways of working and whilst the Deputy Chief Nurse at Great Ormond Street Hospital for Children she managed a complex pre and post registration education contract and commissioned a number of new education programmes and roles that had a direct impact on both patient care and also workforce design. She also provided

expert advice into various Department of Health work streams in relation to neonatal nursing and service provision. Juliette benefited from undertaking the role of a Practitioner Panellist with the Nursing & Midwifery Council (NMC) on their Fitness to Practice panels and served the maximum term allowed – the experience has and continues to inform her in her daily work and considerations about how she ensures that the public are safeguarded through nursing and midwifery regulation.

In 2004 Juliette and her family made the move back to Yorkshire when she was recruited to the post of Chief Nurse at Barnsley Hospital NHS Foundation Trust. The opportunity to contribute and support the leadership and delivery of healthcare within an integrated acute and community foundation trust saw Juliette move to the post of Chief Nurse at The Rotherham NHS Foundation Trust in October 2011. Her appointment as Chief Nurse in July 2013 to Bradford Teaching Hospital has allowed Juliette to return to the complex and stimulating environment of a teaching hospital.

Mr Matthew Horner, Director of Finance

Matthew has a degree in Accountancy and Finance and is a qualified member of the Chartered Institute of Public Finance and Accountancy. His NHS finance career spans over 20 years and covers a variety of finance roles. He has, for the last 12 years, worked for the Acute Trust in Bradford, progressing from Finance Manager to Deputy Director of Finance. Matthew joined the Board as Acting Director of Finance in November 2011 and was appointed substantive Director of Finance in August 2012.

Professor Clive Kay, Medical Director

Clive took over the role as Medical Director in November 2006 and has worked as a Consultant Radiologist at the Foundation Trust since 1998. Clive became the Responsible Officer for the Foundation Trust in 2011 and was appointed Deputy Chief Executive in 2013. Before working in Bradford, he spent three years at the Medical University of South Carolina as Chief of Radiological Services at the Digestive Disease Centre. Clive was the Lead Clinician for the Western West Yorkshire Upper Gastrointestinal Cancer Centre between 2001 and 2010.

He is the immediate past Chairman of the Royal College of Radiologist's Scientific Programme Committee. Clive is an Elected Member of Council of the Royal College of Radiologists, and a Member of the Editorial Board of Clinical Radiology. Clive is an immediate past Member of the Professional Support and Standards Board of the Royal College of Radiologists. He is a past Chairman of the British Society of Gastrointestinal and Abdominal Radiology. He is a Fellow of the Royal College of Radiologists and a Fellow of the Royal College of Physicians of Edinburgh. He is an Honorary Visiting Professor at the University of Bradford.

Mrs Sally Napper, Chief Nurse / Chief Operating Officer (to May 2013)

Sally qualified as a Registered Nurse and Registered Sick Children's Nurse at Great Ormond Street Hospital for Children in 1985 and then worked within the specialty of neonatal surgery in London and Manchester. Sally has undertaken a range of management roles within the North West including paediatrics, neonatal medicine, adult head and neck services, and children's community and mental health services. Sally became Director of Nursing and Support Services / Deputy Chief Executive at the Cardiothoracic Centre Liverpool NHS Trust in 2002, prior to moving to the post of Director of Nursing and Patient Services at Aintree Hospitals NHS Foundation Trust in 2004. Sally commenced as Chief Nurse at Bradford Teaching Hospitals NHS Foundation Trust In March 2008.

Professor Grace Alderson, Non-Executive Director

Grace is a Professor of Medical Microbiology (part-time) at Bradford University where she has held a range of senior academic roles including senior Pro Vice Chancellor. She is a Chartered Scientist, Chartered Biologist and a Fellow of both the Institute of Biomedical Science and the Institute of Biology.

Grace became a Partner Governor at Bradford Teaching Hospitals in 2004 representing the University of Bradford until her appointment as Non-Executive Director on 1 December 2009.

She is also a member of the Lord Chancellor's Advisory Committee on Justices of the Peace for West Yorkshire. Grace has just completed a four year term as a lay member of the General Dental Council. Recently Grace became a member of the Governing Council of Dixon's Multi-Academy and is Chair of its Audit Committee as well as being a Governor of Dixon's City Academy. She has also been a trustee for a range of charities including the higher education Equality Challenge Unit and QED-UK and a Board member of two small companies that interface with the health sector.

Mr Richard Bell, Non-Executive Director (to October 2013)

Richard is a chartered accountant with over 30 years' post-qualification experience. Currently, he is part-time Company Secretary to a biotech company where until July 2012 he was Finance Director as well as running his own consulting business, which has in the past provided finance director services to a number of clients including the University of Liverpool, a utilities repair business and other manufacturing and service companies.

Previously, he ran a Ford motor group with a turnover of £130 million for two years and prior to that worked for Barr and Wallace Arnold Trust plc for 12 years, where he was Group Finance Director for five years and Company Secretary for nine.

Dr Trevor Higgins, Non-Executive Director

Trevor is a passionate Bradfordian who was born and educated in the city. He is the regional partnership director for BT and has enjoyed a diverse career in over forty years with the company - management jobs have ranged from call centre management to senior operations management. In his current role he represents all BT's operational divisions. In his previous role, as BT's Regional Business Manager, he managed 1,200 people with responsibility for a budget in excess of £30 million.

Educated to post graduate level, in July 2011 he was awarded an Honorary Doctorate as Doctor of Bradford University for services to businesses and communities across the region. He is also Chairman of the Bradford Employment and Skills Board, Chairman of Bradford Breakthrough, Board member of the Airedale Partnership and a Lay Member of the University of Bradford Council.

Mr Chris Jelley, Non-Executive Director

After reading politics, philosophy and economics at Balliol College, Oxford, Chris taught economics at the City of London School for Boys for four years. He then joined BBC's educational television department, producing economics and management programmes, the BBC's first numeracy campaign, and a series of programmes analysing the NHS in 1986.

At Yorkshire Television, he was Chairman of the ITV Schools TV Committee and Chairman of the European Broadcasting Union's Education Expert Group. In 1998 he was one of the team appointed by the Department for Education and Skills to set up the University for Industry, known as learndirect, and commissioned many of their IT courses. He has also been a Consultant to the NHS University. He is currently Chairman of the Trustees of the Open College of the Arts and Director of the Quality Assurance Agency.

Alongside his Non-Executive Director's role, Chris acted as Senior Independent Director to the Foundation Trust. In this capacity he was available to members and Governors if they have concerns which contact through the normal channels of Chairman, Chief Executive or Finance Director has failed to resolve or for which such contact is inappropriate.

Mr David Munt, Non-Executive Director (from November 2013)

David Munt trained with Coopers and Lybrand and spent the majority of his executive career with Bradford and Bingley PLC. He was Director of Treasury for the organisation. He took his first NED role in the NHS as Audit Chair with Bradford and Airedale Teaching PCT (2006-11). He has also been Audit Chair for Leeds PCT. Since the PCT has closed, David was Lay Member (Governance) for the Airedale, Wharfedale and Craven CCG and was their Audit Committee Chair.

Mrs Pauline Vickers, Non-Executive Director (from November 2013)

Pauline joined the Trust in November 2013 and is currently working for Royal Mail. She brings a wealth of business and leadership experience gained at board level in a range of commercial, customer and people focused roles across the Royal Mail Group. Educated at Prince Henry's Grammar School, Otley she went on to read Management Science at the University of Manchester Science & Technology (UMIST), followed by a Post Graduate Diploma in Personnel Training & Development at Leeds Metropolitan University. She is a member of the Institute of Personnel & Development, an accredited coach via Middlesex University and recently completed an Executive Leadership Development Programme at the Oxford Said Business School.

Pauline is committed to supporting diversity and is a member of the Diversity Steering Group for Royal Mail and Chairs the London Women's network to support the success of women within the organisation. She is also a Trustee of the Rowland Hill Fund, a charity that supports Royal Mail employees and pensioners in times of need.

Pauline is proud to live in the Bradford area, with all the challenges that go with our diverse local community. On a more personal note, she has had first-hand experience of getting a patient's and carer's voice heard, when supporting her sister who was terminally ill and her father as his primary carer, experiencing what a wonderful difference the kindness and support NHS staff can make to loved ones and carers. Whilst always on a learning curve, Pauline believes this personal experience, combined with her business skills and values will help her succeed in helping to shape and challenge the successful delivery of the Trusts strategy. She passionately believes that to be successful the Trust has to put patients at the heart of everything we do.

Mr John Waterhouse, Non-Executive Director

After attending Bradford Grammar School and reading physics at St Catherine's College, Oxford, John worked in computing in industry and the NHS. Later he was Managing Director of a number of industrial services companies – computer services, waste management and construction services. From 2001 he served two terms as a Non-Executive Director of North Bradford Primary Care Trust, when he was the PCT's partner governor at the Foundation Trust. Later he was elected a public governor.

He was a member of the Community Health Council and the successor organisation for public and patient involvement. He is Non-Executive Chairman of H C Slingsby PLC, the AIM-listed distributor of industrial and commercial equipment. The company has traded for over a century from its base in Bradford and employs one hundred people. He is a member of the Governing Body at Stroma Certification Ltd, the Wakefield-based accreditation body for environmental engineers and assessors.

He maintains his interest in the improvement of both primary and secondary NHS services in his native Bradford, particularly in the tackling of health inequalities in our city. He lives in Idle and has served as a Magistrate in Bradford since 1992 and was a school governor. A lifetime runner, he is a member of the regional council for England Athletics, charged with modernising the sport in our region.

Professor James Walker

Professor James Walker is the Professor and Head of Department of Obstetrics and Gynaecology in the University of Leeds since1984. He was born in Aberdeen, grew up in Dundee and graduated from the University of Glasgow. In 1976 his postgraduate training and early years as a consultant were all in Glasgow. He has worked extensively in high risk obstetrics, incident reporting, root cause analysis and risk assessment. He was obstetric advisor to the National Patient Safety Agency, Chairman of the Centre for Maternal and Childhealth Enquiries and Senior Vice-president of the Royal College of Obstetricians and Gynaecology. He is passionate about patient safety and providing care at the time and place that is best for the patient. He works with various medical charities, was the inaugural president of the Ectopic Pregnancy Trust founder member of the Association of Early Pregnancy Units, is medical Director of Action on Pre-ecalmpsia and is the President of the Baby Lifeline training company.

Attendance at Meetings of the Board of Directors 2013/14

Board Members	29.05.13	31.07.13	25.09.13	30.10.13	27.11.13	18.12.13	29.01.14	26.03.14	TOTAL
David Richardson	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Bryan Millar	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Helen Barker		✓	✓	✓	✓	✓	✓	✓	7 of 7
Juliette Greenwood		x	✓	✓	✓	✓	✓	✓	6 of 7
Matthew Horner	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Sally Scales	✓	✓							2 of 2
Sandy Spencer	✓								1 of 1
Grace Alderson	✓	✓	✓	✓	x	✓	✓	✓	7 of 8
Richard Bell	✓	✓	✓	✓					4 of 4
Trevor Higgins	x	✓	✓	✓	✓	✓	✓	✓	7 of 8
Chris Jelley	✓	✓	✓	x					3 of 4
David Munt					✓	x	✓	✓	3 of 4
Pauline Vickers					✓	✓	✓	✓	4 of 4
James Walker	x	✓	✓	✓	✓	x	✓	x	5 of 8
John Waterhouse	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
	Denotes period when not a member of the Board								
✓ = Attended X = Apologies sent									

Meetings of the Board of Directors are also attended by Pat Campbell, Director of Human Resources, Cindy Fedell, Director of Informatics and Chris Allcock, Trust Secretary.

Audit and Assurance Committee

The Audit and Assurance Committee is a Committee of the Board of Directors. The purpose of the committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

During the year, the work of the Committee has included:

- Approval of the risk based internal audit plan produced by the Foundation Trust's Internal Auditor, the West Yorkshire Audit Consortium, and review of the results of all audits together with progress reports on the implementation of these audits;

- Approval of the risk based counter fraud plan and review of the work of the Foundation Trust's Counter Fraud Specialist;

- Review of the Annual Report and Annual Governance Statement;

- Review and approval of the updated Standing Orders, Standing Financial Instructions and Scheme of Delegation;

- Review of the effectiveness of external audit and recommendation to the Council of Governors for the reappointment of the auditor;

- Review of the Foundation Trust's annual financial statements and recommendation for their adoption to the Board of Directors. Significant issues considered were:

  - The level of provisions made;
  - Changes in the level of a number of expenditure headings in comparison with the previous year;
  - Additional Public Dividend Capital received during the year;
  - Cash balances held; and
  - The appropriate treatment of charitable funds

  These areas were reviewed with Trust management and the external auditors to ensure that the accounting treatment was appropriate; and

- Review of losses and special payments and tenders awarded by the Foundation Trust

The Committee has sought and been given assurance that the necessary co-operation had been received from Foundation Trust managers and staff. The Committee was also satisfied that there was appropriate liaison and co-operation between internal and external auditors. Representatives from both auditors have attended each meeting and presented details of the work carried out and their main findings.

The Committee's membership during the year has been as follows:
- Richard Bell - Chair (to October 2013)
- David Munt - Chair (from November 2013)
- Grace Alderson (from September 2013)
- Trevor Higgins
- Chris Jelley (to October 2013)
- John Waterhouse (from July 2013)

The Committee met six times during the year. Attendance at these meetings was as follows:

Attendance at Meetings of the Audit and Assurance Committee 2013/14

MEMBERS	21.05.13	30.07.13	24.09.13	26.11.13	28.01.14	25.03.14	TOTAL
Richard Bell	✓	✓	✓	✓			4 of 4
David Munt					✓	✓	2 of 2
Grace Alderson			✓	✓	✓	x	3 of 4
Trevor Higgins	x	✓	✓	✓	✓	✓	5 of 6
Chris Jelley	✓	✓	✓	x			3 of 4
John Waterhouse		✓	✓	✓	✓	✓	5 of 5
Matthew Horner	✓	✓	✓	✓	✓	✓	6 of 6
	Denotes period when not a member of the Committee						
✓ = Attended X = Apologies sent							

Committee meetings are also attended by Chris Allcock, Trust Secretary, Michael Quinlan, Assistant Director of Finance and representatives of both internal and external audit normally attend meetings.

External Audit

The external auditor for the Foundation Trust is:

KPMG LLP
1 The Embankment
Neville Street
Leeds LS1 4DW

The auditor was appointed in April 2012 following a procurement exercise led by a working group of the Council of Governors. The appointment is in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor. The auditor is reappointed each year by the Council of Governors based a on a recommendation made by the Audit Committee.

The fee for the year is shown below:

Fee (excluding VAT)	2013/14 £000
Audit Services – Statutory Audit	54.4
Other Services	-
Total	**54.4**

The provision of non-audit services by the external auditor is governed by the Foundation Trust's Policy on the Use of External Audit for Non-Audit Services, which was updated in November 2013. The main objective of the policy is to ensure that any non-audit service provided by the external auditor cannot impair, or cannot be seen to impair, the objectivity of their opinion on the financial statements.

Any proposal for the use of the external auditors to provide non-audit services is reported to the Audit and Assurance Committee.

Internal Audit

The Foundation Trust's Internal Audit function is provided by the West Yorkshire Audit Consortium, an NHS Consortium hosted by Calderdale and Huddersfield NHS Foundation Trust. The Consortium provides a full range of internal audit and counter fraud services to a range of NHS clients and other bodies.

The Consortium provides an independent and objective opinion on the degree to which the risk management, control and governance arrangements support the achievement of the organisation's objectives.

Quality and Safety Committee

The Quality and Safety Committee is a Committee of the Board of Directors. The purpose of the Committee is to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of quality and safety in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Attendance at Meetings of the Quality and Safety Committee 2013/14

Member	21.6.13	23.8.13	30.10.13	27.11.13	18.12.13	29.1.14	29.2.14	26.3.14	Total
James Walker	X	X	✓	✓	X	✓	✓	X	4 of 8
Grace Alderson	✓	✓	✓	X	✓	✓	X	✓	6 of 8
Richard Bell	X	✓							1 of 2
John Waterhouse	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
David Richardson	X	✓	✓	✓	✓	✓	✓	✓	7 of 8
Bryan Millar	X	✓	✓	✓	✓	✓	✓	✓	7 of 8
Helen Barker	X	✓	✓	✓	✓	✓	✓	✓	7 of 8
Juliette Greenwood		X	✓	✓	✓	✓	✓	✓	6 of 7
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
	Denotes period when not a member of the Committee								
✓ = Attended X = Apologies sent									

Committee meetings are also attended by Pat Campbell, Director of Human Resources, Cindy Fedell, Director of Informatics and Chris Allcock, Trust Secretary.

Performance Committee

The Performance Committee is a Committee of the Board of Directors. The Committee was established in April 2013 and its purpose is to provide detailed scrutiny of performance and financial matters in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors. In fulfilling this purpose, the Committee at all times seeks assurance that patient safety and quality is not compromised by any proposed recovery or action plan.

Attendance at Meetings of the Performance Committee 2013/14

Member	24.04.13	29.05.13	26.06.13	31.07.13	28.08.13	25.09.13	30.10.13	27.11.13	18.12.13	29.01.14	26.02.14	26.03.14	Total
Chris Jelley	✓	✓	X	✓	✓	✓	X						5 of 7
Grace Alderson	✓	✓	✓	✓	✓								5 of 5
Trevor Higgins	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Pauline Vickers								✓	✓	✓	X	✓	4 of 5
James Walker						✓	✓	X	X	✓	✓	X	4 of 7
John Waterhouse	✓	✓	✓	✓	✓								5 of 5
David Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Bryan Millar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Helen Barker		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Juliette Greenwood				X	X	✓	✓	X	✓	✓	✓	✓	6 of 9
Matthew Horner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Sally Napper	✓												1 of 1
Sally Scales		✓	✓	✓	✓								4 of 4
Sandy Spencer		✓	✓										2 of 2
	Denotes period when not a member of the Committee												
✓ = Attended X = Apologies sent													

Committee meetings are also attended by Pat Campbell, Director of Human Resources, Cindy Fedell, Director of Informatics and Chris Allcock, Trust Secretary.

Charitable Funds Committee

The purpose of the Charitable Funds Committee is to give additional assurances to the Board of Directors that the Foundation Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales and to ensure compliance with the Charity's own governing document.

The Charitable Funds Committee monitors all aspects of the charity's activity with the Foundation Trust as set out within its governing document. During the year the Committee reviewed the income and expenditure of the Fund and approved changes to signatories and the setting up and closure of specific designated sub funds. Other businesses addressed during the year included agreeing the charity's priorities as those described in "Together, putting patients first" to maximise the impact of the charity and its benefits to the beneficiaries, and the decision to not consolidate the charity's annual accounts with those of the Foundation Trust under International Accounting Standard 27.

Attendance at Meetings of the Charitable Funds Committee in 2013/14

MEMBERS	26.06.13	28.08.13	18.12.13	26.02.14	TOTAL
David Richardson	✓	✓	✓	✓	4 of 4
Trevor Higgins	✓	✓	✓	✓	4 of 4
David Munt				✓	1 of 1
Bryan Millar	✓	✓	✓	✓	4 of 4
Juliette Greenwood			✓	✓	2 of 2
Matthew Horner	✓	✓	✓	✓	4 of 4
Sally Scales	x	x			0 of 2
Abdulhamid Ismail				x	0 of 1
David Robertshaw				✓	1 of 1
	Denotes period when not a member of the Committee				
✓ = Attended X = Apologies sent					

Committee meetings are also attended by Michael Quinlan, Assistant Director of Finance.

Foundation Trust Membership

Bradford Teaching Hospitals NHS Foundation Trust membership is made up of public, patient and staff membership constituencies.

Public Membership Constituency

To be eligible for public membership a person needs to be over the age of 16 years and resident within one of the public constituencies as outlined within the Foundation Trust's Constitution. The public membership constituency is divided into five sub-constituencies which are known as Keighley, Shipley, Bradford East, Bradford South and Bradford West. These constituencies are comprised of the 30 electoral wards within the Bradford Metropolitan District Council (BMDC) area.

For the purposes of Foundation Trust membership the electoral ward a person lives in determines which membership sub-constituency they are registered in. Public members are automatically registered in one of the sub-constituencies as determined by their home postcode.

Membership sub-constituency	Wards
Keighley	Craven, Ilkley, Keighley Central, Keighley East, Keighley West, Worth Valley
Shipley	Baildon, Bingley, Bingley Rural, Shipley, Wharfedale, Windhill and Wrose
Bradford East	Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor, Eccleshill, Idle and Thackley
Bradford South	Great Horton, Queensbury, Royds, Tong, Wibsey, Wyke
Bradford West	City, Clayton and Fairweather, Heaton, Manningham, Thornton, Toller, Little Horton

Patient Membership Constituency

To be eligible for 'patient' membership a person needs to be over the age of 16 years, have received treatment at Bradford Teaching Hospitals NHS Foundation Trust and live outside the BMDC boundary or, where appropriate, they are the carers of such a patient and act on their behalf.

Staff Membership Constituency

To be eligible for staff membership a person needs to be an employee of the Foundation Trust who holds a permanent contract of employment or has worked for the Foundation Trust for at least 12 months. Contract staff or staff holding honorary contracts and who have worked at the Foundation Trust for at least 12 months are also eligible for membership.

Number of Members

At the year end the Foundation Trust has a total membership of **49,939**. The table below provides a breakdown of membership within each of the main membership constituencies and where applicable the sub-membership constituency within each group.

Public Membership Constituency Breakdown	FT members	% membership	BMDC total population	% of BMDC population
Bradford East	9,341	24.29	115,871	21.78
Bradford South	9,113	23.70	103,262	19.41
Bradford West	9,405	24.46	117,098	22.01
Keighley	3,185	8.28	98,934	18.60
Shipley	7,152	18.60	96,891	18.21
Total Public Membership	**38,459**		**532,056**	

Total Patient Members	6,839

Staff Membership Constituency breakdown	FT members	Total eligible staff population	Membership as % of total eligible staff population
Allied Health Professionals and Scientists	576	597	96%
Nursing and Midwifery	1,475	1,593	93%
Medical and Dental	367	399	92%
All Other Staff Groups	2,223	2,389	93%
Total Staff	**4,641**	**4,978**	**94%**

Newly employed staff members are automatically opted into membership of the Foundation Trust unless they advise that they do not wish to be a member. Employees who are ineligible for staff membership due to the nature of their contracts are offered either public or patient membership of the Foundation Trust as long as they meet the qualifying criteria for those membership constituencies. Staff members who leave employment of the Foundation Trust are offered either public or patient

membership of the Foundation Trust as long as they meet the qualifying criteria for those membership constituencies.

A Summary of the Membership Strategy 2011 to 2015

The Membership Development Strategy 2011 to 2015 sets the targets and objectives for membership recruitment.

The Foundation Trust has taken the considered view that total membership overall should at a minimum equate to approximately 10% of the local eligible population. The local eligible population (aged 16 upwards) stands at 399,966 and so membership currently stands at 12%. Maintaining this level of membership:

- Creates a credible mandate for elections to the Council of Governors;

- Provides a broad and diverse range of people to consult with on wider issues;

- Provides a broad and diverse range of people to draw on for public and patient involvement activities related to their declared interests;

- Means that the Foundation Trust is able to more broadly communicate with the local population and patients.

The strategy commits the Foundation Trust to delivering a varied, relevant and responsive programme of events and activities that meets the diverse needs and interests of our members. With regard to communications the Foundation Trust is working to develop its use of electronic and digital technologies as well as ensuring that the diverse groups within the membership continue to receive appropriate and accessible communications.

Membership Recruitment, Engagement and Development 2013/14

At the beginning of April 2013 total overall membership equated to approximately 13% of the eligible local population which was 3% above the baseline set within the strategy. During the year, membership has declined by 900 members which equates to a 2% churn rate which is an improvement on the previous churn rate of 5% in the previous year. As the Foundation Trust is above the baseline set for membership there were no active recruitment campaigns undertaken however members were provided with opportunities to register in tandem with general membership activities and via our on-line membership joining form. The profile of the membership remained under quarterly review with regard to representation. The Foundation Trust is pleased to report that the membership remains representative of the communities served.

All public and patient members continue to have access to a range of membership benefits which include special rates for members in the Foundation Trust's restaurants and access to 'NHS Discounts', an online national discount scheme previously only available to NHS staff.

The engagement programme continued to be developed and implemented during the year. The highlights from 2013/14 are outlined below:

- The Foundation Trust's eighth annual Open Event titled 'Experience Matters' which focussed on the work undertaken at the trust in relation to improving the patients experience as well as highlighting the engagement programme of Governors in this area. This event attracted approximately 400 visitors;

- Members have been taking part in 'patient and public engagement' activities led by the Trust's Clinical Divisions. Members (and the public) have been involved in:
  - PLACE assessments

- Consultations on the development of strategies related to Information Services and Public & Patient Involvement
- Consultations on the 'Improvement priorities' included in the Trust's Quality Account including feedback from Staff.
- Completion of in-patient feedback forms to support the Governors ward visits programme.

- Our sixth annual Young Persons NHS Open Event was again full to capacity and covered jobs/careers, training/education, volunteering and health and wellbeing. In addition the event included opportunities for young people to meet with other young people working in the NHS to hear directly from them about their roles.

- FOCUS, the membership magazine continued to include in-depth articles about the strategic plans and developments at the Foundation Trust, the engagement and involvement programme of the Council of Governors and feedback from the Governors meetings.

- Resources were also dedicated to improving communications with staff with regard to the work of the Council of Governors and during 2013/14. Regular feedback from Council of Governors meetings is included across all internal communications methods (weekly global email, monthly staff briefing and, Trust Today (dedicated staff magazine).

- An increased number of members put themselves forward to stand for election in relation to three governor vacancies. Following a sustained communications and engagement campaign amongst staff the first staff elections to be held since 2004 took place in the 'all other staff constituency' with five candidates fielded. Governor Information sessions were also held to support the elections process.

Contact procedures for members who wish to communicate with Governors

If members have specific issues they wish to raise they are able to contact individual Governors, the Chairman, or the Council of Governors as a whole via a dedicated helpline telephone number or via a dedicated email address or in writing c/o the Foundation Trust Membership Office.

Papers and agendas for Council of Governor meetings are published on the Foundation Trust's website in advance of the meetings taking place.

Members are advised of these processes through the membership welcome pack, regular membership communications updates, the agendas for council of governor meetings and via the Foundation Trust's dedicated membership website pages.

Statement on Compliance with the Foundation Trust Code of Governance

The Board of Directors formally reviewed the Code of Governance at its meeting in April 2014. It was confirmed that the Foundation Trust complied with the Code with the exception of the following provisions:

A.4.2 The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.

During 2013/14 the term of office of the former senior independent director, Chris Jelley, came to an end. Grace Alderson has been appointed as senior independent director, however due to the closeness to the end of the chairperson's term of office in June 2014 a meeting of the non-executive directors to appraise the chairperson's performance has not taken place. This provision will be complied with in future.

B.7.1 In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence

In October 2010 the Board of Governors reappointed David Richardson, Chairman, for a third term of office of three years. In January 2011 the Board of Governors approved the reappointment of Chris Jelley, Senior Independent Director and Richard Bell, Chair of Audit Committee for a third term of office of two years with the option to reappoint for a further year. These appointments were felt to be appropriate to ensure continuity at that time and avoid excessive turnover in any one year.

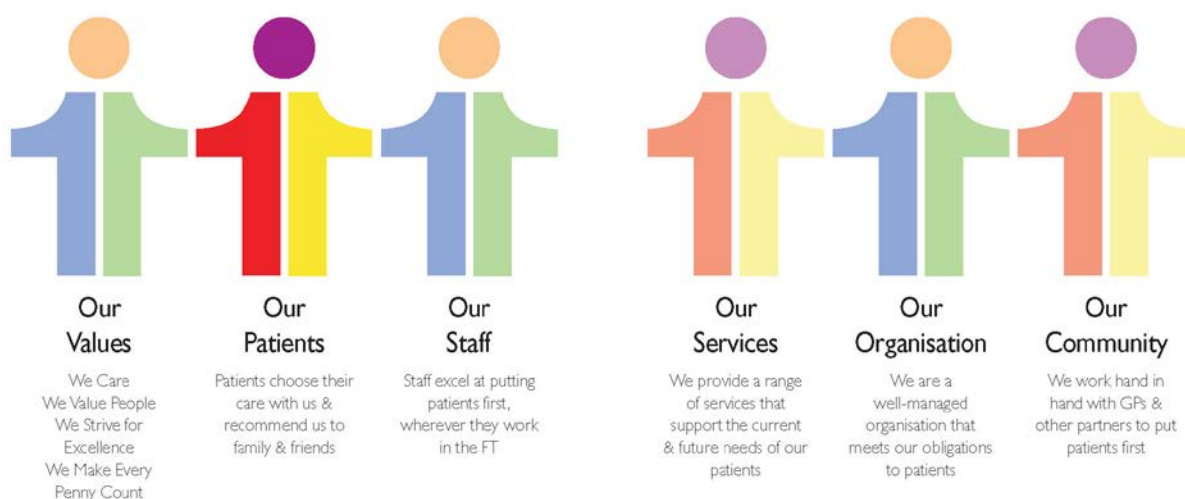*6. Quality Account*

Part 1: Statement on quality

Statement on quality from the Chief Executive

The quality of care we provide is one of our greatest assets and also one of our most important priorities. Our services are constantly changing and improving to meet the needs of the community and we have continued to introduce new initiatives to improve the quality of care and patient experience.

This year saw the launch of our new corporate strategy, 'Together, putting patients first'. This five-year strategy aims to build on our culture of compassionate care and patient safety. It outlines our ambitions for 2013-18, while recognising the challenging environment which the NHS faces.

It is our commitment to patients that we will ensure they remain at the centre of all that we do and that our services support the needs of our population. We have a strong Foundation Trust membership base, an excellent reputation for training new doctors and for research, and a clear mission to deliver safe healthcare, of the highest quality at all times, for all our patients.

'Together, putting patients first' sets out our vision for the next five years and outlines specific commitments to deliver this new strategy. It has six distinctive sections: our values; our patients; our staff; our services; our organisation and our community.

Our Values	Our Patients	Our Staff	Our Services	Our Organisation	Our Community
We Care We Value People We Strive for Excellence We Make Every Penny Count	Patients choose their care with us & recommend us to family & friends	Staff excel at putting patients first, wherever they work in the FT	We provide a range of services that support the current & future needs of our patients	We are a well-managed organisation that meets our obligations to patients	We work hand in hand with GPs & other partners to put patients first

We recognise the diversity and specific health needs of our local and regional population, and this strategy is designed to ensure we work both internally and with partners to put the needs of our patients first.

Bradford Teaching Hospitals NHS Foundation Trust is the first Trust in the country to be awarded 'Working towards being a dementia friendly hospital' status by the National Dementia Action Alliance. This is a huge achievement and reflects the work done by everyone in the Trust to improve the level of care we provide for patients with dementia and their families.

We are working closely with our commissioners, Bradford Council and social services to provide a seamless and closely linked service for people as the city of Bradford is working towards being a Dementia Friendly Community.

In January, the Care Quality Commission (CQC) released its report into an unannounced inspection of BRI over a four-day period in October 2013. The CQC inspectors highlighted a number of areas of good practice within the Trust and areas where improvements needed to be made.

The report was complimentary about the service we provide in many areas visited by inspectors and included very positive feedback from our patients. We were judged to meet the essential standards in the management of medicines – patients being given the medicines they need when they need them, and in a safe way; and complaints – patients having their complaints listened to and acted on properly.

However, the inspection also gave a clear cause for concern that essential standards were not being met in some of the areas visited and these were having a moderate impact on patients, with staffing having a major impact, particularly in our Emergency Department.

The inspectors found that standards were not being met in three areas at the time of the inspection which had moderate impact on patients, including: respecting and involving people who use services; care and welfare of people who use services; assessing and monitoring the quality of service provision.

The Board of Directors took a number of immediate steps to significantly increase staffing levels. Substantial focus on recruitment has helped us successfully fill vacant and newly established posts against a backdrop of national shortages in Emergency Department Consultants and difficulties recruiting and attracting staff to Bradford.

Immediate action was taken to improve privacy and dignity in the Emergency Department, improve the process of triage, improve patient flow throughout the hospital and recruit additional nurses and consultants.

The CQC reported that 55% of all new attendees in the Emergency Department presented with minor conditions which did not require emergency treatment. In order to ease the strain on the department and reduce overcrowding during busy periods we have been working on initiatives with our Clinical Commissioning Groups.

We welcome the opportunities this inspection has given us to make further improvements to the work that is already going on throughout the Foundation Trust and we are confident that measures have been established to fully address the CQC's findings.

This report gives us the opportunity to update you on the excellent progress that has been made in improving the quality of patient services that we provide.

To the best of my belief, the information provided in this report is accurate.

Bryan Millar, Chief Executive

Part 2: Priorities for improvement and statements of assurance

Review of progress against quality priorities for 2013/14

This section details each of the priority areas for improvement for 2013/14 and how we identified them in consultation with the Governors and Foundation Trust membership.

It then outlines the new improvement initiatives which we will be focusing, and reporting, on in 2014/15.

At the start of 2011 the newly convened Patient & Public Involvement Governor Working Group held a consultation with public and patient members of the Foundation Trust in order to identify their priorities for improvement for inclusion in the Quality Account 2011/12. This was as part of a wider consultation with a range of stakeholders in identifying priorities for the Foundation Trust's Quality Account.

2013/2014 is the third year in which the 'membership improvement priorities' have been included within the Trust's Quality Account. In setting the local improvement priorities it was recognised that it may take 2 - 3 years to achieve significant and sustained improvements. The seven improvement priorities are due to be reviewed and refreshed in advance of the publication of the 2014/15 Quality Account.

Quality Domain(s)	Patient Experience
Improvement priority 1	**Nutrition**
Descriptor	**Offering healthy meals that are of good quality and at the right temperature**
Aims:	

Aims:
- Further increases in the number of patients surveyed;
- Continued improvements in the satisfaction rates of patients in relation to the food and service they receive;
- Provide evidence of how the Ward Hospitality Assistant (WHA) service is contributing to improvements in the experience of patients.

Actions undertaken:

Patient Satisfaction surveys	Programme of monthly patient satisfaction surveys in progress by the external food contractor. A monthly internal catering survey is distributed to 200 patients on a planned cycle across all wards. If the overall responses are poor for any of the questions, the catering team investigate the wards from where the poor results were given, with the aim of improving the results and the catering experience for our patients. Catering managers perform regular spot checks using the surveys to pin point the areas that need attention in order to provide a better service to our patients.
Food Waste Action Team	The waste has continued to fall in most areas and we are continuing to work with the food waste action team to address areas of concern. We are also in discussions with the food contractor over main course pack sizes, if these packs are produced in smaller portion packs it will assist in reducing the waste further.
Ward Hospitality Assistant service	One of the main positive factors of having introduced the WHA is how quickly they have integrated to become part of the ward team. The Ward Hospitality supervisors collect the internal patient surveys and look for negative comments, they then arrange to visit the patients so they can discuss the catering issues with the patient. Several patients have written to the Telegraph & Argus singing the

praises of the WHA on the ward where they were an inpatient.

New Patient menus	The new menus that were introduced at the end of August 2013 have in general been well received by the patients. They like the flexibility of the menu and the addition of a lighter choice menu that includes various sandwiches, jacket potatoes with various fillings and a choice of salads at both lunch and supper time has been popular. The new patient menus were tested by the Board of Directors in January 2014. A new "kids menu" was introduced in March 2013.These are now well established on each of the paediatric wards. Catering continue to meet with ward representatives and the paediatric dieticians to discuss any issues that arise.

Results:

A quarter 3 summary of the external contractor patient meal surveys results:

MONTH	Q1 Have you been able to choose meals that you like from the menus [%Yes]	Q2 When you have ordered a meal, do you receive what you asked for [%Yes]	Q3 Have your meals looked appetising [%Yes]	Q4 Have your meals been served at a suitable temperature to enjoy them [%Yes]	Q5 Have you enjoyed the taste of your meals [%Yes]	Q6 Have the portions of food that you have received been enough for you [%Yes]	Q7: Over the period of your stay how would you rate the food you had?				No Patients Audited
							Excellent	Good	Acceptable	Poor	
All MONTHS	96%	97%	97%	88%	100%	98%	11%	66%	20%	3%	68
OCT 13	100%	95%	91%	93%	100%	100%	9%	77%	9%	5%	22
NOV 13	100%	100%	100%	85%	100%	95%	15%	60%	25%	0%	20 26
DEC 13	88%	96%	100%	85%	100%	100%	8%	62%	27%	4%	

Feedback:

Letters to the T&A have highlighted the patient response to the catering improvements:

"In response to the recent negative coverage on the standard of hospital food, I'd like to praise Bradford Royal Infirmary on its meals. There is a choice of hot and cold food options for lunch and dinner, the meals are substantial and include plenty of fresh vegetables. There was also a choice of puddings and plenty of choice at breakfast, too. In addition, the staff serving the food were efficient and polite. What more do people want? I was surprised to find there is even a choice!"

".......The food was very good, with a good choice. I jokingly asked the cheerful 'dinner lady' if it would be possible once I was discharged to return to the ward from home at dinner times to have a meal as they were so good!"

Monitoring progress:

Patient satisfaction around hospital food is taken seriously and monitored closely. Patient satisfaction audits will continue to be conducted monthly by the external food contractor and the internal catering service.
Any poor feedback received following our internal catering monthly satisfaction surveys of 200 patients is always acted on.
A Patient Satisfaction meeting is held on a monthly basis - results are discussed and further actions agreed and moved forward.
Monthly results and comments are also discussed at the Improving Nutrition Working Group.

Quality Domain(s)	Patient Experience
Improvement priority 2:	Waiting Times
Descriptor	Reducing waiting times for blood tests and other investigations and informing patients promptly of possible delays and the reason for the delay in relation to any aspect of their care/treatment

Aims:

- Increase in the number of patients completing the real time survey in outpatients and sustained improvements in terms of their experiences;
- Improved compliance with the national standard in the outpatient waiting times audit;
- Improvement in the availability of medical records for outpatient clinic appointments;
- Improvement in waiting times associated specifically with phlebotomy services.

Actions and results:

Real time survey	A touch screen has been available in the outpatient department to support capture of patient feedback about their experience following an appointment and visit to the department since September 2011. There have been a total of 422 patients participating in the survey to date which is disappointing and does not give us the level of feedback expected. The Adult Outpatients team are working with the Voluntary Services and the Divisional Patient Experience Team to look at options for increasing patient participation in the real time survey.
	Whilst it is acknowledged that this method of data collection has limitations and does not enable patients to provide any additional comments, the majority of patients reported a positive experience of the care and treatment received during their appointment and stated that staff are 'polite' and 'helpful' during their visit.
	The results from the outcome of this survey are displayed in the outpatient department once the analysis has been completed.
	A number of technical problems with the hardware and software have been experienced which has meant a considerable amount of downtime. Alternative Trust wide options are being explored which will provide a more robust system of real time feedback in a variety of settings.
Outpatient waiting times audit	The Audit of Outpatient Waiting Times is conducted on an annual basis. The responsibility for completing the audit lies with the divisions/departments outpatient services. The following is a summary of the results from an audit of 42 completed clinic forms in November 2013:

		Medicine	Services for Women & Children	Surgery & Anaesthesia	Clinical Support Services	Trust Wide
Number of clinics audited		7	2	29	4	42
Percentage of patients informed of delays upon arrival		100%	100%	79%	75%	83%
Percentage of patients informed of expected duration of delay		100%	100%	72%	75%	79%
Percentage of patients informed of reason for delay		86%	0%	90%	100%	86%
Percentage of patients given a choice to wait or book another appointment		57%	50%	66%	75%	64%
Average Length of Delay		01:00	00:45	00:42	N/A	00:45
Percentage of patients provided something to occupy/entertain them during their wait		100%	100%	90%	100%	93%
Patients informed about delays via: (can be multiple routes)	Verbally	100%	100%	97%	100%	98%
	White Board	100%	100%	21%	50%	40%
	Electronic Updates	0%	0%	3%	0%	2%
	Other Methods	0%	0%	0%	0%	0%
	Not Informed	0%	0%	0%	0%	0%
	Not Answered	0%	0%	0%	0%	0%
Average Waiting Time		00:20	00:37	00:37	00:40	00:34
Cases with incomplete data		0%	0%	0%	0%	0%

The results from the outcome of this survey are displayed in the outpatient department once the analysis has been completed.

Availability of medical records	The availability of Medical records for outpatient clinics is monitored on a daily basis and records are kept to feed into monthly performance statistics. Data is collected on the % of notes that reach the clinic by 3.30pm the day before and the % available on the day of the clinic. Regular review meetings take place to review reasons and solutions for any issues where medical records were unavailable for the patient's outpatient appointment.

Month	Total Requested	Delivered by deadline	Percentage	Not Delivered	Late Delivered on the day	Total % delivered on the day
Jan-13	9645	9027	93.59%	109	509	98.87%
Feb-13	7919	7434	93.88%	105	378	98.65%
Mar-13	7299	6783	92.93%	138	378	98.11%
Apr-13	7903	7429	94.00%	144	330	98.18%
May-13	9144	8606	94.12%	120	418	98.69%
Jun-13	8140	7828	96.17%	82	230	98.99%
Jul-13	9479	8978	94.71%	96	405	98.99%
Aug-13	6692	6341	94.75%	72	279	98.92%
Sep-13	7703	7297	94.73%	67	339	99.13%
Oct-13	9502	8970	94.40%	139	393	98.54%
Nov-13	5585	4960	88.81%	625	212	92.61%
Dec-13	7477	6922	92.58%	100	455	98.66%

Phlebotomy service waiting times	The Phlebotomy service is trialling a new electronic system which will record activity and time taken for that activity to give access to more detailed information about waiting times. A Phlebotomy Service Waiting Time Improvement project has been introduced to improve patient flow and the patient experience.

Monitoring progress:

Data will continue to be collected and alternative data collection methods for real time feedback are also being explored.

Survey reports will continue to be fed back via the patient experience group to support engagement of staff and clinicians involved in delivering outpatient services across the Trust.

The Operational Service Manager/Clinical Service Manager or Matron is responsible for ensuring their

departments compliance with the Outpatients Management Policy.
Observation of practice spot checks are arranged and carried out with a governor where possible so that there is a Sister and an outside perspective reviewing practice and reporting on actions for improvement. All action plans are developed with staff and progress is reviewed for completion of tasks within the defined timescales.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority 3	Patient Information
Descriptor	Providing accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment.

Aims:

Increased engagement with patients/public in the production of patient information;
Improvements in those divisions and departments that fall below the Trust's compliance target of 75% with the Communication with Patients policy.

Actions:

When the policy was updated, in January 2012, it included the requirement to test patient information with users. The Foundation Trust made a commitment to actively engage with patients and target audiences in the production of patient information and this is documented within the 'Communication with Patients Policy' where authors are required to test new information on potential service users – and record the names and titles of all reviewers on the approval submission form. The level of user engagement was measured as part of the Communication with Patients audit in Spring 2013 for the first time and all divisions have made significant improvements. The analysis included recommendations for each Division to incorporate in an action plan detailing how they would address non-compliance.
The importance of patient involvement was the main theme of display material exhibited to staff, Governors and visitors at the Trust's Annual Open event in September 2013.

Results:

Results in 2012 were based on two key criteria:
- compliance with policy
- samples being in date.

Additionally for 2013 user involvement was included as a third measure.
Results were similar or better in 2013 for all but one division but the inclusion of the third criteria has slightly reduced overall average scores(percentages in brackets show compliance rates in 2012):

Organisational Summary 2013	Samples approved in accordance with CPAG Policy	Samples were in date	Evidence of user involvement	Average Score
Division of Medicine (39 leaflets)	63% (50%)	54% (67%)	45% (0%)	54% (59%)
Division of Surgery and Anaesthetics (44 leaflets)	56% (46%)	44% (59%)	38% (0%)	46% (53%)
Division for Women and Children (41 leaflets)	44% (56%)	27% (52%)	57% (0%)	43% (54%)
Division of Clinical Support Services (45 leaflets)	82% (76%)	71% (72%)	65% (0%)	73% (74%)
Central areas (21 leaflets)	98% (85%)	90% (38%)	100% (0%)	74% (62%)
Average organisational score	**69% (63%)**	**57% (58%)**	**61%** (0%)	**58% (61%)**

Monitoring progress:

All divisions are committed to achieving 75% compliance in all elements of the audit and divisional action plans were formulated after the 2013 audit. Review of the actions is a common theme at monthly Communication with Patients Group (CPAG) meetings and all submissions to CPAG are being monitored for evidence of user involvement.
The next audit will be undertaken in Spring 2014. There are no plans to amend the audit tool in 2014 however the Trust Policy relating to this is about to be reviewed and this may influence the content and format of the forthcoming audit.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety

Improvement Priority 4.1	Patient & Carers discharge information - Adult services
Descriptor	Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines.

Aims:

Obtain patient feedback in relation to the overall discharge process and to the information patients and carers receive on discharge including advice on medication.

Action and results:

Discharge Booklet	Information from patient surveys, incident reports and complaints clearly showed a gap in the general information issued to patients and carers on discharge. The Trust is committed to ensuring that the quality of the patient experience is the same for everyone and considers that an effective discharge process is an integral part of the overall care package.
	A Discharge booklet was produced by the Discharge Team with user involvement to help patients and their carers to plan their discharge from hospital safely and to provide them with supportive and relevant information or advice that would be helpful when in hospital, and on leaving hospital. A section within the booklet is used by nursing staff to provide each person with individual information on their medication requirements as a prompt for patients.
	An audit of compliance in issuing the discharge booklets was completed in October 2013 and a further audit was carried out in January 2014. The outcome of these audits indicated work was needed to further enhance the provision of these booklets to all patients. A reminder that the discharge booklet should be given out to all patients or carers on admission or at pre assessment was issued to all wards.
	The Discharge team also frequently remind the ward teams to give the booklets out to new patients who have been admitted as an emergency. Some wards now include the booklets in their 'admission packs' as a way to remind staff to give them to patients.
	The 'Transfer of Care' referral tool to community nurses is being amended so that ward nurses will fax a medication list to the District Nurses alongside the nurse to nurse referral tool; the aim is to further support patients and their families with discharge medication.

Action and results:

Medicines Helpline	Pharmacy launched a new service in May 2013 aimed at patients who feel they require more information about the medicines they have been provided with during their hospital attendance.
	The helpline is operated by the Medicines Information Team from Mon to Friday 9am to 5.30pm, and operates an answerphone service outside these hours. The helpline has been advertised to patients in the form of a contact card that is placed in all To Take Home (TTH) and outpatient prescription dispensing bags - the card is small enough to fit in a wallet/purse.
	Whilst the numbers of calls to the helpline from patients is low, other neighbouring trusts experienced a similar low call rate when patient helplines were initially introduced. The intention is to extend the service to include outpatients receiving prescriptions from the hospital based pharmacies.

Feedback:

As part of the audit in October 2013 a booklet was given to a relative on ward 9 who felt the information was "useful as his mother had complex needs". An email from a lady who had seen the booklet on the Foundation Trust web site thought it was "useful".

Monitoring progress:

A further audit is planned to check compliance with the distribution of the Discharge booklet.
The number of calls to the Medicines Information line are monitored and analysed to inform future service developments in relation to discharge medications.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority 4.2	Patient and Carers discharge information – Children's services
Descriptor	Improving information on discharge to ensure that patients understand what to expect when they go home and how to take medicines.

Aims:
Developments in relation to the children's discharge processes.

Actions:	
'Discharge checklist' and 'Planning for Discharge' documents developed	Spot checks of nursing notes show that staff are not always completing or initiating use of these documents at an early stage. This will continue to be monitored and use of the documentation promoted through matrons rounds and the discharge forum representatives.
Discharge parent/carer satisfaction questionnaire	The revised discharge questionnaire is currently being piloted on ward 2 - the questionnaire is based on the Friends and Family Test questions.
Children's Assessment Unit pilot of e-Discharge for medications	The weekly e-Discharge statistics show excellent uptake and performance in the children's ward areas.
Patient and carers involvement and engagement into the Discharge Forum	The agenda for the forum meetings is to be reviewed with the ward staff in order to improve attendance. Patient and carers engagement will be secured following the relaunch of the revised Forum.
Complaints monitoring and analysis	A "Transforming complaints and patient/carer feedback" action plan has been developed in response to issues raised through formal and informal complaints and feedback received through engagement with parents and carers at Canterbury and St Edmunds Children's Centres and the Pamela Sunter Centre which is a support resource for parents/carers and children with Down's Syndrome. Progress against the delivery of the action plan has been reviewed and updated by Matron and circulated to the Divisional General Manager and Head of Nursing but going forward this will be monitored through the operational complaints group chaired by the Assistant Chief Nurse.

Results:
The Discharge questionnaire has been piloted for one month on Ward 2 – twenty nine responses have been received. Twenty seven of the respondents would be 'extremely likely' or 'likely' to recommend the ward to friends and family if they needed similar care or treatment with two responses of 'neither likely nor unlikely'.   No negative feedback or comments have been received during the pilot period.

Monitoring progress:
Spot checks of Discharge documentation will continue to ensure compliance with best practice discharge procedures.   Discharge Forum attendance records will be maintained to monitor frequency of attendance by individual members.   The Discharge Questionnaire will be rolled out to obtain feedback from service users.   We are planning to roll out the prescription tracking audit to speed up discharges delayed through non availability of medications.

Quality Domain(s)	Patient Experience
Improvement priority 5	Dignity and Respect
Descriptor	Being treated with dignity and respect, with staff being polite and staff listening

Aims:	
Review of progress against action plans from results of the Privacy and Dignity audit; Use of hand held devices to receive real time feedback.	

Actions and results:

| Dignity Audit | The audit was undertaken across all adult, paediatric and maternity wards, community hospitals and theatres during April 2013.

Following requests from the outpatient areas a new audit tool was developed- this was implemented for the first time alongside the original tool.

This audit has highlighted that there is good practice across all areas audited, with the majority of areas scoring between 80 and 90%. The addition of outpatient areas has made the audit a more robust tool to monitor improvements and progress. However the audit has identified aspects of patient care where improvements can be made, and clear action plans have been put in place to address these issues.

The audit tool has been updated in January 2014 to include rewording of some of the questions to improve clarity and also to split the questions so supporting evidence can be provided.

The Privacy and Dignity Group also thought the revised audit tool would provide an opportunity to engage with patients and capture their perspective of dignified care; however without hand held devices this consultation can only involve a limited number of patients. The revised audit tool is to be piloted from February 2014 in two areas and dependant on results the questions may be altered. |
|---|---|
| Procurement of hand held devices | A business case to enable hand held devices to be available in all areas which would enable real time feedback from patients has been submitted and approved. The tender process has begun and will inform future timescales for the introduction of their use across the trust. |

Monitoring progress:

The Dignity audit is performed on a 6 monthly schedule to assess compliance with the policy, and identify any areas were improvement is required.

Matrons and Ward/Department Managers are required to monitor progress against their improvement action plans, with Matrons reporting back on a monthly basis to the Dignity and Respect Steering Group.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority 6	Organised care
Improvement priority 7	Involvement in decisions
Descriptors	Staff working well together to organise care within a well organised ward/department
	To involve people in decisions regarding their care and treatment and expected outcomes

Aims:

Develop standardised reporting framework for the delivery of information and progress reports from clinical divisions detailing where improvements had been made and sustained.

Actions and results:

Patient Bedside Information Folder	Very positive feedback from pilot which led to decision to roll out Trust wide. Folders are now provided on every ward. A further review and evaluation is planned for Spring 2014.
Patient and Family Centred Care Model	Patient and Family Centred Care aims to improve both processes of care and staff-patient interactions to allow patients to participate in their care and feel confident working in collaboration with healthcare professionals. We intend to focus initially on reviewing visiting times. We acknowledge that people are often busy, yet we put extra constraints on them such as restricted visiting times, which one could argue are more about what suits 'the hospital' and not the patient or their family. Pilots of open visiting are being undertaken on a number of wards to understand what is achievable and to assess the impact on the patient and staff experience.
Read All About Us – Improving the Patient experience 	"Read All About Us" is an *Improving the Patient Experience* project. The boards have been developed to allow us to share our news, views and patient comments, to publicise what we have achieved and what we would like to improve upon in the future. We have consulted with patient & public representatives to get their input and finalise the design. The "Read All About Us" boards will be placed at the entrance to all wards and departments for patients, carers, relatives, visitors and staff. The boards will provide a standardised approach to feedback and reporting and showcasing information. Boards will display information that is important to the patients, relatives and carers because it is about how their experience has, or might make them feel. They will emphasise to patients that the Trust takes their opinion seriously and will respond to comments and feedback where possible. Each board will contain news, information and survey/audit results relevant to the ward. The information displayed will also include feedback from the Patient Choices website, Matron ward rounds, Friends & Family Test and complaints and compliments.

Feedback:

Patient feedback on the bedside Information folder:
"It's a well thought out book and I wish it had been there when I have come to hospital before"
"Written with the needs of patients in mind, no jargon…."
" Very colourful information booklet….."

Monitoring progress:

These improvement actions form part of the Trust wide Patient Experience workstreams which are monitored through the Patients First Strategy group and reported to the Board of Directors on a monthly basis.

Priorities for quality improvement in 2014/15

The selection of improvement priorities for inclusion in the 2014/15 Quality Account reflect an analytical review of themes and areas of concern arising from a range of feedback in 2013/14 to include:

- CQC inspection reports
- CQC Intelligent Monitoring reports
- Francis report
- Complaints and PALS reports
- Serious incident and other incident reports
- National and local patient surveys
- Coroners inquest reports
- Healthwatch reports
- Staff surveys
- Patient Led Assessment of the Care Environment (PLACE) reports

The selection process has engaged with staff, governors, Foundation Trust members, volunteers and the public to ensure that the indicators provide an overview of performance where feedback and review of services have highlighted the need for improvement. 94% of respondents surveyed supported the selection of the improvement priorities for 2014/15.
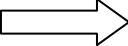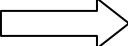
The governors have reviewed the comparison between the patient experience initially reported in 2011 and the responses to their ward visits questionnaire in 2014 to inform their decision related to retiring the improvement priorities in their current format at the end of 2013/14. There has been an average increase of 23% in patient reports of a 'good' experience and an average reduction of 5% in those reporting a 'poor/not good' experience.

Additionally the results of the membership, staff, volunteers and public survey in 2014 provide evidence of positive step changes in the experience of inpatients with regard to the existing improvement priorities.

The governors support the recommendation to retire priorities 2, 4 and 6 at the end of 2013/14. Evidence of sustained improvements in these areas will continue to be monitored through the governor visits programme and survey tool to ensure that the good work that has been implemented in these areas receives the continued focus and attention of the Trust.

Two of the improvement priorities for 2014/15 have evolved from the existing Foundation Trust membership priorities 1, 3, 5 and 7 but have been refocused to provide a greater emphasis on specific elements which have been highlighted as areas for improvement in feedback from service users and external regulators as outlined in Table 1.

Table 1: Mapping 2013/14 and 2014/15 improvement indicators

2013/14 improvement priority	2014/15 improvement priority
1 - Nutrition: Offering healthy meals that are of good quality and at the right temperature.	**Meal time experience**
5 - Dignity & Respect: Being treated with dignity and respect, with staff being polite and staff listening.	
3 - Patient information: Providing accurate information about a patient's treatment before coming into hospital and understandable written information about the condition and treatment.	**Communication with patients and public whose first language is not English**
7 - Involvement in decisions: To involve people in decisions regarding their care and treatment and	

expected outcomes.	

The 2014/15 improvement indicators cover the breadth of services delivered by the Foundation Trust and all age groups in receipt of services as detailed in Table 2.

Table 2: Quality improvement priorities for inclusion in the 2014/15 Quality Account

Quality Domain	Improvement priority	Rationale for selection as a priority area for improvement
Patient Safety	**Management of Diabetes in the acute environment***	Diabetes inpatients are at increased risk of adverse safety incidents
		Safe diabetes care is a trust-wide priority as part of SAFE campaign
		Recommended actions from coroners inquests
		'Inpatients with diabetes not having their condition adequately managed' has been added to the 2013/14 Corporate Risk Register in September 2013 at the recommendation of the Audit & Assurance Committee
Clinical Effectiveness	**Management of Diabetes in the acute environment***	Participation in the National Diabetes Inpatient Audit to ensure: ✓ diabetes management minimises the risk of avoidable complications ✓ no avoidable harm resulting from the inpatient stay ✓ positive patient experience
		High number of local population with diabetes or at moderate or high risk of developing most common form of diabetes (Type 2) in the future
		Identified as a priority long term condition by Bradford Districts CCG
		Focus on "Bradford Beating Diabetes" campaign in Bradford City CCG
		The Trust has been successful in its application to Diabetes UK to be part of the second wave of a national programme, 'Improving Local Services Together' funded by the Department of Health to work with people with diabetes to shape and improve the quality of local services to reflect the needs of people with diabetes.
Patient Experience	**Meal time experience**	Compliance actions to meet CQC essential standards in "respecting and involving people who use services" and "care and welfare of people who use services."
		Lack of standardisation and protection of meal times across organisation
		Variability in the patient experience as reported by CQC, PLACE and Healthwatch – need to ensure focus on delivery of the whole meal experience at ward level.
	Communication with patients and public whose first language is not English	Compliance actions to meet CQC essential standards in "respecting and involving people who use services" and "care and welfare of people who use services."
		Communication and attitude / behaviour are two of the most frequently reported complaints and PALS themes in 2013/14.
		Corporate priority to implement Equality Delivery System with Bradford District NHS partners and to deliver on equality objectives.
		Local demographics - almost 30% of the Bradford population are of BME origin.

***Due to the breadth and complexity of this indicator it will cover two quality domains. The specific improvement indicators will be aligned to the 2014/15 CQUIN indicators**

Statements of assurance from the Board

Review of Services

During 2013/14 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted relevant health services to a core population of around 500,000 and provided specialist services for 1.1 million people.

Bradford Teaching Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health NHS services reviewed in 2013/14 represents 89% of the total income generated from the provision of relevant services by Bradford Teaching Hospitals NHS Foundation Trust for 2013/14.

Participation in Clinical Audits and National Confidential Enquiries

'Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards of high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.' (Healthcare Quality Improvement Partnership, New Principles of Best Practice in Clinical Audit, 2011).

Participation in local and national clinical audit is a priority for the Foundation Trust. Bradford Teaching Hospitals NHS Foundation Trust annually produces a prioritised clinical audit programme which is managed through an effective clinical governance framework that facilitates the systematic engagement of relevant multi professional staff groups in local and national clinical audit projects. The Trust also participates fully in National Confidential Enquiries with robust mechanisms in place for the follow up of recommendations from published studies to improve patient care and clinical practice.

During 2013/14, 36 national clinical audits and all 3 national confidential enquiries covered relevant health services that Bradford Teaching Hospitals NHS Foundation Trust provides.

During 2013/14 Bradford Teaching Hospitals NHS Foundation Trust participated in 97.2% of national clinical audits and 100% of 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 Bradford Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2013/14 are listed in Table 1, Annex 1.

The national clinical audits and national confidential enquiries that Bradford Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2013/14 are listed in Table 1, Annex 1 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.

The high level of participation in clinical audit demonstrates the dedication of our Clinical Governance Department and the commitment of our clinical staff to improving the quality of services delivered.

Action Arising from Clinical Audits and National Confidential Enquiries

The reports of 22 national clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2013/14. Table 2 in Annex 1 shows the actions Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided and the outcomes achieved in 2013/14.

The reports of 10 local clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2013/14. Table 3 in Annex 1 shows the actions Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided and the outcomes achieved in 2013/14.

Participation in Clinical Research to Improve the Quality of Care and the Patient Experience

The Bradford Institute for Health Research (BIHR), of which Bradford Teaching Hospitals NHS Foundation Trust is a key player, is a young and vibrant research institute. In the 7 years since it was established it has created a distinctive ethos and environment for conducting high quality applied health research that makes a difference. It is unusual in being part of the local NHS and embedded in the local Bradford multi-ethnic community whilst at the same time conducting world leading research in partnership with universities. The Institute attracts staff who are committed both to excellence and to making a difference locally and who are working with patients to develop and implement research ideas of clinical relevance.

The BIHR has been very successful and grown quickly in size and reputation. We have created and enlarged a modern physical infrastructure for the conduct of research including a Clinical Research Facility which provides high quality accommodation to undertake patient-dedicated research and which currently provides clinic space for research in respiratory medicine, wound care, cardiology, gastroenterology, hepatology, diabetes, elderly care and the Born in Bradford cohort study.

BIHR partners have helped build the culture, systems and infrastructure to ensure that NHS-based research is approved in a timely way and that high research performance and quality is maintained. The Bradford Research Support Unit provides health economic, statistical, qualitative and other methodological support to our researchers.

BIHR has established one of the leading centres in maxillo-facial research in the UK. The Institute leads a new Health Technology Collaborative in wound care, which will build collaborations between clinicians, academics and industry to promote innovation and uptake. A strategic partnership with companies that provide important data to the NHS (SystmOne and Datix) has also been developed.

BIHR is a partner in the Medical Research Council funded Health e-Research Centre, a consortium based in Manchester which will explore new ways of harnessing electronic health data to improve care for patients and communities.

The Foundation Trust is recruiting patients to 136 National Institute for Health Research (NIHR) portfolio projects (figures correct at January 2014).

The number of patients receiving relevant health services provided or sub-contracted by Bradford Teaching Hospitals NHS Foundation Trust in 2013/14 that were recruited during that period to participate in an NIHR portfolio research approved by a research ethics committee was 4221 (figures correct at January 2014).

The Foundation Trust is also involved in 98 non-NIHR portfolio projects and has recruited 4672 patients in total (this is a cumulative total as the recruitment to non-portfolio projects is not recorded on a yearly basis).

Our Quality and Safety Patient Panel is composed of 20 members from the local community whose aim is to support the research work of the Foundation Trust with active public and patient involvement. The Panel meet with members from the quality and safety research team at the Bradford Institute for Health Research to talk about new research ideas and help researchers with different aspects of their projects such as writing patient information sheets for research projects, demonstrations of innovative medical equipment and participation in a patient safety training DVD for junior doctors and nurses.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Our engagement with clinical research also demonstrates the Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

Bradford patients are being encouraged to ask their doctors about taking part in clinical trials under a new health campaign. 'OK to ask', a new National Institute for Health Research initiative as it is thought that patients can be unaware that studies relating to their condition are taking place at local hospitals. The campaign has received backing from the District's teaching hospitals and Bradford's Institute for Health Research to ensure that any patients who could potentially benefit do not miss out on the opportunity. It is hoped the campaign will gather evidence to help the NHS improve treatment options.

BIHR has played a major role in the successful award of the new £10million Yorkshire Collaboration for Leadership for Applied Health Research and Care with three themes on child health, frailty in old age and transformation of services.

The use of the Commissioning for Quality and Innovation (CQUIN) Framework

The Commissioning for Quality and Innovation payment framework is an incentive scheme which rewards achievement of quality goals to support improvements in the quality of care for patients. The inclusion of the CQUIN goals within the Quality Account indicates that the Foundation Trust are actively engaged in discussing, agreeing and reviewing local quality improvement priorities with our local Clinical Commissioning Groups.

A proportion of Bradford Teaching Hospitals NHS Foundation Trust income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between Bradford 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 CQUIN goals for 2013/14 are available online at:

http://www.england.nhs.uk/wp-content/uploads/2013/02/cquin-guidance.pdf

A list of the Foundation Trust performance against the 2013/14 CQUIN indicators can be found in the Review of Quality and Performance section.

The monetary total for the amount of income in 2013/14 conditional upon achieving quality improvement and innovation goals is £5.86m and the monetary total for the associated payment in 2012/13 was £6.5m.

Registration with the Care Quality Commission (CQC) and Periodic/Special Reviews

Bradford Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered' with no compliance conditions on registration.

Outcome of inspection by CQC

The Care Quality Commission has taken enforcement action against Bradford Teaching Hospitals NHS Foundation Trust during 2013/14 following the four day unannounced inspection by the CQC in October 2013.

Compliance against six essential standards (see Table 3) was assessed, the inspection identified that the Trust was failing to satisfactorily meet four of these standards. The impact of the failures of three of the standards were judged to have moderate impact on people who use the Trusts' services however

Outcome 13 (Staffing) was judged to have a major impact on people who use the Trust services and the Trust has been served with a Warning Notice against this standard. The Trust was required to achieve compliance against Outcome 13 Staffing by 7 March 2014.

Table 3: CQC inspection outcomes

Standard	Outcome	CQC judgement
Respecting and involving people who use services	Outcome 1	✗ Action needed - moderate concern
Care and welfare of people who use services	Outcome 4	✗ Action needed - moderate concern
Management of medicines - patients being given the medicines they need when they need them, and in a safe way	Outcome 9	✓ Met this standard
Staffing	Outcome 13	✗ Action needed - major concern
Assessing and monitoring the quality of service provision	Outcome 16	✗ Action needed - moderate concern
Complaints - patients having their complaints listened to and acted on properly	Outcome 17	✓ Met this standard

The CQC report was complimentary about the service provided in many areas visited by inspectors and included positive feedback from patients. However the CQC inspectors highlighted a number of areas where essential standards were not being met and where significant improvements need to be made.

Areas of concern included:

- delays in triage (the process of assessing and prioritising people's injuries/illness) for patients attending the A&E due to insufficient staff numbers, and delays in moving people out of the department
- a shortage of senior level medical staff cover in the A&E, particularly during the early hours of the morning. There was also a shortfall of medical consultant doctors on the Medical Admissions Unit (MAU)
- A&E was overcrowded during busy periods and this meant that patients being attended to had limited privacy
- care records on one elderly care ward in particular were basic and did not demonstrate clearly that patients' individual needs were adequately assessed and supported
- inspectors identified concerns regarding the Trust's governance and noted delays by the executive team in addressing problems such as staffing and patient flow in a responsive manner
- on the MAU, an eight-bedded trolley bay area designed to manage patients with moderate to low risk was at times being used to place acutely unwell patients due to limited available bed space.

Actions to address CQC findings and requirements

The Trust has taken the concerns raised in this report extremely seriously and acknowledged that there were areas for significant improvement.

Actions were implemented in the highest risk areas with immediate effect to significantly increase staffing levels.

The Trust has been working towards a March 2014 deadline to conform to the CQC's warning notice which said improvements in staffing levels must be made to meet national standards of quality and safety.

"*We have been working very hard to increase staffing levels and maintain the work that was already going on throughout Bradford Teaching Hospitals before last year's CQC visit……….We have implemented new systems to track staffing levels, hosted a recruitment fair to attract new nursing staff to the city's hospitals and we will continue to sustain this ongoing recruitment drive to fill vacant and newly established posts. Substantial focus on recruitment has enabled us to appoint three new A&E consultants, one medical admissions unit consultant, 98 nurses and 59 healthcare assistants. …..We would like to reassure patients that our focus on recruiting and retaining our staff will continue to be a priority as we strive to maintain an appropriate workforce to meet our patients' needs."*

Juliette Greenwood, Chief Nurse (February 2014)

The Trust prepared and provided a high level corporate action plan to the CQC and other key stakeholders (Clinical Commissioning Group's and Monitor). Internally there has been subsequent and ongoing work to develop the internal assurance process and the underpinning actions that will ensure delivery of this corporate action plan.

Progress in delivery of corporate action plan

The Trust is confident that measures have been established to fully address the findings and themes from the CQC report. Underpinning the corporate action plan are a number of workstreams some of which were previously in situ and others identified in response to the CQC findings. Detailed plans include many actions which were already in progress prior to the CQC inspection, and others which have been implemented with immediate effect to improve the process of triage in the Accident and Emergency department and ensure patients are afforded more privacy.

Three key clinical areas have been identified within the report which are deemed to require a higher degree of focused actions with specific attention on nursing elements. This has led to the development of local improvement action plans through the leadership of the Ward / Unit Managers supported by Matron and Operational Service Managers with delivery overseen by the Head of Nursing and reported into Divisional Governance meetings and simultaneously to the Chief Nurse. In addition the Heads of Nursing will provide progress reports, assurance and areas for escalation to the CQC Steering Group on a monthly basis.

A number of issues have already been addressed and we have made significant steps to immediately improve standards, we have:

- taken immediate action to improve the process of triage in A&E and improve privacy, dignity, and patient flow;
- developed local action plans with nursing leaders for wards 20, 29 & A&E;

- appointed a temporary patient flow leader to review the structure and function of bed meetings, bed allocation and identify improvements to patient flow;
- established a nursing recruitment group to streamline recruitment and progress a national recruitment campaign which is underway;
- appointed a 3rd Consultant in Acute Medicine who commences in April 2014. A review is on-going with the Medical Director, Chief Operating Officer and Medicine Division to look at alternative models to secure recruitment to a specialty that is nationally difficult to recruit to;
- increased portering capacity;
- introduced senior managers on site 24/7 as a temporary measure to support teams with escalation and decision making.

In addition to these immediate actions the Foundation Trust is also:

- working closely with the local Clinical Commissioning Groups on initiatives to ease the strain on the A&E department and reduce overcrowding during busy periods;
- developing a ward based nursing quality dashboard that will include expected and available nurse and HCA staffing – this will assist with the further development of the planned Board quality scorecard;
- seeking additional Consultant sessions to provide further in and out of hours senior input to support Urgent Care areas;
- actively recruiting to additional Advanced Nurse Practitioners in A&E/MAU;
- appointing ten Advanced Clinical practitioner trainees on a 2 year programme.

Healthwatch spent time in the A&E at BRI early in October 2013 to talk to patients, carers and staff. A number of people were positive about their experience and the clinical care they were receiving, while others talked about long waiting times, lack of privacy, insufficient staff numbers, and overcrowding. The information gathered was shared with the Trust and also passed on to the Care Quality Commission who, on the basis of this information, took a closer look at the A&E during their unannounced inspection later that month.

Healthwatch have acknowledged that the Trust have already taken action to address many of the issues identified by the CQC including positive steps to improve the triage process and to improve privacy by assessing patients in private rooms.

The significant actions implemented to immediately improve standards since the CQC inspection are assurance for patients that measures have been taken to continue providing safe and effective care that meets patients' needs. Although we have taken immediate action in a number of areas and have a very detailed action plan in place, we still face a challenge and will continue to work very hard to deliver sustainable improvements.

The importance of a clear communication and engagement strategy with the staff is vital to ensure that the range of actions and approaches being utilised and the impact they are having is clear and the Chief Nurse and Chief Operating Officer are working together to deliver this as a priority. We are confident that with the support, hard work and commitment of our staff we can deliver the changes we need to provide excellent care every day.

Monitoring and assurance process

The Trusts' CQC Steering Group undertakes a key role in receiving update reports from the various work-streams and local areas of action to inform progress against the overarching action plan and specifically the work in place regarding the Warning Notice against staffing levels. To support oversight of all the activity and ensure assurance the Trusts' CQC Steering Group reports to the Executive Directors for immediate escalations and to the Quality and Safety Committee and Board for on-going updates and assurance.

The form and function of the CQC Steering Group is currently being reviewed in light of the move to incorporate a broader operational assurance remit both for active areas of compliance action, ongoing

CQC action plans and to incorporate post implementation assurance review. In addition the group will continue to undertake the remit of determining the ongoing compliance position of the Trust through a revised process that aligns with the new CQC approach.

The local Clinical Commissioning Groups, Healthwatch, Monitor and NHS England will work closely with the CQC to monitor progress and ensure that actions taken translate into excellent patient care and experience for all service users. CQC Inspectors will return, unannounced, to check the necessary improvements have been made.

Monitor investigation

Monitor launched an investigation after the CQC raised concerns over staffing levels.

Following improved staffing levels and steps being taken to improve how the trust is run, Monitor has announced that it has closed its investigation in a press release dated 8 May 2014:

"We have now closed our investigation because the trust is taking action to improve the way it is run, and has increased overall staffing levels and strengthened its A&E department.

"Patients will welcome the increased number of nurses and consultants. We will keep a close eye on the trust to ensure that it takes the other steps it has committed to take."

Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality will improve patient care and deliver better value for money.

Bradford Teaching Hospitals NHS Foundation Trust has implemented last year's plans by:

- Appointing a Director of Informatics responsible for providing strategic leadership and providing assurance to the Board on data quality and governance
- Continuing to pursue the establishment of a new Data Quality Team
- Developing and implementing a tool to measure daily the data quality for the main administration system which enables immediate remedial action by the system users
- Strengthening the strategic governance framework on data quality across the organisation and designing a yearly work programme to provide reassurance around data quality for the Foundation Trust Board

In the coming months the Foundation Trust will implement the following actions to improve data quality:

- Appoint all Data Quality Team members who will lead the Data Quality Strategy in conjunction with key internal and external stakeholders including Clinical Leads
- Continue to review and enhance data quality reports to monitor data accuracy and completeness levels using in-house and external reports and report triangulation
- Mandating training for all the major information systems and develop more tailored training using a range of training supports
- Structured deep dive cleansing exercise on areas with historical data issues to enable clean reporting
- Continue to develop and implement a communication strategy across the Foundation Trust to better inform staff of their responsibility to maintain good quality data and get the data right from source.

NHS Number and General Medical Practice Code Validity

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published

data. The percentage of records in the published data which included the patient's valid NHS number and General Practitioner Registration Code is displayed in Table 4.

Table 4: Percentage of records which included the patient's valid NHS number and General Practitioner Registration Code

Record type	Area	2013/14 (April 2013-March 2014)	2012/13	2011/12
Patients Valid NHS number	Admitted Patient Care	99.6%	99.6%	99.5%
	Outpatient Care	99.8%	99.4%	99.8%
	A&E Care	98.7%	98.4%	98.3%
Patients Valid GP registration code	Admitted Patient Care	100.0%	100%	100%
	Outpatient Care	100.0%	100%	100%
	A&E Care	100.0%	100%	100%

These percentages are equal to, or above, the national averages.

Information Governance Toolkit attainment levels

The Information 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.

Bradford Teaching Hospitals NHS Foundation Trust's Information Governance Assessment report overall score for 2013/14 was 82% and was graded green (satisfactory).

Clinical coding

Clinical coding is the process through which the care given to a patient (usually the diagnostic and procedure information) which is recorded in the patient notes is translated into coded data and entered into the hospital information system. The accuracy of this coding is an indicator of the accuracy of the patient records.

Bradford Teaching Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Coding Field	% incorrect 2013/14	% incorrect 2012/13
Primary Diagnoses Incorrect	8.00%	10.45%
Secondary Diagnoses Incorrect	5.90%	11.82%
Primary Procedures Incorrect	0.70%	6.45%
Secondary Procedures Incorrect	8.70%	10.50%

The preliminary results will be confirmed with receipt of the formal report.

The audit was based on the methodology detailed in the current Version 6.0 of the Clinical Coding Audit Methodology set out by Connecting for Health, using an approved Clinical Coding Auditor. The audit took place on specific specialty/ Health Resource Group (HRG) therefore results should not be extrapolated further than the actual sample audited.

The above table shows the proportion of coding errors in which only a subset is made of coders' errors: clinical coders are expected to code within five days after discharge when the auditor is looking at the completed record with all results and usually discharge letters which may not be available at the time of coding.

A number of recommendations to correct coding errors are summarised below:

- Feedback of results to all clinical coders

- Undertake further clinical coding training with a specific focus on the 4-step coding process, co-morbidities, coding of symptoms when diagnosis is established

- Specialty specific targeted training to be completed, including Functional endoscopic sinus surgery (FESS) and Infectious gastroenteritis and colitis, unspecified (ICD 10 code A09)

- Reduction in the number of notes unsafe to audit (UTA)

Foundation Trust response to Francis Report recommendations

Background

In February 2013, the report of the Public Inquiry at Mid Staffordshire NHS Foundation Trust was published. The Inquiry identified 290 recommendations in response to the findings, the majority of which have been accepted by the Department of Health in their paper '*Hard Truths: The journey to putting the patient first'* (November 2013).

The Medical Director has overall responsibility for the implementation of the Francis recommendations. The Foundation Trust has put in place a steering group to review the recommendations of the Inquiry. This group, chaired by a Deputy Medical Director, has developed the Trust's public response and action plan against the recommendations.

Public response

In December 2013, the Foundation Trust published its public response to the Inquiry on the Trust's website in response to the Department of Health's requirements.

Bradford Teaching Hospitals NHS Foundation Trust accepts all the recommendations that are directly relevant; we are also mindful of and preparing for, those recommendations directed at regulatory and other professional bodies, whose responses will impact upon us in the future.

We are determined to embrace the spirit as well as the detail of the Inquiry and will be single-minded in a patient centred process of continuing improvement.

A number of overriding themes are contained in specific chapters in the report. Those chapters relevant to the Foundation Trust are set out below with a short narrative of our proposed approach to each:

Common values – patient first – NHS Constitution

We will apply the values of the NHS Constitution in all our dealings with patients and the public. These sentiments have been captured in our new corporate strategy – 'Together, putting patients first'. A culture that puts patients at the centre of care will start with the Board and cascade out to each ward and department and to all staff.

Openness, transparency and candour

We will promote honesty, openness and truthfulness in all dealings with patients and the public for all staff working in the Trust. We will remind all staff of their obligation to report adverse events through the standard incident reporting mechanism and will develop innovative ways to embed learning from incidents. Through our approach we will encourage all staff to have the confidence to report concerns.

Local public and patient engagement and partnership

Our aim will be to ask and then listen carefully to what our patients are telling us. We will strive to ensure that the learning from local surveys, the annual in-patient survey, and the Friends and Family Test will be embedded into our practice. We intend to include patient representation in all important planning decisions around care in the Trust. We will co-operate fully with the Local Healthwatch organisation.

Caring, compassionate and considerate nursing

The Chief Nurse will ensure that the Trust delivers on all relevant aspects of the Francis Report recommendations through a range of interconnected work streams. Specifically the National Nursing & Midwifery Strategy 'Compassion in Practice' draws together the 6 C's of care, compassion, commitment, communication, competence and courage.

The Foundation Trust has started to map current internal activities against the national requirements and this is forming the backdrop for a number of key areas of work across the Trust.

Care of our elderly patients

We will continue our effective work in the elderly department with a named consultant and daily ward round culture. A project has been instigated to assess how our geriatricians can have greater input into the care of elderly patients in the surgical specialties.

We will promote a new therapeutic partnership in care with the patient and family and develop timely and efficient communication with primary care and the community around discharge planning. We accept the fundamental standards of care in hygiene and nutrition.

Leadership including accountability of Board level Directors and enhancement of the Governors' role

The Board of Directors will ensure that the actions identified are implemented and that assurances are provided, assessed and reviewed within appropriate timeframes.

The Council of Governors will continue to fulfil their statutory duties and obligations in holding the Trust to account on behalf of members, service users and the public. The Governors are working to ensure that members and the public continue to receive information on the performance of the Trust and the work of the Governors.

The Council of Governors will continue to work with the Trust to ensure there are clearly communicated opportunities for members and the public to provide feedback and, ensure that this is in turn communicated to the Board of Directors.

Effective management of complaints

Our Trust commits to a system that is clear, fair and open. We will ensure that patients have straightforward ways to register a concern or complaint without fear of adverse consequences and we will support the complainant through the process. A summary of complaints will be published on the website quarterly.

Public availability of all aspects of quality and safety information about the Trust

We will provide, in an open and public way, information on performance including outcomes, incidents, complaints and investigations. We will, as always, ensure that we are compliant with any request for

information. We recognise the importance of information and we take appropriate measures to ensure its quality.

Action Plan

The action plan responds to the recommendations which are aimed at acute trusts and also those which are aimed at external regulators and professional bodies which may in time require action from the Trust.

The action plan has been disseminated to the identified leads to begin the implementation of the actions in relation to their areas of expertise. A quarterly update will be provided by each area to assess their progress which will be collated by the Medical Director's Office. These progress reports will be presented at the Boards Quality & Safety Committee. An annual report will be published on the Trust website to indicate our current compliance with those actions.

The Foundation Trust already has prevailing work streams in place to address many of the important themes. Some actions require changes to policies and procedures and can be completed in a short time span. However, it is accepted by Francis that an embedded Trust wide culture change will be a longer term process.

Core set of National Quality Indicators

The Department of Health and Monitor introduced mandatory reporting of a small, core set of quality indicators in the 2012/13 Quality Account. The indicators that are relevant to the Foundation Trust are reported in table 5.

In order to provide assurance on the quality of the data the Foundation Trust has published an internal Activity Systems Data Quality Policy on its Intranet, set up governance arrangements to review and improve data quality and acted upon recommendations of internal and external data quality audits.

All of our data reporting processes have standard operating procedures that ensure that whoever is running the process, can refer to the standard operating procedure to ensure the correct process is followed. The data is then checked for validity and data quality errors, sometimes using the previous period to ensure it is in line with what is expected to be seen, and where this does not occur, is checked by another member of the team to ensure there are no data anomalies.

Table 5: Core Set of National Quality Indicators

NHS Outcome Framework Domain	Indicator	National Average 2013/14	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2010/11
Domain 1 - Preventing people from dying prematurely	Summary Hospital Level Mortality Indicator (SHMI)	Control limits: Upper 1.12 Lower 0.89	1.00[1]	0.98	0.94
	% of patient deaths with palliative care coded at diagnosis	20.12%[1]	15.29%[1]	Not applicable	Not applicable
[1] Latest published data from July 2012 – June 2013					
The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: *The rates published by the Health and Social Care Information Centre show death rates among all trusts in the country. All trusts are given a one, two or three ranking dependent on mortality rates with the Foundation Trust receiving a two – meaning the figure falls*					

within the normal range. The performance of our trust is measured via the upper/lower control limits.

The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:

The safety of our patients is of the utmost importance and everyone has made enormous efforts to improve our mortality rates. Patient safety runs to the very core of our organisation as evidenced by the SAFE campaign. The low mortality rate shows that the wellbeing of our patients is crucial to our care and our success.

NHS Outcome Framework Domain	Indicator	National Average 2013/14	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12
Domain 3 - Helping people to recover from episodes of ill health or following injury	Patient Reported Outcome Scores (PROMS)	PROMS outcomes and comparative performance with national averages reported in Table 6.			

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

Hip replacement - *We are showing improvement in one indicator although we are below the national average in all 3 indicators.*

Knee replacement - *We are showing improvement in all 3 indicators in 2013 and achieving outcome scores which are higher than the national average.*

Varicose vein - *Two indicator scores have declined in 2013 and remain below the national average but as the questionnaire count is less than 30 the calculations may return unrepresentative results.*

Groin hernia - *Both indicator scores have improved in 2013 and remained higher than the national average.*

The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve these outcome scores, and so the quality of its services, by:

Further patient level analysis to be reviewed with engagement of the clinicians. This will inform specialty action plans to address areas requiring more detailed analysis and any subsequent review of current clinical practice.

NHS Outcome Framework Domain	Indicator	National Average 2013/14	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12
Domain 3 - Helping people to recover from episodes of ill health or following injury	Emergency readmissions to hospital within 28 days of discharge	11.45%	11.4%	10.8%	11.2%

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

The calculation of the figure is based on 28 days re-admissions for the full year for patients who were discharged from BTHFT in the period from April 2013 to March 2014.

The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

The Trust has implemented new initiatives and pathways in recent years with the aim to reduce admissions and readmissions to hospitals.

The schemes introduced include Early Supported Discharge schemes for medical and orthopaedic patients, allowing medically well patients to be discharged with a supported package at home.

We have an established pathway to manage patients with severe, non-life threatening infections including healthcare associated infections (HAI's) and resistant urinary tract infections who require parenteral antibiotics, which can be delivered in an ambulatory setting as an alternative to inpatient hospital-based care (the OPHAT service).

The virtual ward pilot was launched in October 2012 for frail elderly patients and also respiratory patients. The model supports patients at home for up to 30 days providing medical, nursing, therapy and diagnostic input when required. The service has been rolled out further during 2013/14 and extended to include the 'Rapid access to Diagnostics' workstream.

NHS Outcome Framework Domain	Indicator	National Average 2013/14	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12

Domain 4 - Ensuring that people have a positive experience of care	Responsiveness to inpatients needs (score out of 100)	63	57	63	67

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
Our score of 57 and the national average (excluding independent sector providers) is data reported from February 2014.

The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services, by:
A Patient Experience team have been established with overall responsibility for improving the quality of the care patients receive. The incorporation of PALS and Complaints within a common domain has delivered effective reporting of incidents and the speedy dissemination of information throughout the organisation to allow effective monitoring of the quality of the patient journey. A common division also ensures the robust targeting of resources to those areas most in need of improvement.
It is anticipated that within the next six months handheld real time data collection devices will be operational. This will ensure patient feedback data is accurate and current, allowing for timely interventions to areas in need of support.
The Patient experience team is responsible for the support and guidance of volunteers to ensure their effectiveness in supporting patients within the organisation.
The team have developed a staff newsletter to improve staff understanding of quality care, attitudes and behaviours. An external agency has been commissioned to work alongside current education programmes to provide Customer care training to all staff to improve professional behaviours.

NHS Outcome Framework Domain	Indicator	National Average 2013/14	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12
Domain 4 - Ensuring that people have a positive experience of care	Staff who would recommend BTHFT to friends or family needing care	3.68	3.69	3.71	3.55

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
The staff survey includes a question (K24) which says "Staff recommendation of the Trust as a place to work or receive treatment." We have reported our outcome for question K24. The scores are on a scale of 1 to 5 with 1 being 'unlikely to recommend' and 5 'likely to recommend' (higher number is better). Our score is average for KF24 compared with all acute trusts.

The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this score, and so the quality of its services, by:
Divisions will be asked to review their results and to agree their priorities to tackle in 2014/15. This will be monitored through the Divisional Performance Review cycle. The Friends and Family Test will be rolled out to staff from April 2014 and staff engagement will be monitored on a three-monthly cycle through this.

NHS Outcome Framework Domain	Indicator	National Average 2013/14*	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk assessed for VTE	96.0% (Jan 2014 data published Apr 2014)	96.66%	96.55%	95.02%

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
VTE assessment performance remains consistently better than the national target of 95%. All divisions were compliant against the target however this was not achieved on a ward basis. Divisions have prepared action plans to address individual ward performance.

The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services, by:
Continuing with current practice and progression of divisional action plans to sustain this high level of performance in 2014/15. Improvement plan and trajectory for each ward - performance information by ward to be included in Divisional Performance meetings. The VTE reporting group to be reconvened to review reporting methodology.

NHS Outcome Framework Domain	Indicator	National Average 2013/14*	BTHFT 2013/14	BTHFT 2012/13	BTHFT 2011/12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of C *Difficile* (per 100,000 bed days)	17.1 (average based on Apr 12-Mar 13)	19.3	26	29

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
C-diff reported 43 cases for the end of year, the target is less than or equal to 45 cases per year. The rate of C Difficile has reduced from 2012/13.
The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:
Progressing with the trust-wide action plan which is focused on seven key themes: leadership & accountability, isolation, managing at risk patients, antibiotic prescribing, environment & cleaning, post infection review and audit of infection control practice.
Each division continues to update their own detailed action plan based on the areas of work identified by the Trust Performance Improvement Group and the Trust-wide action plan. Progress is being performance managed locally within the Divisions, and monitored via the infection prevention and control committee and steering group.

NHS Outcome Framework Domain	Indicator	National Average 2013/14*	BTHFT 2013/14	BTHFT 2012-13	BTHFT 2011-12
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	Number of patient safety incidents reported to NRLS**	5664 (average based on Apr – Sept 13)	7443	6951	6620
	% resulting in severe harm (number of cases)	< 1% (taken from NRLS report)	0.05% (n=4)	0.6% (n=42)	0.62% (n=41)
	% resulting in death (number of cases)	< 1% (taken from NRLS report)	0.03% (n=2)	0.14% (n=10)	0.32% (n=21)

The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:
The data shows the level of reporting of patient safety incidents to the NRLS. The percentage of incidents classed as severe harm or death have both reduced from the total in 2012/13 and are in line with national average ie <1%.
The Bradford Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:
Encouraging staff to report patient safety incidents is seen as an important factor in the management of patient safety. Incidents are now reported on-line with timely feedback on outcomes. The Foundation Trust aimed to increase the overall number of reported incidents so that learning can be applied and shared across the trust and patient safety improved. There has been an increase in the number of reported incidents covering the same period last year - over 99% of the incidents reported resulted in no harm or low harm to the patient. The

Risk Management Department is working closely with the Divisions to improve the understanding and accuracy of identifying the impact of an incident.

*   National averages for full year 2013/14 not known at time of publication of Quality Report

**   National Reporting and Learning Service

Table 6: PROMS outcome summary

Percentage of patients that report an improvement

		April 2011 to March 2012			April 2012 to March 2013*			April 2013 to September 2013*		
		National Average	BTHFT	+/- 10/11	National Average	BTHFT	+/- 11/12	National Average	BTHFT	+/- 12/13
Hip Replacement	EQ-5D Index	87.5%	77.8%	⬇	88%	82.7%	⬆	89.9%	78.6%	⬇
	EQ-VAS	63.8%	63.5%	⬆	64.4%	65.6%	⬆	66.9%	57.1%	⬇
	Oxford Hip Score	95.9%	94.2%	⬇	95.9%	91.1%	⬇	96.3%	93.3%	⬆
Knee Replacement	EQ-5D Index	78.8%	79.2%	⬆	79.9%	73.6%	⬇	82.9%	83.3%	⬆
	EQ-VAS	53.9%	55.1%	⬆	54.7%	52.3%	⬇	56.5%	80%	⬆
	Oxford Knee Score	95.9%	86.5%	⬇	92.4%	90.2%	⬆	94.3%	100%	⬆
Varicose Vein	EQ-5D Index	53.6%	55.1%	⬆	52.6%	48.1%	⬇	52.2%	16.7%	⬇
	EQ-VAS	42.1%	32.3%	⬇	41.1%	40.6%	⬆	39.9%	42.9%	⬆
	Aberdeen Score	83.4%	84.7%	⬆	83%	78.9%	⬇	85.3%	62.5%	⬇
Groin Hernia	EQ-5D Index	51.0%	65.3%	⬆	49.3%	49.6%	⬇	50.3%	58.3%	⬆
	EQ-VAS	39.3%	38.5%	⬆	37.4%	41.5%	⬆	37.9%	56%	⬆

*provisional
results
Questionnaire count less than
30 highlighted in italics.
Aggregate calculations based
on small denominators may
return unrepresentative results

More than 5% below National average
Less than 5% below National average
Higher than National average

81

Part 3: Review of Quality Performance

Quality Management System

The Quality Governance Framework in place at the Trust is designed to ensure that emerging risks are identified and appropriate remedial actions are taken. However, following the recent CQC report and warning notice, the Trust has taken prompt action to reconsider and, where appropriate, revise its governance arrangements.

The Trust is developing a robust Board Assurance Framework (BAF). This BAF will be put in place in early 2014/15 and will provide additional assurance that the Board is sighted on all key risks and the effectiveness of the actions taken to mitigate those risks. In this way the Trust can continue to ensure that its patients are provided with treatment that is safe and is of the highest quality.

Divisions are held accountable for the delivery of agreed national and local quality and safety indicators. Performance of the divisions is monitored and managed through integrated processes, including: monthly reports on quality and patient safety reviewed by the board of directors and the boards quality and safety committee; quarterly performance review meetings where quality and safety is reviewed and exception reports presented at the executive directors' meetings to agree further actions and quarterly returns from divisions on progress against agreed annual plans.

The development of a ward quality dashboard arose out of our direct response to the Francis Report as the Board and governors felt strongly that there was a need to increase our transparency and openness with patients and the public.

A first version of the dashboard has now been developed for in patient wards, and is currently being tested in several ward areas to ensure usability and fitness for purpose. The ward sisters in the test areas are working with the development team to produce an easy to use guide to support the roll out, which is anticipated to take place in May 2014. At this stage, the information will be retrospective and so presents the past months performance but in the longer term the Director of IT and Chief Nurse will work to identify the most appropriate commercial product that will deliver real time quality measurements from Ward to Board as part of the clinical informatics strategy process.

The dashboard will provide a comprehensive oversight of nursing quality across all wards simultaneously, as well as ensuring further development of ward-to- board scrutiny and assurance that will allow the Board of Directors to see, at a glance, trends of quality.

The intent is that there will be a corporate weekly focus so that all areas are reviewing, promoting and scrutinising the same quality indicator, e.g., week 1 pressure ulcers, week 2 patient falls. Key to the dashboard's success will be its ownership by each ward's nursing team as it will include the following nursing quality indicators on every adult ward:

- Pressure ulcer rates
- Patient falls
- Medication errors
- Screening compliance of MRSA
- Number of patients with MRSA infections including bacteraemia
- Number of patients with *Clostridium Difficile*
- Percentage of patients that have the appropriate nutritional screening undertaken at admission
- Percentage of patients that have the appropriate VTE screening on admission (to reduce the risk of developing a blood clot)
- Top 5 incidents reported
- Number of complaints
- Number of compliments

- Information about ward nurse staffing levels
- Information on ward nurse sickness levels
- Friends and Family Test results

National performance measures

The Foundation Trust performance against the relevant indicators and performance thresholds set out in Appendix A of Monitor's 2013/14 Risk Assessment Framework is reported in Table 7.

Table 7: Performance against indicators and targets for 2013/14

Area	Indicator	Current Target	2013/14	2012/13	2011/12	2010/11	2009/10
Access	Total time in A&E: maximum wait time of 4 hours	>=95%	96.20%	95.7%	95.9%	96.7%	98.3%
Commentary: We achieved full year delivery of the Emergency Care Standard and the associated improvements to patient flow have provided a more positive patient experience. We have a lot of work to do to make this sustainable in 2014/15 as delivery of the Emergency Care Standard continues to cause pressures and is requiring continued daily direct management intervention.							
Access	All Cancers: two week wait - First Seen	>=93%	95.5%	95.1%	94%	96%	94%
	All Cancers: two week wait - First Seen Breast Symptoms	>=93%	97.1%	99.8%	94.4%	95.5%	94.4%
	Cancer 31 Day standard - First Treatment	>=96%	98.5%	98.8%	96.8%	97.5%	98.2%
	Cancer 31 Day standard - Subsequent Surgical Treatment	>=94%	98.1%	96.2%	95.3%	95.4%	95.8%
	Cancer 31 Day standard - Subsequent Drug Treatment	>=98%	99.7%	99.9%	99.6%	99.5%	99.7%
	Cancer 62 Day standard - First Treatment	>=85%	88.8%	93.3%	83.7%	86.9%	86.6%
	Cancer 62 Day standard - Screening	>=90%	97.2%	98.8%	96.2%	96.5%	92.2%
Commentary: All cancer targets have been achieved for year ending 2013/14, the breast service saw an increase in referrals following cancer awareness campaigns but the trust continued to meet demand. Most cancer targets have been above threshold for the year. Low numbers are seen in 62 day screening and therefore one breach can make the difference between a pass or fail, despite this the trust have managed to achieve the performance threshold .							
Access	Referral to Treatment Waiting Times <18 weeks- Admitted	>=90%	91.7%	84.93%	91.2%	92.6%	93.4%
	Referral to Treatment Waiting Times <18 weeks - Non Admitted	>=95%	95.44%	92.26%	98.9%	98.3%	98%

	Referral to Treatment Waiting Times <18 weeks – Incomplete pathway	>=92%	97.2%	n/a	n/a	n/a	n/a

Commentary: *Admitted and non- admitted performance has been achieved in March and has remained above the threshold since April 2013.*
Performance in the percentage of patients who have waited less than 18 weeks on their pathway who are still waiting for either a decision to treat or treatment (incomplete pathway) has been achieved in March and has remained above the threshold since April 2013.
We know that most patients choose their provider by waiting time therefore we have more work to do in 2014/15 to achieve compliance with the access standards in each and every specialty.

Outcomes	Incidence of MRSA Bacteraemia	<=6	5	5	2	3	8
	Incidence of *Clostridium difficile*	<=45	43	58	88	87	99

Commentary: We achieved the year end trajectory for C. Difficile with 43 cases reported overall but saw a higher number per month in the last quarter which highlights the need to ensure we minimise these through the early months of the year. Our trajectory is lower again in 2014/15 with a new process for investigation.
We also reported an MRSA in March bringing the total for the year to 5 cases; this is currently being reviewed to ensure we continue to learn and improve.

Outcomes	Data completeness – Community services	50% in 3 areas	Compliant	Compliant	n/a	n/a	n/a

Commentary: We are compliant in data completeness for Community services

Outcomes	Certification against requirements for people with a learning disability	n/a	Compliant	Compliant	Compliant	n/a	n/a

Commentary: We are currently compliant against the profile for certification against requirements for people with a learning disability.

Key:

Green rating indicates that the target was achieved

Red rating indicates that the Foundation Trust failed to meet the target

Local performance indicators

How did we decide on the indicators?

In determining the quality indicators for inclusion in the 2013/14 Quality Account we have incorporated Commissioning for Quality and Innovation scheme indicators (CQUIN) to ensure coverage of locally agreed quality and innovation goals as well as nationally defined quality assurance indicators.

The inclusion of the CQUIN goals within the Quality Account indicates that the Trust are actively engaged in discussing, agreeing and reviewing local quality improvement priorities with Bradford City and Districts Clinical Commissioning Groups.

National CQUIN goals reflect areas where there is widespread need for improvement across the NHS. Their goal is to encourage local engagement and capability building, but also to share good practice, encourage benchmarking and avoid duplication of effort across the country.

A summary of the indicators selected by the Board of Directors in consultation with the lead commissioners and rationale for their selection are outlined in Table 8a.

Table 8a: National and Local CQUIN Indicators 2013/14 – rationale for selection

Indicator	Rationale for selection	Safety	Effectiveness	Experience
				Quality Domain
Friends and Family Test	To improve the experience of patients in line with domain 4 of the NHS outcomes framework. The friends and family test will provide timely, granular feedback from patients about their experience.			Yes
NHS safety thermometer-pressure ulcers	To reduce harm by allowing frontline teams to measure how safe their services are and to deliver improvement locally.	Yes		
Dementia	To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow-up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.		Yes	Yes
VTE prevention	To reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE)	Yes		
Respiratory conditions	Improving management of respiratory conditions for patients attending A&E: Wheezy/Asthmatic child; COPD and community acquired pneumonia		Yes	
Urgent Care	Ambulatory Care Sensitive Conditions (ACSCs); admission prevention for agreed ACSCs and reduce non-elective admission in the over 75 age group		Yes	
Innovation e-Care	implementation of innovative solutions to support uptake of integrated care record, electronic communications (e-discharge, e-outpatients and e-radiology letters); CRV viewer in outpatients; Medicines and allergy reconciliation	Yes		Yes
Transformational change	Integrated care: integration of communication and care		Yes	

How are we performing against the CQUIN goals?

Within each goal there can be a number of indicators. A summary of our performance against the agreed goals for 2013/14 are outlined in Tables 8b and 9.

In order to ensure that the quality achieved in the previous year will continue to be measured, maintained and developed, the metrics reported in the 2012/13 Quality Account are also reported in the 2013/14 CQUIN and/or National Targets for year on year comparison of performance where the indicators and

the basis of calculation have remained the same. Where the quality indicators are the same as those measured in 2012/13 the performance in quarter 4 is reported.

Table 8b: Performance against CQUIN goals and indicators 2013/14

National or Local Indicator/Quality Domain(s)	Goal and Indicator	2013/14				2012/13 Q4	2011/12 Q4	2010/11 Q4
		Q1	Q2	Q3	Q4			
National	**Friends and Family Test**							
Experience	Phased expansion	n/a	n/a	G	G	n/a	n/a	n/a
	Increased response rate	R	R	R	G	n/a	n/a	n/a
National	**NHS Safety Thermometer**							
Safety	Pressure Ulcers	G	G	G	G	n/a	n/a	n/a
National	**Venous Thromboembolism(VTE) prevention**							
Safety	% of patients who have had a VTE risk assessment on admission to hospital using the clinical criteria of national tool	G	G	G	G	G	G	G
	Root cause analysis	G	G	G	G	n/a	n/a	n/a
National	**Dementia**							
Effectiveness Experience	Find, investigate & refer	G	G	G	G	G	n/a	n/a
	Clinical Leadership	G	G	G	G	n/a	n/a	n/a
	Supporting carers	G	G	G	G	n/a	n/a	n/a
Local	**Respiratory conditions in A&E**							
Effectiveness	Management of Asthma/wheezy child	A		G		n/a	n/a	n/a
	Acute exacerbation of COPD	A			R			
	Community acquired pneumonia	A		G				
Local	**Admission prevention for ambulatory care sensitive conditions (ACSC)**							
Effectiveness	Admission prevention for agreed ACSCs and reduce non-elective admission in the over 75 age group	G	G	G	G	n/a	n/a	n/a
Local	**Innovation in e-Care**							
Safety Experience	e-discharge letter	G	G	G	G			
	Electronic letter following OP appointment	G	G	G	G			
	Electronic radiology reports to GP	G	G	G	G	n/a	n/a	n/a
	Clinical records viewer in Outpatients							
	Medicines and allergy reconciliation	G	G	G	G			
Local	**Transformational change**							
	Integrated care: MDT assessment & care	G	G	G	G	n/a	n/a	n/a

| Effectiveness | planning | G | G | G | G | | | |
| | Integrated care: Virtual ward | **G** | **G** | **G** | **G** | | | |

Table 9: Performance against NHS England Indicators 2013/14

National or Local Indicator/ Quality Domain(s)	Goal and Indicator	2013/14				2012/13	2011/12	2010/11
		Q1	Q2	Q3	Q4	Q4	Q4	Q4
NHS England	**Haemophilia**							
Effectiveness	Joint score assessments	**G**	**G**	**G**	**G**	n/a	n/a	n/a
NHS England	**Neonatal**							
Effectiveness	Retinopathy of prematurity screening	**G**	**G**	**G**	**G**	n/a	n/a	n/a

Green	Achieved
Amber	Partially achieved/Undecided
Red	Not achieved

Patient Experience

What is Patients First?

Patients First is our strategy to continuously improve the quality of our services. The Foundation Trust recognised that it needed to strengthen the current work plan for improving the patient experience whilst ensuring that divisions continue to lead this programme within their teams.

The programme began in September 2011 with a widespread, ongoing consultation with the various bodies who have an interest in hospital services like the patients, public, Foundation Trust members, health commissioners, local GPs and staff. All of these groups were canvassed for their views in order for the hospital to gain a greater understanding of what everyone expects from us as a healthcare provider.

This research has been used as a basis to review our current services and ways of working, and to determine how we develop our organisation in the future. Patients First involves every service and department in the Foundation Trust, including finance, human resources and estates in addition to the clinical services. We have used the results of the Patients First consultation to develop a set of patient focussed standards and values that will be instilled across the Foundation Trust.

By 2015, the Patients First Strategy aims to:

- Develop a truly patient-centred culture in Bradford Teaching Hospitals NHS Foundation Trust, where we can demonstrate that we put patients first in everything that we do, whether it's making decisions about clinical care or deciding where to invest our capital resources.
- Ensure that we remain competitive in the future healthcare market through being the hospital of choice for patients and commissioners.
- Make the best use of our precious resources by directing them to where we know that they add the most value, and reducing waste by getting it 'right first time' for patients.

The vision for Patients First is that **by 2015**:

Patients choose their care with us, and recommend us to family and friends.

Staff excel at putting patients first, wherever they work in the Foundation Trust.

We work hand in hand with GPs and other partners to put patients first.

Patients First Strategy Action Plan

The action plan highlights the key areas of work required within the Foundation Trust to address the issues raised in the 2012 National Inpatient Survey and the NHS North East Patient Experience Pilot, the results of which were reported to the Board of Directors.

Additionally the Friends and Family test provides a more timely opportunity for patient feedback.

Review of progress

The Divisional Patient First action plans are addressing the high priority areas. The action plans are monitored and up dated at the Patient's First Strategy meetings.

It is apparent that further work is required to improve patient experience at the Foundation Trust and that further improvements are necessary to achieve compliance against the plan. The implementation of the action plan, commitment and engagement of all staff is anticipated to improve the patient experience and the resultant National In-patient survey results.

Next Steps

Developments to support patient and public engagement activity across the Foundation Trust have been implemented in 2013/14, or are planned for introduction in 2014/15, including:

Working in partnership with Healthwatch

Healthwatch is an independent organisation set up to give people a stronger voice to influence health and social care. They gather views and experiences from patients and carers and work with NHS and social care organisations to help them use this feedback to improve services.

Healthwatch also helps people to get the most from local services and make choices about health and social care. Healthwatch Bradford and District are working with our Patient Experience team and are running regular outreach sessions at both St Luke's Hospital and Bradford Royal Infirmary.

By being on the hospital sites, they can talk to people at a time when health issues are on their mind, and help them find out about local services that can support their health and wellbeing. They can tell people about local services like GPs or dentists, social care providers, or community resources.

Divisional Patient Experience/Patient Engagement Activity

The Foundation Trust has developed a new reporting system to collate activity relating to patient experience and patient and public engagement. Divisions have been asked to collate this data and report it monthly to the Patient and Public Engagement Facilitator. The aim is to provide a more complete and coherent account of such work across the Trust.

'Tell Us What You Think'

The existing Complaints and Patient Advice and Liaison service leaflets have been revised and combined into one leaflet - the 'Tell Us What You Think' Leaflet. The new leaflet has been launched and is rolled out to all areas. It has been a collaborative piece of work and involved a wide consultation. The new leaflet not only gives information about how to complain or raise an issue but gives the opportunity to make comments or suggestions about ideas to provide the best possible care.

It is expected that all patients will have access to one of the leaflets at all times - compliance with this will be audited as part of the Communicating with Patients Approval Group (CPAG) requirements.

Patient and Public Engagement (PPE)

To support the development of the PPE Strategy six focus groups took place, primarily in community venues, during January/February 2014, which built on the preliminary work at the Trust Membership event in September 2013. Those attending included representatives of voluntary and community organisations, Foundation Trust members and other members of the public. The findings from these groups will help to shape the Trust strategy to develop and improve how we listen to, involve and work with patients and the public across the Trust. Those attending were also encouraged to register for the new trust-wide resource which will match their interests, demographic profile, and experience with future opportunities to provide their views, experience and expertise at a variety of levels.

Foundation Trust members will be invited to register for this as well as continually promoting registration through other channels and events so we can build the breadth and range of involvement needed to provide the quality of involvement we aspire to.

Patient stories

The February 2014 Grand Rounds saw the presentation of a powerful patient story by a patient previously treated at Bradford Royal Infirmary and another local hospital. A follow-up multi-disciplinary workshop event is being planned to allow more in-depth learning from 'Julie's Story'. This was also a precursor to the introduction of patient stories at the Board of Director's meetings in April 2014 and part of a wider exploration of how patient stories can be used for learning, to improve the quality of care and patient experience.

There will be a regular emphasis on the powerful learning derived from patient stories, from the Board through to speciality level.

Friends and Family test

Background

The introduction of the Friends and Family Test (FFT) formed part of the NHS contract for 2013-14 with a requirement to be in place by 1 April 2013. It is also one of the National CQUINs for 2013- 2014, with targets based on achieving the required rollout, obtaining a 15% response rate in Quarter 1 and 20% by Quarter 4, and showing improvement in the score.

The FFT aims to provide a simple rating which can be used to drive cultural change and continuous improvements in the quality of the care by asking 100% of inpatients and attendees at A&E/ Medical Assessment Unit "*How likely is it that you would recommend this service to friends and family?"* at the end of their care (e.g. on the day of discharge or up to 48 hours post discharge). At present day-cases and paediatrics are excluded, roll out to maternity started in October 2013.

This is an excellent opportunity for us to really understand the quality of care delivered to our patients, from the patient's perspective.

In addition to using the negative comments to inform improvements to services, for the first time the Foundation Trust will have a mechanism for systematically collecting positive comments, which can be used to identify and reinforce good practice.

Reporting and publication

Ward to Board reporting is provided through updates in the monthly Patient Experience report to board.

A key aspect of implementation is the communication of meaningful results to patients and the public in addition to the results published on the NHS Choices website.

Wards are required to display their results in a standard format which includes an explanation of how the score is calculated so that patients/visitors can understand it. We are engaging with the public to improve how we do this.

Plans are being progressed to develop an information sharing board ("Read All About Us**"**) for each ward and department. These boards will bring together and standardise presentation of multiple sources of feedback and data, including Friends and Family Test scores, which will increase transparency, reduce the risk of data being misinterpreted when seen in isolation, and encourage others to share their views with us.

Other ways to share results and use them as a platform for engagement and improvement will be explored as the test becomes embedded in normal practice, e.g. Foundation Trust Website.

Current Performance

The Friends and Family Test is operating in all inpatient wards, maternity services and the Accident and Emergency Department (AED).

Results are reported as a Net Promoter Score (NPS), which is calculated by taking the proportion of respondents who would be extremely likely to recommend (response category: "extremely likely") minus the proportion of respondents who would not recommend (response categories: "neither likely nor unlikely", "unlikely" & "extremely unlikely"). This gives a score of between -100 and +100; the Friends and Family Test score has to be presented as a numerical score and not a percentage.

Although the "likely" responses are not used in the calculation, they form part of the total and therefore the numbers of "likely" responses still influence the final score.

Response rate and net promoter scores (NPS) for January to March 2014 are shown in Table 10.

Table 10

	Response rate Jan 2014	NPS Jan 2014	Response rate Feb 2014	NPS Feb 2014	Response rate Mar 2014	NPS Mar 2014
BTHFT overall (excluding Mat)	27%	51	25%	57	21%	45
BTHFT overall (including Mat)	31%	53	24%	59	20%	47
A&E Department (AED)	23%	38	20%	51	15%	24
BRI	33%	68	33%	64	34%	65
SLH	65%	75	40%	68	56%	57
Maternity			19%	73	18%	67

Response rates have improved overall, the combined response rate has been above the final year threshold of 20% since December 2013.

There has been a downward trend for the NPS in recent months. The current overall NPS score for in-patients and AED is 45, which is 26 points below our highest score in year. A notional acceptable level (NPS<60) is used to rate results and staff are asked to take swift investigative action if their ward or department falls below this level.

Comparative data with other Trusts for March and Quarter 4 is not yet available from NHS England. The concerns about the falling NPS are being investigated and addressed through ward level and divisional performance management meetings. It should be noted that NPS scores are significantly affected by the response rate, as well as the spread of scores across the possible responses. It is therefore difficult to draw any definite conclusions from these figures without more in-depth analysis of both the quantitative and qualitative data.

Any more serious issues identified through the comments are investigated and appropriate action taken by the most appropriate Divisional Manager or Matron.

Response rate

For the Accident and Emergency department, enquiries made to other acute trusts who are achieving a significantly better response rate, have found that many are using a system of giving patients a tokens that they can post in a box labelled with one of the defined responses. This approach has now been adopted for use in the Foundation Trust A&E department.

"We wanted to come up with a way of making it even easier for people to respond and we discovered other hospitals already using the token system were getting good response scores and also from wider ages. The thing about feedback is that you need enough people doing it to make sure you get a true picture…."
Isla Dowds,
Patient & Public Engagement Facilitator

There is a clear and marked improvement in performance in AED since changing methodology in December 2013 to the token system.

A new Friends and Family Comment Card has been produced to ensure that patients are also offered the opportunity to make comments when using the token system.

Sharing results with staff

Work is continuing with the Divisions to ensure that the comments are scrutinised and any themes identified from other data sources i.e. complaints or comments are addressed and most importantly the actions fed back to patients.

As an example, an issue was identified on ward 18, following comments made by 3 separate patients. They individually commented about the noise made at night and this was fed back to the night staff to raise awareness. The staff acknowledged that they could reduce noise particularly when communicating between themselves and have made all staff on nights aware of this. This is an excellent example of responsive positive action following comments.

Next Steps

The design of the card has been changed to collect additional data which will enable us to undertake demographic analysis of participation and experience on key variables (age, gender, ethnicity, disability).

To improve access to information and participation in the test, Friends and Family Test information has now been produced in the top 4 languages other than English which are spoken in the Bradford area, and in an Easy-Read version. It is hoped to produce audio versions of these in due course.

Improved patient information about the Friends and Family Test and local print and radio media work has been undertaken to raise awareness with the wider public.

A Friends and Family Test staff forum has been established to provide learning, peer support and encourage on-going improvements in performance and meaningful use of the data from the test to move from gathering feedback to using it to improve patient care and experience.

It is noted that services not currently formally participating in FFT are seeking to adopt the question, or reflect the ethos of it, in in-house metrics relating to patient experience and satisfaction e.g. in Clinical Support Services surveys, and an automated survey relating to experience of using new telephone booking services.

Further Implementation

The next stage of implementation is the introduction of the Staff Friends and Family Test, currently scheduled for April 2014.

Expansion of the Friends and Family Test in both Day Surgery and Outpatient Services, as well as into other areas of the NHS, has now been confirmed, with 15 per cent of the CQUIN funding allocated for early implementation in these departments, as specified in the national guidance, by 1 October 2014.

We are currently considering the best methodology to use in these areas. An implementation plan and schedule to enable us to meet this deadline is being developed.

Governor ward visits programme

The visits programme was established in late 2009. Governors made regular visits to a wide mixture of wards across Bradford Royal Infirmary and St Luke's Hospital. The Board of Directors had put in place the 'Hospital Turnaround programme' to improve cleanliness across our hospitals but also to reduce hospital acquired infections – particularly MRSA and *C.Difficile*. The ward visits programme reviewed what was happening on our wards in relation to these priorities and the actions being put in place to make improvements as well as governors talking to patients and visitors about their thoughts, views and experiences.

As the Trust had made sustained improvements in relation to hospital cleanliness and infection control, the ward visits programme was reviewed in late 2012 and with 'Improving the Patient Experience' having a high priority within the Trust and also across the whole of the NHS it was appropriate to shift the focus of the visits programme to this area.

As part of the visits programme a 'governors survey' was developed to gather feedback directly from patients and visitors about their experience on our wards.

Since January 2013:

- 750 survey forms have been made available to wards at BRI, SLH and our community hospitals
- 395 have been returned (a 53% response rate)
- Feedback has been shared directly with ward sisters and matrons to inform their service improvement programmes

The questions relate directly to the 'membership improvement priorities' and responses from the survey are reviewed to see if the actions the Trust is taking are leading to sustained improvements in these areas.

Following completion of the current phase of visits a report will be submitted to the Trust's Quality and Safety Committee (a committee of the Board of Directors).

The visits programme has recently been reviewed again. The areas visited now include those that relate to the 'patients pathway' but also include visits scheduled in response to concerns raised by our external regulators such as the CQC. Pilot visits are being scheduled to a range of areas including A&E, outpatients, pharmacy, diagnostics area, and the discharge lounge. The feedback from these visits will be provided to senior managers within those areas but importantly will be formally reported back to the Board of Directors. Any resulting actions and the outcomes from these reports will be shared with the Foundation Trust members and the public.

Using patient feedback to improve services

The Foundation Trust actively encourages patients, carers and other service users to give feedback about their care and experience:

"Wonderful!! It's like a warm friendly social club, dedicated to making you well. What am I talking about? The Varicose Wound Clinic in Outpatients West as that's what it was to me. The clinic is sometimes more commonly known among patients as the leg ulcer clinic.

After sustaining a very minor knock whilst gardening last August; the application of a plaster led to a bad reaction resulting in leg ulcers. Initially treated by the excellent district nurse team unfortunately things didn't improve, so I was referred by them to the husband-and-wife team that is consultant vascular surgeon, Professor Peter Vowden, and vascular nurse consultant Kath Vowden, who would soon sort it out. My wife and I arrived at clinic. I must say I felt very sore and very fed up but I was met by warm, friendly staff and the prompt and assuring attention of Mrs Vowden instantly gave me hope that I would soon feel better. Follow-up appointments were arranged twice weekly and I eventually passed into the care of charge nurse Matthew Pilcher and his fellow nurses, Helen and Donna. It is my belief that these three are responsible for maintaining the very warm, friendly atmosphere which flows throughout the whole section of this clinic.

Long-term patients become known to each other over months - and sometimes years – and are happy to sit and chat in the waiting area. The staff encourage and facilitate this social feeling of wellbeing with greetings and quips as they pass and the provision of excellent professional care, enhanced by the feeling that you are known and valued as an individual and as a patient.

I am convinced that this mode of care contributes greatly to recovery. So to you all my thanks, I am sorry that I need to be there, but I shall miss you when I am sorted."

Letters to the local media have expressed patients views on a breadth of the services provided by the Foundation Trust:

> *In the midst of doom, gloom and wet weather, I wanted to shine some light on some hard-working, sunny individuals who work on Ward 27 at the BRI.*
> *I was brought into Ward 27 via A&E on Friday, February 14 and the service I have received has been exemplary. The staff are friendly and welcoming, the wards are clean and well-ordered and all patients' needs are being met on a daily basis. Doctors, nurses, physios, catering, cleaning and portering staff conduct themselves with high levels of care and professionalism and they are a credit to the NHS.*

> *Having just spent three weeks in the BRI, I would like to express my thanks for the excellent care and treatment I have received.*
> *I would like to thank the colon cancer screening team, surgeons, staff on Ward 8, the district nurses and especially the staff (or should I say friends) on Ward 21 where I spent over a fortnight.*
> *Again and again, staff went the extra mile – from the consultant who broke off shopping to come in and reassure my wife on a Saturday afternoon, to the man with the tea trolley who, for two days after I'd moved wards, called in to check I had settled in okay.*
> *We hear so much about problems with the NHS but let us not forget it is our greatest national treasure. In what other country and at what other time in history would we have such a marvellous service?*

> *After recently welcoming my first child in to the world, I would like to share with your readers what a wonderfully positive experience I had at Bradford Royal Infirmary.*
> *From the minute we stepped in to the Women's and Newborn Unit the quality of care we received was second-to-none, with the staff working tirelessly to ensure the smooth and safe running of their services.*
> *Although my own experience resulted in an unforeseen intervention, due to the professionalism and expertise of the doctors and midwives, I am able to reflect positively on the birth of my son.*
> *At a time when the media is littered with negative stories about the NHS/ I feel it's extremely important to share and celebrate what an exceptional service we have on our very own doorstep.*

We seek to respond to any feedback received and if necessary, provide patients with information about complaints procedures and help them to access these.

Bradford Teaching Hospitals NHS Foundation Trust continuously seeks to learn, develop and improve its services to patients, staff and visitors who use its facilities. The intelligence collated from varied sources including risk incident reports, claims for negligence, formal complaints, issues raised through the Patient Advice and Liaison Service (PALS), clinical governance, patient and public engagement initiatives, patient surveys (local and national) and other local intelligence helps us to identify recurrent themes for service improvement.

National patient surveys

The following section highlights key findings and recommendations from National patient surveys reported in 2013/14:

Feedback from National Inpatient Survey 2013

The National Inpatient Survey 2013 elicited views from a number of our patients treated in the hospital during summer 2013. A total of 1700 patients were sent a questionnaire, 612 were returned, giving a response rate of 37% which equalled the average response rate for the Picker trusts survey.

The demographic profile of the respondents is not fully representative of the Trust's patient population.

Comparison with the 2012 survey

A total of 85 questions were used in both the 2012 and 2013 surveys.
Compared to the 2012 survey, the Trust is:

- Significantly better on 20 questions (Table 11)
- Significantly worse on 0 questions
- No significant difference on 65 questions

Table 11

The Trust has improved significantly on the following questions:		
Lower scores are better		
	2012	**2013**
A&E Department: not given enough privacy when being examined or treated	30 %	21 %
A&E Department: did not always have confidence and trust in doctors and nurses	35 %	26 %
Admission: process not at all or fairly organised	48 %	38 %
Hospital: patients in more than one ward, sharing sleeping area with opposite sex	12 %	3 %
Hospital: didn't get enough information about ward routines	74 %	66 %
Hospital: bothered by noise at night from staff	28 %	23 %
Hospital: food was fair or poor	55 %	46 %
Hospital: not always healthy food on hospital menu	43 %	33 %
Hospital: patients did not get the food they ordered	37 %	29 %
Nurses: did not always get clear answers to questions	43 %	37 %
Nurses: talked in front of patients as if they weren't there	31 %	24 %
Nurses: did not always get the opportunity to talk to when needed	51 %	44 %
Care: not enough opportunity for family to talk to doctor	61 %	53 %
Care: not always enough privacy when discussing condition or treatment	37 %	30 %
Discharge: delayed by 1 hour or more	89 %	81 %
Discharge: not fully told purpose of medications	28 %	22 %
Discharge: not fully told side-effects of medications	65 %	56 %
Discharge: family not given enough information to help	56 %	49 %
Overall: not asked to give views on quality of care	84 %	72 %
Overall: Did not receive any information explaining how to complain	71 %	62 %

Comparison with other Trusts (Picker users only)

The survey showed that the Trust is:

- Significantly better than average on 2 questions (Table 12)
- Significantly worse than average on 40 questions
- The scores were average on 44 questions

Table 12

Your results were significantly better than the 'Picker average' for the following questions: *Lower scores are better*	Trust	Average
Hospital: patients in more than one ward, sharing sleeping area with opposite sex	3 %	5 %
Discharge: not told who to contact if worried	15 %	20 %

CQC comparative analysis: How Our Service Compares with Other Local Trusts

In the CQC sample the Foundation Trust was rated 'about the same' as other local acute Trusts for 'Overall Experience' as shown in Table 13. The scores reported are out of 10.

Table 13

	Bradford	Airedale	Calderdale & Huddersfield	Harrogate	Leeds	Mid Yorkshire	Barnsley	Sheffield	Hull
Overall Experience	5.1	5.2	5.2	5.5	5.4	5.1	5.3	5.3	5.2

Action Plan

Key workstreams have been established to improve the patient experience:

- Accident and Emergency

  ❖ Improvement projects Emergency Service Improvement Strategy (ESIS)
  ❖ Transformation team
  ❖ Patient Flow meetings

- Dignity and Respect group

  ❖ Work on-going considering how to make improvements to ward environments to reduce noise and light at night

- Pain Assessment

  ❖ Assessment documentation and training package developed to ensure that patients pain levels are assessed and acted upon in a timely manner

- Patients First Steering group

- ❖ The results of the survey will be shared with the group and actions included into the overarching action plan which are managed by the Divisions.
- ❖ Terms of Reference refreshed and revised to ensure that themes from patient feedback/ surveys/ questionnaires are captured in the action plan

- Nutrition Steering group

    - ❖ The results of the survey have been shared with the group and actions included into the overarching action plan

In addition work is currently being undertaken to develop greater functionality in our systems, particularly DATIX, which will enable better triangulation of data sources. This will facilitate and improve intelligent monitoring and enable appropriate and timely identification of concerns and targeted response to these.

Feedback from Day Case Survey 2013

The Day Case Survey 2013 was carried out by Picker Institute Europe on behalf of Bradford Teaching Hospitals NHS Foundation Trust.

The Picker Institute recognised the lack of a nationally co-ordinated effort to measure the experience of day case patients therefore the Institute implemented the first day case survey in the summer of 2012. The survey has been repeated in 2013, giving trusts an opportunity to see how their performance has changed in the last year.

For the purposes of this Day Case Survey only patients who had been cared for on ward 5 were included in the sample. 850 patients were sent a questionnaire of whom 847 were eligible. 394 responded giving an excellent response rate of 47%.

A total of 73 questions were used in both the 2012 and 2013 surveys. Compared to the 2012 survey, we were:
- Significantly BETTER on 2 questions
- Significantly WORSE on 12 questions
- The scores show no significant difference on 59 questions

In comparison with other trusts the survey showed that we were:
- Significantly BETTER than average on 4 questions
- Significantly WORSE than average on 15 questions
- The scores were average on 56 questions

The results of this survey were looked at in the context of other feedback from service users.

Approximately 10,000 patients went through Ward 5 in 2013. During this period we received 11 formal complaints, 5 PALS issues and 1 legal claim (17 cases in total).

Next steps

The patient experience in Day Case surgery is extremely important as the time patients are in the Foundation Trust is limited, therefore to improve our patient satisfaction rates:
- The results of the survey have been disseminated to the ward 5 senior team and an action plan has been developed.
- The picker survey results has been shared at a meeting with the ward team and presented for display on the staff room wall.
- The results and improvement actions have been incorporated into the customer care training programme

Feedback from National Cancer Survey 2012/13

Introduction

The Cancer Patient Experience Survey 2012/13 is designed to monitor national progress on cancer care. The survey provides information that can be used to drive local quality improvements, both by Trusts and Commissioners, and is consistent with the objectives of NHS policy.

Patients selected to take part

The survey included all adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted to an NHS hospital as an inpatient or as a day case patient, and had been discharged between 1st September 2012 and 30th November 2012.

Response rate

787 eligible patients from this Trust were sent a survey, and 408 questionnaires were returned completed - this represents a response rate of 57% compared to the national response rate of 64%.

Percentage scores

The questions in the cancer survey have been summarised as the percentage of patients who reported a positive experience - the higher the score, the better the Trust's performance.

Results

Many of the results from the survey were positive, although there are clearly some areas where improvement is required.

Results provided in the full report are show as a percentage score on a benchmark bar chart, which compares Bradford Teaching Hospitals NHS Foundation Trust's results with those of other Trusts who took part in the survey. The patients' overall rating of care was 'excellent' or 'very good' in 89% of patients, which places this result in the section comparable with the middle 60% of Trusts. There were 7 questions for which the Foundation Trust's responses were in the highest scoring 20% of Trusts.

Action Plan

The survey identifies that whilst there are several areas where patients receive a good experience of care in their cancer journey, there remain a number of areas where improvement is required.

An action plan has been developed to address the areas where performance is either in the lowest 20% of all participating Trusts, or has significantly deteriorated from last year. The action plan also incorporates some elements of existing work that are being undertaken as part of the work from the previous survey. Individual multi disciplinary teams have been asked to review their results and produce local action plans as appropriate, to supplement the overarching action plan.

Feedback from National Maternity Survey 2013

Background

The National Maternity Survey was undertaken in May 2013. A total of 399 women who gave birth at Bradford Royal Infirmary in February 2013 were sent a questionnaire, of which 111 were returned. This gave a response rate of 28%, lower than the national average of 45%. The cross section of women was representative in terms of age, parity, mode and place of birth but in terms of ethnicity, white British women were over represented and South Asian women under represented.

Key findings

- 28% of women were left alone at a time when it worried them
- 71% felt involved enough in decisions about their care
- 82% were always treated with dignity and respect during labour and birth
- 65% were always treated with kindness and understanding

The results for Bradford were fairly average. No areas were highlighted as priorities for action but this means we can do better. Continuity, choice, spending time with women, listening, communicating well (in a way that women understand) and providing practical advice are key issues to be addressed.

Have we improved since the 2010 Survey?

Compared to the last survey in 2010 the Trust was significantly better on one postnatal question, regarding information to mothers about their recovery after birth. Responses were significantly worse on 2 questions, support and encouragement for breastfeeding and antenatal continuity of care. For 14 questions there was no significant difference.

On review of the 2010 Trust action plan it is apparent that we have also improved with early booking which was highlighted as an issue; over 90% of women are now booked before 12 weeks and 6 days. Choice of place of birth and where to have check-ups continues to be an issue.

Postnatally seeing a midwife too seldom/often continues to be an issue but we have improved on information for mothers about their own recovery post birth and also being able to contact their midwife if needed. This is pleasing as since the issue was highlighted in the 2010 survey a lot of work has gone into improvement via the postnatal forum. Support with infant feeding continues to be an issue.

Comparison with other Trusts

There were 2 areas where women reported experiences that were worse than the national average, these related to being offered a choice of where to have their baby and postnatal accommodation not being clean. There was no significant difference from other Trusts in the other questions.

The Next Steps

The results of the survey have been disseminated across the service and senior clinical staff have been involved in formulating responses in order to make meaningful actions and recommendations for change and improvement.

All the staff have been briefed to engage them and agree the on-going priorities for action and improvement. The challenge is to respect dignity, diversity and culture, remembering that all women are vulnerable and in need of support and kindness at this important time in their lives. Bradford maternity services has 6,000 births per year and we need to target resources effectively and tailor care to be as individual as possible. We also need to be mindful of midwife/staffing numbers which have a major impact on time spent with women.

Learning from Complaints and PALS issues

The Francis report into the failings at Mid Staffordshire NHS Trust highlighted amongst many issues a poor complaints system. A report was commissioned by the Prime Minister and the Secretary of State for Health in response to the Francis report. Ann Clywd MP and Professor Tricia Hart reviewed NHS hospitals complaints systems.

Bradford Teaching Hospitals has included the recommendations from this report into the Complaints Review action plan. The action plan is reviewed and updated against progress at the Complaints Operational group and the summary exception report reviewed at the Complaints Steering group.

Training to improve complaints handling, investigation and letter writing has been sourced from an external company. The training will then be carried forward as an in house session facilitated by the Assistant Chief Nurse and Education Department Manager. Root Course Analysis (RCA) training has been sourced which will also help with the investigation of complaints.

Performance Review

There have been 553 complaints registered for the year. Figure 1 identifies the overall number of complaints received for the period by division compared to last year. The breakdown of founded complaints for the period is 272 were founded, 205 not founded and 76 are still awaiting a response. This increase does not necessarily mean there are more complaints moreover it is a reflection of the improved awareness amongst the public about how to raise a concern and also the Trusts improved methods to allow this to happen.
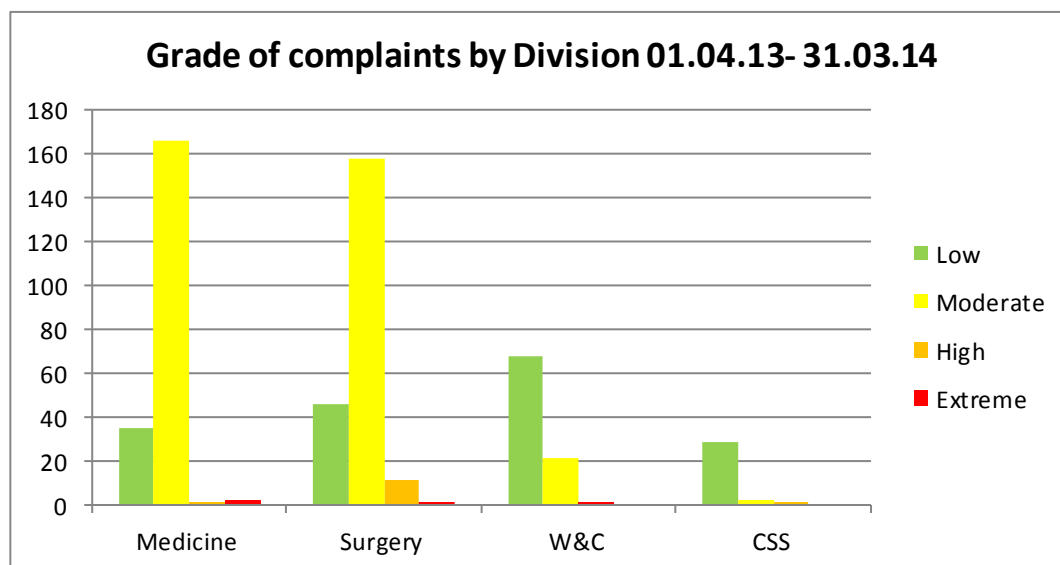
Figure 1
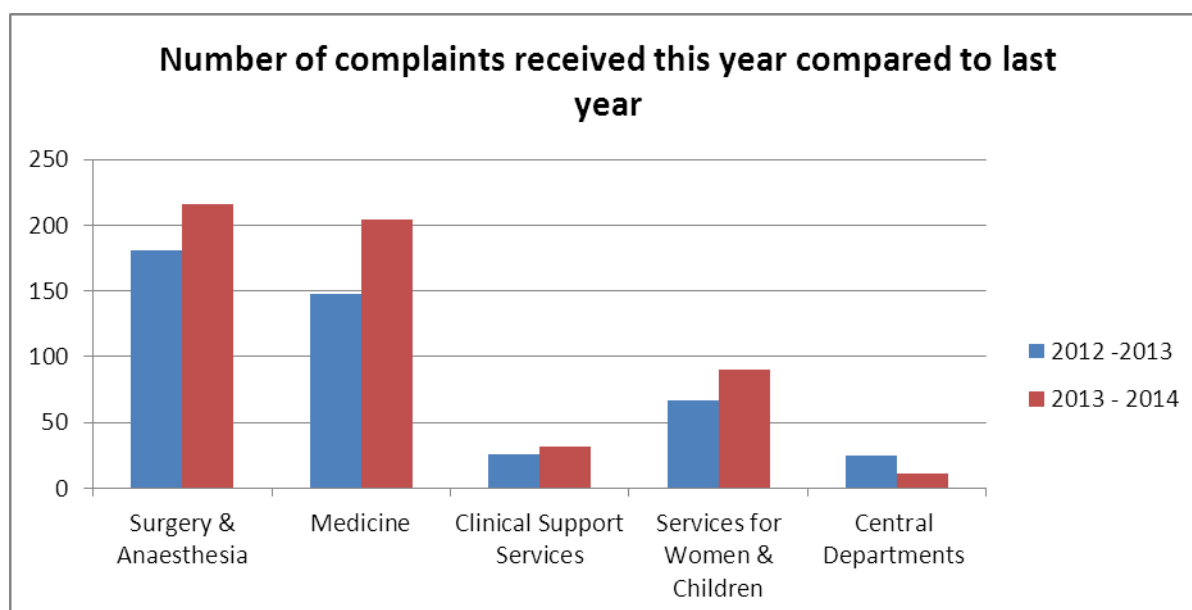
Grading of Complaints

Figure 2 identifies the grading of complaints by Division for the year.

Figure 2

Grade of complaints by Division 01.04.13- 31.03.14

Themes of Complaints

Table 14 identifies the themes from the complaints received for the year. Complaints usually have more than one theme. The themes of complaints are discussed at fortnightly meetings between the Divisions and the Assistant Chief Nurse. Triangulation against other sources of data i.e. patient feedback, surveys, PALS contacts and risk incidents are performed within the divisions and monitored at weekly performance meetings.

Table 14

	Access, appointment, admission. Discharge, transfer issues	Aleration cancellation	Attitude & behaviour	Care & Treatment	Catering	Communication	Complaints Handling	Delay in diagnosis	Discrimination	Environment issues	Equipment	Fall	Food	Infection control	Information security breach	Medication	Medical records issues	Nutrition	Other	Patient procedure issues	Privacy & dignity	Service provision issues	Support needs	Theft, loss or damage of personal	Transportation Issues	Visiting issues	Total
Surgery & Anaesthesia	65	4	49	98	1	75	0	34	1	6	11	2	4	5	3	7	8	4	0	55	5	0	1	1	0	0	439
Medicine	52	1	53	120	0	48	1	49	3	7	2	6	2	1	4	23	11	3	0	3	3	0	1	9	3	2	407
Clinical Support Services	5	1	3	4	0	4	0	1	1	0	2	0	0	1	2	2	5	0	1	1	0	0	1	1	0	0	35
Services for Women & Children	12	2	20	54	0	23	0	9	4	3	2	0	0	0	0	4	2	1	0	10	0	0	0	0	0	1	147
Central Services	0	0	2	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	13
Totals:	134	8	127	276	1	150	1	93	9	25	17	8	6	7	9	36	26	8	1	69	8	1	4	11	3	3	1041

The themes listed are the headlines which allow services greater capacity to interrogate the data to ensure improved reporting and understanding about the issues and thus inform learning and subsequent improvements.

Patient Advice and Liaison (PALS) contacts

The upgrade to the new version of Datix commenced in June 2013 for PALS, prior to the upgrade to the new Datix (Software reporting system) PALS data had to be extracted manually. The PALS and Complaints reporting systems were entirely separate.

The new system combines both PALS and complaints information, it allows greater accessibility to reports and the capability to compare themes and trends down to ward, department and staff level. Therefore, if a pattern emerges in a particular area about a member of staff and poor communication it will be highlighted.

The challenge is in finding the best way to present the information for future reports and this currently being developed.

Table 15 shows the themes for PALS contacts by themes for the period April – June 2013 by division and department; and in comparison to previous years.

Table 15

	Surgery/Anaesthetics	CSS	W & C	Medicine	NCSS	Chief Nurse	Estates	Finance	Total 2013	TOTAL 2012	Total 2011
Access to NHS Services	2			2		1			5	2	4
Staff Attitude	17	3	3	16	2	1			42	21	22
Any aspect of clincial treatment/care received	23	5	13	38					79	70	66
Communication/informations given to patient/service user	14	1	3	32		1		1	52	24	37
Complaints handling											
Confidentiality										3	1
Cultural/Ethical Issues											1
Customer Services											
Any Issue surrounding discharge	3			8					11	10	8
Alleged discrimination											
Aspects of the environment/premises	2	1		4	1	1	3		12	6	9
Aids, appliances, equipment	1								1	1	2
Hotel Services (food and cleanliness)					2				2	3	3
Information requested	8	1	5	5		11	1		31	40	33
Entitlements to NHS Care/services											
Any Issue not place in any other category	1	1			2				4	1	1
Patient on patient behaviour		1							1		
Property/valuables	2			3		4			9	9	9
Medical records/other records	3	4				1			8	7	9
Support needs						3			3	2	5
Length of time taken to be seen										1	8
Patient Transport	1	1			1				3	4	3
Welfare benefits								1	1	1	1
Waiting time for appt (inc delay and cancellation)	34	7	1	14		1			57	39	41
Waiting time for treatment (inc delay and cancellation)	20	1		5					26	31	33
	131	26	25	127	8	24	4	2	347	285	296
	115	26	20	100	8	24	4	2	299	259	271

Examples of PALS Contacts and Actions

Table 16 highlights an example of a PALS contact and the actions taken. The PALS team have a good relationship with ward and department staff and work particularly closely with the Matrons. The aim is always to resolve as many issues as possible before they escalate into a complaint.

Table 16

Issue	Action
Patient attended appointment today and advised that clinic cancelled. He is unhappy that he has travelled to appointment and had to arrange childcare to attend. He would like to know if he can have his bloods taken at his GP surgery and consultant write to him with results to save another wasted journey.	Apology made to the patient. Discussed with secretary, she will contact patient to apologise. She will arrange for patient to have his blood test at his GP surgery but ask consultant to be copied into the results.

Key actions to improve the quality and responsiveness of the complaints process

- Increase the use of functionality of the new Datix system to ensure that all areas use it to maximum benefit to extract data - ensure that staff using the system undergo training
- Review the role of the volunteers to understand if there is an opportunity to further develop their role in supporting patients to raise concerns
- To provide clarity and improve knowledge and process for complaints and legal claims. This will be included in the Management of Complaints and Concerns policy
- Provide the Tell Us What You Think leaflet as an easy read version

Patient Led Assessments of the Care Environment

Background

Patient - led assessments of the care environment (PLACE), is the new system for assessing the quality of the patient environment, which was introduced in April 2013.The assessments involve local people - this includes patients, relatives, Healthwatch, members of the public and voluntary sector representatives - going into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance.

A minimum of half of each team are members of the public, to ensure that the views of the people who use our services are strongly represented. Staff are also on the team to help give context and liaise with the ward staff so that everyone is fully informed and supported during the inspection.

The assessments take place every year, and results are reported publicly to help drive improvements in the care environment. The results will show how hospitals are performing nationally and locally.

Results

Overall the 2013 results were above average as displayed in Table 17. Cleaning scores appear lower at Bradford Royal Infirmary, however, an earlier external review which assessed the efficiency and productivity of the cleaning service, indicated "the overall delivery of the cleaning service is excellent". In addition our own monitoring of cleaning standards demonstrate that standards have not deteriorated since the previous year.

Table 17

	Cleanliness (including hand hygiene)	Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance
National Average	95.74%	84.98%	88.87%	88.75%
Bradford Royal Infirmary	90.11%	75.34%	82.78%	87.24%
St Luke's Hospital	96.06%	89.38%	91.24%	85.87%
Eccleshill	99.07%	98.63%	88.00%	94.74%
Westwood Park	98.66%	98.97%	88.46%	94.44%
Westbourne Green	100.00%	98.97%	91.67%	94.64%
Other Local Trusts				
Airedale NHS Foundation Trust	93.13%	82.96%	81.19%	82.58%
Calderdale And Huddersfield NHS Foundation Trust	92.40%	76.97%	90.63%	83.56%
Harrogate And District NHS Foundation Trust	98.22%	91.11%	85.20%	94.00%
Leeds Teaching Hospitals NHS Trust	98.29%	87.15%	90.59%	90.67%
Mid Yorkshire Hospitals NHS Trust	98.99%	88.46%	86.69%	90.88%
Bradford District Care Trust	99.52%	95.51%	95.06%	92.14%

Purple indicates the lowest score
Red indicates below the national average
Green indicates above the national average

Action plans

Following the inspection, general actions were circulated to areas to immediately respond to the issues identified at the time e.g. cleaning and nursing issues. Many of the issues have been raised at the relevant forums e.g. Infection Control or CQC. Divisions will continue to maintain the good work already achieved. SAFE audits and hygiene spot checks have ensured wards are focussed to improve standards of cleanliness and improve the environment for patients. It is important this process continues to ensure compliance.

Similarly, through the Improving Nutrition Workstream, the clinical divisions need to ensure Protected Mealtimes are adhered to and that there is a clear focus on nutrition and the whole meal experience at ward level. This is monitored via the Improving Nutrition Workstream audit process.

In February 2014 the Foundation Trust undertook intensive recruitment of members of the public to become Patient Assessors in this annual process, now in its second year. Nearly 100 people registered an interest in this role, with around 50% of those attending a half day of training to prepare them for the role. The training was very well evaluated and will be offered again as required to provide a strong cohort of people to undertake these assessments along with the staff team across all Trust Sites between March and July 2014. The increased patient: staff ratio which has been made possible by the public response and the gradually widening range of those involved will help to ensure they are truly patient-led.

The next annual inspection will commence in Spring 2014, the results will be published in the summer and the Foundation Trust will ask its volunteer inspectors to review the report and help decide what actions it should take based on the findings.

Enhancing the Healing Environment

Dementia project manager Sister Danni Woods (left), Chief Nurse Juliette Greenwood and Dementia Action Alliance for Yorkshire & Humber project manager Simon Wallace

Bradford Teaching Hospitals Foundation Trust is the first Trust in the country to be awarded "Working towards being a dementia friendly hospital" status by the National Dementia Action Alliance. This is a huge achievement and reflects the work done by everyone in the Trust to improve the level of care we provide for patients with dementia and their families.

We are working closely with our commissioners, Bradford Council and social services to provide a seamless and closely linked service for people. Bradford as a city is working towards being a Dementia Friendly Community.

The Bradford Royal Infirmary has had major renovations to make some of its wards more dementia-friendly and now plans are also under way to give St Luke's a similar makeover in a £513,000 scheme to improve the care of dementia patients.

Patients and the public have been consulted about what they wanted to see in the 'dementia-friendly' transformation scheme called the 'Yorkshire at its Best' initiative.

The transformation of St Luke's will make real improvements to patients' wellbeing by creating a more relaxed environment allowing people to be more independent and making their lives more dignified.

Patient Safety

SAFE! campaign

The SAFE! Campaign is a focussed patient safety initiative which was launched across Bradford Teaching Hospitals NHS Foundation Trust in May 2010, with the aim of improving patient safety across a range of topics related to the care and management of the acutely ill patient. The campaign continues into a fourth year, with a total of 14 topics being introduced to date.

The topics launched to date include:

- Protecting patients from Thromboembolism
- Patient observations- incorporating the training of staff
- Identifying and managing the deteriorating patient- this includes the introduction of a standard recording chart entitled Modified Early Warning Score (MEWS)
- Ward rounds
- Improving communication in records and handover
- Eliminating delays in investigations
- Oxygen safety
- Patient identification
- Medication - this includes work on medication errors, delays and omissions of medication, allergies and discharge medication
- Patient journey
- Supervision and training
- Preventing avoidable pressure ulcers

The main focus of the SAFE campaign in 2013/14 has been:

Identifying and managing the deteriorating patient using NEWS (National Early Warning Score)

We looked at ways of improving the Trust wide approach to physiological measurements and escalation of the deteriorating adult patient to ensure that a more robust and consistent process was implemented. As a result the MEWS (Modified Early Warning Score) was replaced by the NEWS in August 2013. The changeover went smoothly with excellent support from staff in the clinical areas.

Accelerated roll-out of Think Glucose initiative

As part of the SAFE! Campaign, Think Glucose, the national initiative which aims to improve the care, outcomes and experience of patients with diabetes is to be rolled out across the Foundation Trust with immediate effect.

Inpatients with diabetes are at increased risk of adverse safety incidents and safe diabetes care is a trust-wide priority going forward into 2014/15.

Think Glucose's implementation is to be accelerated - the roll-out will happen in two phases: phase 1 was launched in January 2014, while phase 2 is due in April 2014.

Members of ward-based nursing, medical, and pharmacy teams will be identified to act as Think Glucose champions, supporting SAFE! diabetes care at ward level and enabling the introduction of various clinical tools.

A mandatory e-learning training package is in development for all nursing and medical staff, which aims to improve core knowledge and promote quality diabetes care.

The Think Glucose programme was originally developed through collaboration between the National Institute for Innovation and Improvement, NHS Diabetes and Diabetes UK. Bradford has been a test pilot site since 2011 and the project has been successfully implemented across 11 wards.

The SAFE campaign continually monitors and evaluates the progress of the improvements introduced. This is accomplished through a scheduled audit programme and from listening to, and learning from patient and staff feedback.

Going forward, the SAFE! Campaign will review the topics already covered to ensure sustainability of any changes that have been made. The SAFE! Campaign is currently undergoing a re-launch to determine the best ways in which it can satisfy patient safety to incorporate an approach that can be easily recognised by patients and staff. This ongoing review of the SAFE! Campaign will link patient safety issues identified at a local level and national recognised patient safety concerns.

Learning from Incidents

An open and fair culture encourages people to speak up about mistakes. A risk incident is often not the actions of an individual, but can be linked to organisational systems. By reviewing what has gone wrong departments are able to identify trends. Systematic investigation following an incident guides continuous learning and system improvements.

Risk Incidents are reported using a web-based reporting system called Datix. All incidents are investigated and the outcome is recorded on Datix. This allows the Foundation Trust to identify themes and trends and put in place preventative measures. The organisation encourages the reporting of risk incidents and a key performance indicator is to increase the number of incidents reported and decrease the impact severity of the incidents.

All Serious Incidents are investigated and an anonymised report and lessons learned are disseminated to the Divisional Clinical Directors and Divisional General Managers for onward dissemination and implementation as appropriate within the specialties. The full reports are formally discussed at the Quality & Safety Committee and Clinical Executive Group.

Implementation of the action plan is monitored by the Medical Director's Office. It is the responsibility of each person named in the action plan to complete the actions required by the target date and to provide the Medical Director's Office with evidence of this within one calendar month of the target date. It is the responsibility of the relevant Divisional Clinical Directors to ensure submission of the completed action plan with appropriate evidence of its implementation.

Audits are undertaken on selected serious incidents to provide assurance on the implementation of agreed action plans. Reports of these audits are presented to the Quality and Safety Committee.

Never events are serious, largely preventable patient safety incidents that should not occur if existing national guidance or safety recommendations had been implemented by healthcare providers.

The Trust reported two Never Events in 2013/14; both Wrong Site Surgery. These were listed within the NHS England report on Never Events, 'Provisional publication of never events reported as occurring between 1 April 2013 and 31 March 2014' (30 April 2014).The Trust has implemented a number of changes to practices to minimise the possibility of Never Events occurring.

Personal Responsibility Framework

The Foundation Trust's mission statement is "to provide safe healthcare, of the highest quality, at all times." In order to support this vision a '*Personal Responsibility Framework'* has been developed. This will support staff to take responsibility for their actions, accept the consequences and understand their impact on others with the aim of changing and improving situations.

Everyone has a role in making this happen and to implement this philosophy into day-to-day practise: improving our services, our environment and culture and ultimately the patient experience.
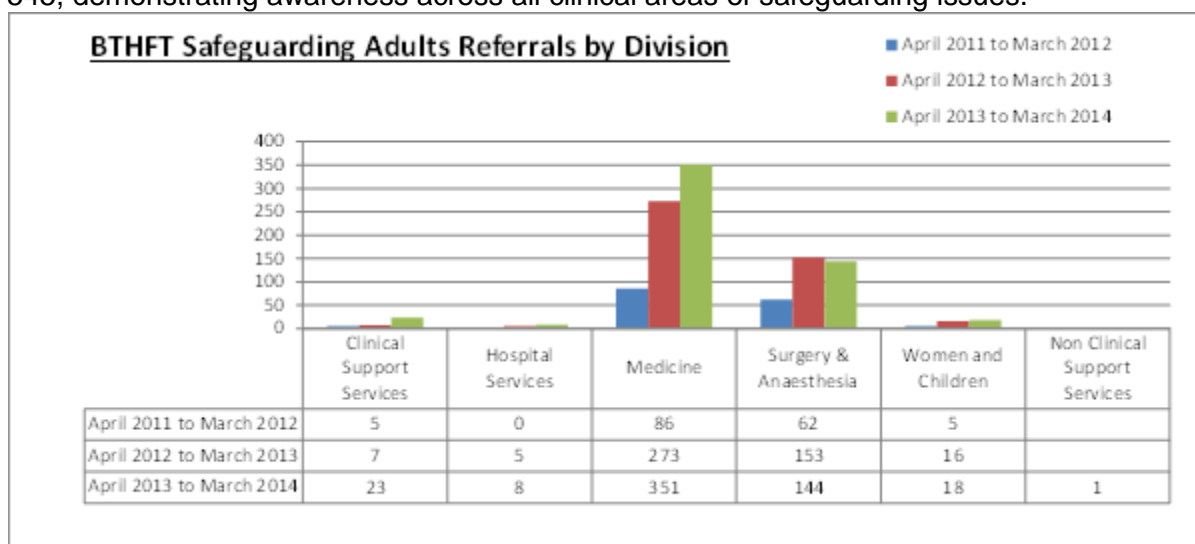
Safe Nurse Staffing Levels

The Board will be using the Safer Nursing Care Tool (SNCT) to support efforts in recruitment and to provide a broader insight into staffing demands as these can fluctuate throughout the year during to the varying pressures. The toolkit allows managers to identify the most appropriate and optimum staffing levels and skill mix required to safely deliver nursing care on a ward.

The SNCT will be applied three times per year in the Foundation Trust to enable the Board to have assurance and early sight of emerging changes to nurse staffing.

Safeguarding Adults

During 2013, the Foundation Trust has continued to work on raising awareness of safeguarding with all frontline staff, to reinforce the principle that Safeguarding is everyone's business. To support this approach, Matrons and Clinical Services Managers have participated in multi-agency 'Role of the Service Manager Training,' delivered by Bradford District Metropolitan Council's Workforce Development Unit. This has given managers insight into how concerns are reported, investigated and managed from a multi-agency perspective.

Referrals to the Trust's safeguarding team have increased by 20% on last year's figures, from 454 to 545, demonstrating awareness across all clinical areas of safeguarding issues.

BTHFT Safeguarding Adults Referrals by Division

	Clinical Support Services	Hospital Services	Medicine	Surgery & Anaesthesia	Women and Children	Non Clinical Support Services
April 2011 to March 2012	5	0	86	62	5	
April 2012 to March 2013	7	5	273	153	16	
April 2013 to March 2014	23	8	351	144	18	1

Following an announced visit by the CQC to review compliance with the Mental Health Act 1983, several areas of practice have been strengthened based on recommendations made following the visit, including updating of the policy, better information for patients about their rights under the Mental Health Act(MHA) and access to Mental Health Act Advocates (IMHAs), and improved completion of relevant section documents.

Several awareness raising events have taken place during 2013-14, which focus on specific aspects of safeguarding, which included:

- An event was held in the Sovereign Lecture Theatre in June 2013 hosting key speakers from Bradford District Care Trust (BDCT) and the Clinical Commissioning Group. The event focused on the use of the both the Mental Health Act and Mental Capacity Act (MCA) and how it affects patients. Members of staff attended from both BDCT and Bradford Teaching Hospitals Foundation Trust (BTHFT). The event was very positively evaluated by all attendees.

- The Foundation Trust hosted an event as part of the Bradford District-wide Safeguarding week in October 2013. The half day event was open to staff from BTHFT and focussed on raising awareness of Hate and Mate Crime. The event hosted speakers from Bradford People First, the Police and an individual speaking on her personal experience relating to her daughter.

Development of an adult safeguarding, MCA and Deprivation of Liberty Safeguards (DoLS) and Consent processes, training matrix has been a key achievement this year, which has been undertaken in conjunction with the training department. The matrix identifies the different levels of training required matched against the roles and responsibilities of different groups of staff.

Additionally, a Safeguarding Adults webpage on the Foundation Trust intranet has been developed, providing an easily accessible source of information for staff on all aspects of adult safeguarding, including MCA and DoLS, MHA. Domestic Violence, and PREVENT (the national counter terrorism strategy). The website also provides information on how to make an alert to the Local Authority Safeguarding Unit, along with a link to their online alert reporting system.

Although the Foundation Trust continues to provide some face to face training as appropriate, an e-learning resource has also been developed, to improve the accessibility of training. A safeguarding newsletter has also been produced to ensure there is a range of methods of information dissemination, to meet everyone's needs.

The team have also seen an increase in the number of Domestic Homicide Reviews being undertaken this year and have been involved in these reviews as appropriate.

Safeguarding Children

Team Structure and Development

During 2013 the Safeguarding Children's team have seen a number of new developments. Mrs Juliette Greenwood, in her role as Chief Nurse and executive lead for safeguarding children represents Bradford Teaching Hospitals as the Board member at Bradford Safeguarding Children's Board. The leadership for safeguarding children has become the responsibility of the Head of Nursing for Children's services, where it previously sat with the Divisional General Manager for Women's and Children's.

A review of the workforce for safeguarding children undertaken in 2013, demonstrated a significant gap when compared to other teams within the region. As result of this review, the Foundation Trust has funded a full time band 7 specialist practitioner for safeguarding children, which was appointed as a substantive post in October 2013. In addition a band 6 post with responsibility for training and liaison for adolescent issues has been appointed on a 1 year fixed term contract, to support the increasing need for training within the Trust. The team is now also supported by an administration officer, who is responsible for ensuring accurate recording of mandatory training and fulfilment of all elements of the team's administrative needs.

Training

In 2013 an extensive amount of work has been undertaken in reviewing the training requirements of all staff in relation to children's safeguarding, to ensure it meets with national guidance and the Intercollegiate document. In addition to the level of training required, work has been carried out with the Education and Training Department to ensure that safeguarding children's training has become mandatory to all staff at their expected level. This work highlighted particular problems with the accuracy of recording of training, with respect to the expected level required by different staff groups, and the consequent concern that compliance was lower than had been previously reported. This discovery resulted in training being recorded on the Divisional risk register and action being taken to provide

additional training to ensure there was sufficient capacity at the appropriate level via both e-Learning and face to face training sessions. Figures are being reviewed quarterly to ensure targets are met by December 2014, where the trust has set a 95% compliance target.

Safeguarding Supervision

The benefits of safeguarding supervision are nationally recognised. Within the Foundation Trust during the last year, an additional course was held to increase the number of staff able to provide this service. There are now pools of supervisors who can offer this service throughout the organisation and the specialist practitioner's role has been key in supporting this valuable service. The safeguarding supervision policy has been reviewed and updated as part of on-going work developments during 2013/2014.

Bradford Safeguarding Children's Board (BSCB)

Bradford Teaching Hospitals NHS Foundation Trust children's safeguarding team are pleased to report that they have affiliations and membership to all BSCB sub-groups and staff members are involved with many of the work streams that arise from these subgroups.

Serious Case Reviews (SCR), Serious Incidents (SIs) and Domestic Homicide Reviews (DHRs)

The large increase in the children's population in Bradford is also reflected in the increased number of significant safeguarding children's concerns. A number of incidents over the past year have required SI reporting and are under consideration for SCR. The mortality rate associated with issues surrounding safeguarding children illustrates the significant risks in this area.

During 2013 Bradford experienced high media profile surrounding the publication of a serious case review. The review identified issues for improvement within the Foundation Trust relating to adults presenting following domestic violence to the accident and emergency department, and issues associated with late booking for maternity services. Action plans to address these issues are in place, and progress against agreed timescales is being closely monitored. Foundation Trust members are engaged with work to address the wider issues across the district raised from this review. Issues being addressed include 'working with families who are invisible' and management of families failing to attend services.

In addition to SCR the number of DHRs has significantly increased since the Government's requirement for them to be formally reviewed. To date there is involvement with 4 cases where children were involved with the family. On-going training and development for staff is provided for them to be individual management review authors and panel members as part of the work progression within this area.

Staff Experience

National staff survey 2013

Staff engagement

We make every effort to ensure that our staff are engaged and involved in the day-to-day decision-making at the Foundation Trust.

We launched our Corporate Strategy at the September Annual General Meeting and we have widened Core Brief to enable attendance from whole management teams. We have continued with our programme of Open Forums and drop in sessions with the Executive Directors. All members of staff are welcome to attend and can ask questions, raise a concern or request information or advice. Executive and Non-Executive Directors have also been involved in a programme of leadership walkrounds and visits to wards and departments. We are now undertaking a more detailed review of communications and engagement to look at how we can continue to improve communications from the senior team.

Summary of performance

The Foundation Trust's score for overall staff engagement is 3.76 against a national average for acute Trusts of 3.74. Scores range from 1 to 5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Foundation Trust's score was better than average when compared with trusts of a similar type.

The overall indicator of staff engagement is calculated on three questions: staff ability to contribute towards improvements at work (Key Finding 22), staff recommendation of the Trust as a place to work or receive treatment (Key Finding 24), and the extent to which staff feel motivated and engaged by their work (Key Finding 25).

Response rate	2013	2012	2011
Trust	43%*	37%	43%
National Average	49%	50%	54%

*The 2013 response rate is in the lowest 20% of acute trusts in England.

The four Key Findings for which Bradford Teaching Hospitals NHS Foundation Trust compares most favourably with other acute trusts in England:

Top 4 ranking scores - 2013	Trust	National Average	Ranking
% of staff agreeing that their role makes a difference to patients	95%	91%	Highest (best) 20%
Fairness and effectiveness of incident reporting procedures	3.64	3.51	Highest (best) 20%
% of staff feeling satisfied with the quality of work and patient care they are able to deliver	83%	79%	Highest (best) 20%
% of staff experiencing physical violence from patients, relatives or the public in last 12 months	12%	15%	Lowest (best) 20%

The four Key Findings for which Bradford Teaching Hospitals NHS Foundation Trust compares least favourably with other acute trusts in England:

Bottom 4 ranking scores - 2013	Trust	National Average	Ranking
% of staff experiencing physical violence from staff in last 12 months	4%	2%	Highest (worst) 20%
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	34%	29%	Highest (worst) 20%
% of staff experiencing discrimination at work in last 12 months	18%	11%	Highest (worst) 20%
% of staff witnessing potentially harmful errors, near misses or incidents in last month	38%	33%	Highest (worst) 20%

The largest local change where staff experience has improved is:

- % of staff agreeing that their role makes a difference to patients - this has moved from being below average to being in the best 20% (increased to 95% from 88% in 2012).

Future priorities and targets

We continue to work at improving the number of staff who have an appraisal and the perceived quality and structure of these. In order to meet this we are developing a performance development framework which will translate organisational performance into individual performance, reviewing the appraisal system to ensure alignment with corporate objectives.

Key priorities remain around the violence and harassment indicators, although a lot of corporate actions have happened in this area we have not seen a related improvement in our scores so we need to refocus and review this area.

We aim to see an improvement in our equality and diversity scores in next year's survey due to the Equality and Diversity senior management training that was commissioned and the mandatory equality and diversity training package that is now part of mandatory training requirements.

Our position on the % of staff who tell us they have suffered from work related stress in the last 12 months has worsened yet this is not reflected in the pressure of work that staff feel. Further work will be undertaken via the Stress Steering Group to understand what is happening in this area.

The Diversity Group will review the outcomes by protected characteristic and the setting and monitoring of priorities will take place through the divisional performance review process.

Service Transformation

The Foundation Trust is aware that it has a responsibility to internally review its services, assess the way in which they are provided, and look to transform delivery wherever possible. Consequently, it has strengthened its resources with regard to service improvement and service development and appointed a Transformation Team charged with supporting teams to transform the way in which services are provided delivering improvements to the quality, safety and productivity by thinking and working differently.

During the summer and autumn of 2013, the Trust developed and ran a series of strategy development days for each of its divisions. The purpose of these review days was to encourage clinicians, nurses and service management to identify and have input into the development of services based on key drivers and core principles. These service developments are to apply over the coming 2 year (operational) and 5 year (strategic) period.

The strategy development days were also attended by representatives of the local CCGs and patients. Broad commissioning intentions and the perceived health needs of the local community were discussed and factored into the service development process at each review day. The impending financial challenge and the subsequent need to deliver services in new transformational ways were highlighted as some of the key drivers to maintain operational and financial sustainability.

A range of developments which have already begun to transform the way services are delivered have been implemented to include:

Virtual Ward

The Foundation Trust along with local heath economy partners has developed the virtual ward as a mechanism to deliver intermediate care and reduce inappropriate hospital admissions. This model of care provides the means to bridge the gap between hospital and home enabling a patient to remain at home and be visited by the relevant staff from BTHFT and partner organisations such as the local authority and local care Trust. This provides a joined up, holistic approach to care and helps to reduce avoidable admissions to hospital. In the event that patients have had to be admitted, the virtual ward can also be used to get patients home as fast and as successfully as possible.

This model of care was developed to get elderly A&E patients discharged quicker and avoid admitting them. Patients fit enough to go home are assessed in their homes instead of on wards to get the nursing and therapeutic support they need. The Foundation Trust has now cut its elderly re-admission rates from 18% to 10%, the national figures are between 15 and 20%.

Therapy Early Supported Discharge (ESD)

This team provides patients with the ability to continue their rehabilitation in their own homes, delivered by the same experienced staff they commenced their rehabilitation with whilst in hospital. The therapy team has enabled accelerated discharge from acute hospital beds for patients with a wide range of

conditions including post elective orthopaedic surgery, frail elderly, and acute and long term neurological conditions saving the trust 2315 bed days in one year. The ESD service will be expanded to include stroke patients from April 2014.

The ESD team won the 2013 Chartered Society of Physiotherapy award for the "Redesign of patient pathways."

New Central Patient Booking Service

Many of our patients believe that our clinical services are excellent, however evidence from patient surveys revealed that patients find accessing our services to be a cumbersome and often un-coordinated experience. Feedback from surveys carried out in the Trust confirmed that having a centralised team, adhering to the Patient Access Policy, would address many of the criticisms received from patients.

The Centralisation of the Patient Booking Service (CPBS) Project was established in recognition of this need to deliver major change to our systems and processes for referral management, outpatient bookings and inpatient scheduling. The management of referrals under one roof in a newly refurbished block at St.Lukes Hospital will provide a better quality and standard of service, providing patients with improved access to services and a better patient experience.

A series of focus groups and patient surveys have been carried out to determine the impact of the CPBS on patients. This identified opportunities to improve the current patient communication, especially for patients with special communication needs such as those who are hard of hearing, blind or non-English speaking - many of the recommendations will be included in the CPBS.

Improved use of technology and e-solutions

The Foundation Trust will need to make best use of IT via e-solutions if the integration and transformation challenge is to be met successfully. The Trust appointed a Director of Informatics in 2013 to develop and deliver a clear informatics strategy aimed at addressing the Trust's needs to support the provision of responsive, high quality and integrated care.

Consequently a Clinical Informatics Strategy Group has been formed with representation from clinicians and other staff responsible for the delivery of services. The clinical informatics strategy will define and focus the priorities for the next three to five years around an Electronic Patient Record (EPR). As the strategy is refined the Trust will continue to provide technology that makes care safer across all care settings and ensure our systems are current. The development of an information strategy will also support clinical areas in the achievement of their quality and performance plans.

The Trust has also made successful funding bid applications to progress this work. These applications will allow the Trust to develop a Real Time ADT information system, further scanning of medical records, and extension of clinical documentation in community-based midwifery. The Trust's quality and efficiency agenda will also be served through initiatives to further integrate patient records across the Bradford area, the provision of a safer chemotherapy prescribing solution and a more efficient access to a patient's information via a portal.

The Trust is mid-way through implementing a system to allow it to more effectively manage Admissions, Discharges and Transfers (ADT). This system will ensure that the Trust makes the most effective use of its capacity by ensuring that bed management data is more readily accessible and can be acted upon more promptly. This will improve patient flow and provide a better care experience for patients.

The Trust continues to ensure that patient records are readily available when needed both across the Trust and in an integrated care setting. Work with local primary care providers to electronically and instantly share consultation reports and discharge summaries will continue to enable the integrated care goal with an integrated care record. The creation of an EPR will be essential if integration is to be successful in providing quality care.

One of the most important informatics opportunities is in the provision of electronic prescribing. This work will be a major step forward in the EPR journey as it enables not only efficiencies in patient care, but intelligently protects patients from harm.

The Foundation Trust is committed to delivering top-class healthcare and ever-improving state of the art facilities for the people of Bradford and district to include the following developments:

New £2.3 million heart lab

The new single-storey lab will provide state-of-the-art facilities for patients with heart problems. More than 1,000 patients a year are expected to be treated in the new unit which will be among the most advanced of its kind in the county as the improvements will include a dedicated x-ray laboratory and day-case unit for cardiac procedures. It's anticipated that the new lab will open in July 2014.

Doctors will use the new catheter lab to carry out invasive procedures such as angiograms and the insertion of stents, as well as planned and emergency pacemakers. The new unit will ensure more patients are treated in Bradford, rather than having to travel to the regional cardiac centre at Leeds General Infirmary.

£350,000 investment in new technology will create 'paperless' maternity ward

The Foundation Trust is one of the first in the country to introduce a paperless maternity service. It means thousands of paper notes will be replaced with online records that can be viewed securely over the internet. An investment of almost £350,000 in new technology will be used to buy high-tech devices, among them tablets and computer software, to support a paperless maternity service in a department which handles 6,000 births a year.

This investment is fantastic news as it will help us to transform the way we care for our patients both in the community and when they come to our hospital. The money will be spent on our 'paperless midwife' project which is enabling community staff to access and record women's medical histories on handheld devices in a move away from handwritten notes.

It will also mean that, at the touch of a button, women will have secure access to view their own medical notes wherever they are in the country – so it is a win-win situation which will improve the patient experience and has real benefits for everyone.

"Healthcare is changing rapidly and this kind of new, modern technology is part of the innovative and new ways of working that we are embracing in our drive to put patients first.
70% of pregnant women that we surveyed wanted to have direct online access to their medical records and this project will deliver this service."

Cindy Fedell, Director of Informatics

Pioneering implant trial could transform lives

A pioneering procedure which is hoped will bring life-changing benefits has been launched in Bradford.

The first patient outside America, and the first in Europe, has been selected in Bradford to participate in a new global trial which tests the success of a slow-release steroid implant measuring one fifth of a grain of rice and injected into the eye of a patient suffering from inflammation by a surgeon.

Bradford was selected as one of the European sites because it has a good record in research and in managing to enrol patients.

Neo Natal Unit Expansion

The Trust has recognised that its Neo Natal Unit does not have sufficient capacity to meet the needs of the local population. This has meant that many neo natal intensive care cases cannot be treated by the Trust and have to be transferred to other locations which means a sub-optimal experience for families as they do not receive care close to home.

Consequently the Trust has identified the need to expand the unit to become a full Network Neo Natal Intensive Care Unit. A project is being undertaken to expand the unit to provide additional capacity. This work has involved the building of an expanded unit and the addition of 2 intensive care cots and associated staffing. The Trust is also appointing an additional consultant and more outpatient clinics as a result.

Phase 2 of this expansion is to open a further 2 intensive care cots. Consequently, the Trust is taking effective action to redress and identified capacity need and more babies born to Bradford families can now be treated closer to home in Bradford.

Annex 1: National Clinical Audits for Inclusion in Quality Accounts 2013/14

Table 1: National Clinical Audits for Inclusion in Quality Accounts 2013/14
Total clinical audits for inclusion in Quality Account = 43
Not eligible to participate in = 7 (highlighted in **bold italic** text)
Eligible to participate in = 36

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
1	**Clinical Outcome Review Programmes - *National Confidential Enquiry into Patient Outcome and Death (NCEPOD)***			
	Bariatric Surgery	Yes	Yes	100%
	Alcoholic Liver Disease	Yes	Yes	100%
	Subarachnoid Haemorrhage	Yes	Yes	100%
	Tracheostomy	Yes	Yes	100%
	Lower Limb Amputation	Yes	Yes	100%
	Gastrointestinal Haemorrhage	Yes	Yes	Study in progress
2	Child Health (CHR-UK)	Yes	Yes	100%
3	Maternal infant and perinatal MBRRACE-UK	Yes	Yes	100%
4	***Suicide and homicide in mental health (NCISH)***	No	N/A	N/A
	The Foundation Trust does not submit data to NCISH but reviews published reports and acts on findings where appropriate. The November 2013 annual report appears to have some recommendations that are being reviewed as part of duty of care for mental health patients that come into the hospital for treatment.			
	Acute Care			
5	Adult critical care Case Mix Programme (CMP)	Yes	Yes	100%
6	Emergency use of oxygen (British Thoracic Society)*	Yes	Yes	100%
7	National Audit of Seizures in Hospitals (NASH)	Yes	Yes	100%
8	National emergency laparotomy audit (NELA)	Yes	Yes	100%
9	National Joint Registry (NJR)	Yes	Yes	100%
10	Paracetamol overdose (care provided in emergency departments)	Yes	Yes	100%
11	Severe sepsis & septic shock	Yes	Yes	66%
12	Severe trauma (Trauma Audit & Research Network, TARN)	Yes	Yes	No data collection in 2013/14
	Blood and Transplant			
13	National Comparative Audit of Blood Transfusion			
a)	Medical use of Blood	Yes	Yes	100%

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
	(2012/13)			
b)	Audit of Blood sampling and labelling	Yes	Yes	100%
c)	Audit of the use of Anti-D (2012/13)	Yes	Yes	100%
d)	Audit of Patient information and consent	Yes	Yes	100%
	Cancer			
14	Bowel cancer (NBOCAP)	Yes	Yes	100%
15	Head and neck oncology (DAHNO)	Yes	Yes	100%
16	Lung cancer (NLCA)	Yes	Yes	100%
17	Oesophago-gastric cancer (NAOGC)	Yes	Yes	100%
	Heart			
18	Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	100%
19	Cardiac Rhythm Management (CRM)	Yes	Yes	115.9%
20	***Congenital heart disease (Paediatric cardiac surgery) (CHD)***	No	N/A	N/A
21	Coronary angioplasty	Yes	Yes	100%*
22	***National Adult Cardiac Surgery Audit***	No	N/A	N/A
23	National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
24	National Heart Failure Audit	Yes	Yes	100%
25	National Vascular Registry	Yes	Yes	107%
26	***Pulmonary hypertension Audit***	No	No	N/A
	Long Term Conditions			
27	Diabetes (Adult) ND(A)	Yes	No	N/A
	National Diabetes Inpatient Audit (NADIA)*	Yes	Yes	100%
	National Pregnancy in Diabetes audit	Yes	Yes	Data collection in progress
28	Diabetes (Paediatric) (NPDA)	Yes	Yes	Data collection in progress
29	Inflammatory bowel disease (IBD)*	Yes	Yes	100%
30	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme*	Yes	Yes	Data collection in progress
31	Paediatric bronchiectasis*	Yes	No	N/A

	National Audit	Eligible to participate	Participating	Percentage of cases submitted
	(BTS)			
32	Renal replacement therapy (Renal Registry)	Yes	Yes	100%
33	Rheumatoid and early inflammatory arthritis*	Yes	Yes	Data collection in progress
Mental Health				
34	***National audit of schizophrenia (NAS)***	No	N/A	N/A
35	***Prescribing in mental health services (POMH)***	No	N/A	N/A
Older People				
36	Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Yes (ie the National Hip fracture database)	100%
37	Sentinel Stroke National Audit Programme (SSNAP)*			
	SSNAP organisational audit	Yes	Yes	100%*
	SSNAP clinical audit	Yes	Yes	Data collection in progress
Other				
38	Elective surgery (National PROMs Programme)	Yes	Yes	
	a) Groin Hernia	Yes	Yes	64.60%
	b) Hip replacement	Yes	Yes	90.90%
	c) Knee replacement	Yes	Yes	104.60%
	d) Varicose Vein	Yes	Yes	46.80%
Women's & Children's Health				
39	Epilepsy 12 audit (Childhood Epilepsy)	Yes	Yes	100%
40	Moderate or severe asthma in children (care provided in emergency departments)*	Yes	Yes	100%
41	Neonatal intensive and special care (NNAP)	Yes	Yes	100%
42	Paediatric asthma	Yes	Yes	100%
43	***Paediatric intensive care (PICANet)***	No	N/A	N/A

* Percentage of cases submitted subject to final validation

Table 2: List of national clinical audit reports reviewed

National Clinical audit	Improvement action/ outcomes achieved
National Audit of Dementia	• The Dementia Pathway and Assessment group have developed a dementia screening tool to facilitate the early identification of patients for which dementia is suspected. All acute admission patients aged over 75 are screened. All patients who screen positively are referred to their GP for a referral to a memory clinic as required. 100% compliance for the Dementia March 2012/13 CQUIN target has been achieved. • A pain assessment tool has been developed and piloted on the wards. This has been rolled out to the Emergency Department to be used in conjunction with the Neck of Femur pathway. • A communication work stream sub group has been set up to focus on improving communication between staff and carers. • A carer's information bag has been developed available for all identified carers - this contains information on support services within the hospital and the Bradford district, available to patients and carers. • The 'Shared care' document has been trialled and to be released shortly across the Trust. • A Dementia education work stream has been set up with the responsibility of coordinating the roll out of dementia training/education and development of a Dementia education strategy to provide guidance for appropriate levels of education for all staff grades. • A Dementia friendly hospital environment work stream has been established. The aim of the work stream is creating a dementia friendly hospital environment in the Foundation Trust. Some improvements include: installation of contrasting blue toilet seats, new signs with clear text and pictures for toilets, large faced clocks that show the date and the development of a therapeutic hospital colour pallet eg red painted walls in patient toilets. With support from the group a number of wards have had refurbishments completed. • The Dementia group have been successful in progressing through to the second stage bid of the Prime Minister's challenge. The bid was to improve the corridors in St Luke's Hospital to facilitate 'way finding', orientation and improving public spaces.
National Audit of Seizure Management in Hospitals	• Development of an adult Seizure pathway to be used for all adult patients attending with a generalised seizure to improve senior review of patients. • To ensure improved neurological/epilepsy input during patient attendance/admission/aftercare plans are in place to increase access to Epilepsy specialist nurses. • Action is in progress to improve follow up links for all patients who present with a seizure- either to first fit clinic, or community epilepsy service/ neurology out-patients.
British Thoracic Society - Emergency use of Oxygen	• To increase the number of clinical staff educated and trained in the safe use of oxygen. • To encourage the use of oxygen prescribing stickers on drug charts, as prompts to staff, to ensure patients receive the appropriate oxygen supply to achieve the target saturations. • Plan to continue to engage in the national audit to measure improvement outcomes against report findings.

European COPD audit	• Spirometers are now available on the Respiratory wards and the Admission units. • Currently negotiation is on-going to provide a 24/7 Respiratory consultant rota on the wards to improve quality of care provided to COPD patients during evenings and weekends. • To address current pressures/demand on the respiratory service, progress has been made in recruiting a Locum Respiratory Consultant.
MINAP (Myocardial Ischaemia National Audit Project)	This national audit is on-going and the Cardiology speciality is committed to submitting data annually. Recommendations from the audit are discussed with Consultant Cardiologist colleagues in their bi monthly meetings with a view to incorporating into their local clinical governance agenda. Plan to consider extending data collection to include all Acute Coronary Syndrome patients including those managed by elderly care or others.
British Thoracic Society (BTS) Adult Community Acquired Pneumonia Audit	Findings from the report based on data collected in 2011/12 has led to the following actions: • To drive an increase in the number of patients recruited to 40 in the 2012-2013 BTS CAP audit • Staff in A&E and Medical Admissions Unit to request chest x ray asap with appropriate assistance from radiology department • Staff in A&E and Medical Admissions Unit to prescribe and administer antibiotics without delay • Beta lactam and a macrolide combination antibiotics to be used for all cases of moderate and severe CAP (unless contraindicated), and to be considered for low severity CAP • Staff to prescribe intravenous antibiotics if clinically indicated • Senior medical staff to educate and monitor prescribing of antibiotics • Senior review to happen preferably within 6 hours of admission by A&E or Medical Admissions Unit staff • To include post discharge from hospital data at 30 days in the next audit
Severe Sepsis CEM Audit	The report presents results from the audit of severe sepsis and septic shock treatment against the clinical standards published by the College of Emergency Medicine (CEM) Clinical Effectiveness Committee (CEC) and the Guidelines and care bundles published by the Surviving Sepsis Campaign. Review of the Trust Accident & Emergency Department's practice against these guidelines has driven the following improvements: • To drive adherence and use of the sepsis patient pathway; • All patients on the sepsis pathway are to be given antibiotics, IV fluids and have a serum lactate measurement in a timely manner. Patients are to be catheterised before leaving the department; • Consultant of the day to encourage use of pathways, and try to oversee patient care plans (medical staffing and patient numbers permitting).
UK Carotid Endarterectomy clinical audit report- Round 3	Additional frequent transient ischaemic attack clinics now in place and should improve rapid access for patients who present and are referred in a timely fashion. Plan to evaluate the impact and benefit of increasing 48 hour access to surgery to achieve the quality indicator requiring patients to receive surgery within 2 days of referral.
Audit of Potential Donors	Key performance indicators are set by NHSBT. The six monthly reports present details of compliance and achievement. To date the Trust is compliant with all the quality indicators.

National Joint Registry (2012)	• Ensure appropriate selection of patients for hip resurfacing. • Ensure patients for hip resurfacing are made aware of the increased risk of aseptic lymphocyte-dominated vasculitis-associated lesion (ALVAL) and high revision rates associated with the DePuy ASR. • To ensure that, unless contraindicated, all patients receive both chemical and mechanical DVT thromboprophylaxis in line with national trend. • To explore the feasibility of purchasing separate pump machines as a capital asset, to enable on-ward use of mechanical DVT thromboprophylaxis. • To increase patient consent rates for all joint replacements (shoulder, hip, knee and ankle) for NJR data submission. • To improve data submission compliance to ensure comparability of BTHFT data against national data. This timely submission will also improve adverse reporting of revision rates.
National Hip Fracture Database	The Trust is currently compliant with the majority of the quality indicators measured by this national audit. Improvement actions are planned to: • Increase compliance to the 'admit to Orthopaedic Ward within 4 Hours' outcome measure by driving timely completion of ward/nursing documentation which will be further facilitated by the Trust's planned move to electronic patient records; • Plans to extend Geriatric service / cover to ensure medical assessment of all elderly hip fracture patients within 48 hours is ongoing.
Inflammatory Bowel disease (IBD) UK audit 2011(includes the adult inpatient experience audit, results of the primary care questionnaire)	• To increase clinical research involvement the Gastroenterology Research Nurses are to present at the IBD annual review meeting. Regular meetings have between arranged between the IBD team and research to help identify IBD related studies for potential involvement. • Regular IBD MDT Team meetings are held. • Colorectal surgeons are encouraged to contribute data to the ileal pouch registry. • Work ongoing to ensure the shared patient care protocols between primary and secondary care with regard to patient access, follow up management plan. • To improve patient referral and promotion of local smoking cessation services for use in IBD service. • To improve communication with the GPs, the IBD team have designed an IBD letter template with relevant up to date patient care management plans as required. • 86% of inpatients are seen by a Consultant Surgeon and a Consultant Gastroenterologist within 24 hours. • Negotiations ongoing to facilitate provision of dietetic support in the IBD outpatient setting. • Education and improved awareness of IBD for general ward nurses is being scoped to support delivery of high quality nursing.
National Bowel Cancer Audit	Bradford MDT submits all data to the National database annually. To date the Trust is compliant with all the quality indicators. Currently engaging in an on-going local audit looking specifically at issues of prolonged length of stay due to colectomy and excision of the rectum. To identify and resolve the causes identified, which are multifactorial, to reduce length of stay. In accordance with the colorectal clinical lines of inquiry, we are also reviewing all 30-day post-operative deaths as a standard agenda point at the twice-yearly Colorectal Time Out.

National Care of the Dying Audit	• The Foundation Trust's End of Life Education strategy agreed. • Education programme set up and launched – this has involved the development of an e-learning package to ensure all staff caring for dying patients and their families have access to appropriate education and training. The Hospital Palliative Care team continue to support clinical areas through formal education and patient referrals as appropriate. • A permanent Liverpool Care Pathway facilitator has been recruited to post (0.4WTE). • There are now available End of Life champions on wards to facilitate awareness raising, support improvement of how patients and their families are dealt with in the last days/hours of life and recording of these goals. • Improvement plan in place to monitor compliance with quality indicators around better communication with GP /Primary Health care team, provision of written information to support conversations and support bereaved relatives.
Heart Failure audit	• Drug prescriptions particularly beta blocker usage are accessed locally to determine whether treatment initiation and optimisation is occurring in the community once the patient has been discharged. This would be in accordance with the heart failure care pathway to ensure all patients, regardless of admission ward, have access to recommended medication in line with NICE guidelines and that treatment is managed by specialist staff. • To assess the number of patients who have prior Left Ventricular functional assessment and waits for functional assessment with patients to improve access. • Whilst the report concentrates on hospital aspects of care, it is vital that there is close collaboration between primary and secondary care if the improved outlook for heart failure patients is to be realised. • To continue submission of at least 20 cases per month to the national audit.
British Thoracic Society: Non Invasive Ventilation (NIV)	• A Trust wide Chronic Obstructive Pulmonary Disease (COPD) NIV BIPAP pathway is now in place. It will be initiated in the emergency department and will follow the patient to the Medical Admissions Unit (MAU) and the medical wards thereafter as required. • Measures to ensure a reduction in oxygen toxicity are now in progress. • Education and training for staff providing NIV is available on the wards. • Continuous review of NIV performance is on-going.
Heart Rhythm Management Audit (HRM)	Data collection and audit of the local service is to be improved. This will be achieved through maintaining a local pacing complications database, preferably using PACS to incorporate a facility to collect local implant data in addition to direct Central Cardiac Audit Database (CCAD) submissions.
National Vascular Database (NVD)Registry	To undertake a coding audit comparing NVD data set with HES submission for the Trust. Improve data entry to NVD and evaluate resource implications.
National Lung Cancer audit	Improvement work on-going to ensure data capture of all eligible patient data for submission to the national audit. Multidisciplinary team is fully active in obtaining tissue for diagnosis. The appointment of an additional Clinical Nurse Specialist (CNS) has supported increased access at the Outpatient department where previously capacity was not sufficient.

Epilepsy12 Audit	• Develop local guidelines to facilitate appropriate first clinical assessment and investigations, particularly for use in the acute setting. • Develop local guidelines/prompt for essential initial investigations of first seizure. • Encourage colleagues to refer earlier to colleague with expertise in epilepsies, particularly where no syndromic diagnosis made. • Increase awareness of epilepsy syndromes through education and teaching sessions. • To ensure greater use of the Paediatric Neurology Service.
National Heavy Menstrual Bleeding (HMB) Audit	To continue to monitor patient care pathways, referral and operative rates. There are currently well established primary & secondary care pathways for HMB in Bradford that offer intrauterine system (IUS) in primary care and refer to secondary care for surgery if medical management fails. The Foundation Trust already offers global endometrial ablation on a local primary care site.
National Neonatal Audit Programme	The Foundation Trust plan's to continue participation in this audit subject to a review of on-going data completeness and ascertainment issues.

Table 3: List of local clinical audit reports reviewed

Local Clinical audit	Improvement action/ outcomes achieved
Management of Head Injuries local audit (against College of Emergency Medicine (CEM) standards & NICE Clinical guideline 56)	An Emergency Department head injury pathway based on NICE guidance/CEM standards has been developed to improve and facilitate quality management of patients that come in to Accident & Emergency with a Head injury. This covers triage, assessment, investigation and early management of head injury in children and adults. The pathway has been developed in collaboration with clinicians from the Foundation Trust's Departments of Anaesthesia, Orthopaedics, Neurosurgery, Radiology and Paediatrics. Future compliance audits planned to review practice against NICE recommendations and ensure adherence to the pathway process.
Pre-operative assessment of axillary lymph nodes (previously titled Breast Cancer and Axillary USS Audit)	To continue with current pre-operative axillary Ultrasound (USS) arrangements as currently doing well in terms of pre-operative diagnosis. To consider value of ANC (axillary node clearance) following positive Sentinel Lymph node biopsy (SLNB) as noted at recent Yorkshire Cancer network discussions.
Osteoporosis Guidelines local audit	• All gastroenterologists to be made aware of the guidelines, and a local flow chart of the guidelines be made available to all involved in the care of Inflammatory Bowel disease patients. • Plan to re-audit to assess improvement.
Physiological and Operative Severity Score for the enUmeration of Mortality and morbidity (POSSUM) local quality control audit	• To continue with the audit as a monitoring tool once a year to look at the mortality and morbidity scores and compare practice against the predicted scores. • To review individual surgical consultant performance against set key performance indicators to ensure performance is to an acceptable standard. • Data is actively used for consultant appraisal.
Audit of deaths within 30 days of systemic anti-cancer therapy in Medical Oncology	An Acute Oncology Service was launched in January 2012 with 24/7 contact number. All patients admitted with a terminal decline post chemotherapy where appropriate are commenced on the Liverpool Care Pathway (LCP). Monitoring of this requirement is on-going.
Outpatient Patient Experience Questionnaire	Plan now in place to address the following actions: • Rescheduled appointments;

	• Staff introducing themselves; • Communicating waiting time delays in clinic; • Booking follow up appointments before leaving the department; • Improving appointment letter production and dispatch.
Re audit of NICE compliant gastroenteritis pathway	• Develop reference guide for management of diarrhoea and vomiting for children under 5 years in both the A&E Department and Children's Assessment Unit setting. • To develop a new leaflet to be given on discharge from A&E and Children's Assessment Unit that covers key points around management of diarrhoea and vomiting in children. • To meet with General Practitioners involved in developing primary care paediatric services to illustrate need for continuity between management of gastroenteritis across primary and secondary care.
Wheezy Child Pathway audit	• To design new wheezy child pathway and guideline but keep the advice the same and consistent as current pathway is not suitable for all providers affected in the care of the patient. • To develop a wheezy child care bundle.
Paediatric High Dependency Care Assessment	• Monthly data is used to demonstrate the need for a children's High Dependency Unit. • Senior management currently engaging with commissioners to agree a local tariff.
Stroke Service Audit 2012	• Major stroke service changes achieved in 2012 (appointment of third stroke consultant, specialist stroke on call rota including weekend ward rounds and dedicated hyper-acute stroke unit beds on the acute ward), have enabled tremendous improvements in activity, particularly in the Stroke unit's ability to admit stroke patients directly from A&E into acute stroke beds. Thereby reinvigorating the thrombolysis service. • Almost all stroke patients can now access a stroke bed during their admission. • Earlier identification of stroke patients has meant access to early CT (including immediate scanning) and aspirin has further improved. • More patients are now discharged home and mortality has fallen. • Unable to provide an out-of-hours thrombolysis service however this is to be remedied by collaborative support from neighbouring trusts to facilitate a regional rota supported by telemedicine. • Negotiations are on-going with primary care to boost Speech and Language therapy staff numbers. • Discussions on-going with adult social care colleagues to streamline assessment times to improve delayed discharges.

Annex 2: Statements on Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2013/14

Bradford Teaching Hospitals NHS Foundation Trust has fulfilled its duty in providing a copy of their 2013/14 Quality Account to the relevant Clinical Commissioning Groups, Bradford and District Healthwatch Group and the Health Overview and Scrutiny Committee. We received the following statements in response:

NHS
Bradford City
Clinical Commissioning Group

NHS
Bradford Districts
Clinical Commissioning Group

Bradford City and Bradford Districts Clinical Commissioning Group Feedback on:

Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2013/14

Bradford City and Bradford Districts CCGs (the CCGs) welcome the opportunity to review and feedback on the Quality Account presented by Bradford Teaching Hospitals NHS Foundation Trust (the Trust) for 2013-2014. The Quality Account presents a fair and honest reflection of the Trusts achievements and areas for development.

The Trust has made significant progress in the following areas:

- There is a clear commitment from the trust to provide safe and effective, high quality care for all patients. This is clearly articulated in the new corporate strategy 'Together, putting patients first' and there has been a step change in the way the trust has recognised, reflected and responded to patient feedback
- The CQC report which sets out significant concerns relating to essential standards has been a catalyst for change and together with the approach to the Francis recommendations and the drive to deliver the 6Cs in nursing and midwifery care has placed the values of the Trust centre stage and provided a strong framework for organisation development
- Engagement with clinical audits and national confidential enquiries, participation levels demonstrate clear commitment as does the participation in clinical research
- Being the first in the country to be awarded "Working towards being a dementia friendly hospital" status by the National Dementia Action Alliance is a fantastic achievement and makes a significant contribution to the health and care economy wide aims and objectives
- Developments such as the virtual ward which aims to develop services outside of hospital demonstrates the extent of the strategic contribution to the future models of care

The trust has highlighted those areas that require further development and improvement and these will be the focus of 2014-15. The CCGs support these priorities, in particular:

- Patient experience: mealtime experience (CQC essential standards); communication with people whose first language is not English; better and more effective implementation of the equality delivery system.
- Patient safety and clinical effectiveness: management of diabetes in the acute environment and a number of related activities to complement commissioner activity in improving the overall care of people with diabetes.
- Continuing to embed the cultural and operational changes required as a result of the CQC report and the delivery of the Trust's strategy 'Together, putting patients first'.

The CCGs acknowledge that the information within this Quality Account reflects the continued commitment and intention of BTHFT to provide safe, high quality services. The CCG welcomes its proactive approach and supports the continued steps towards quality improvement.

Helen Hirst
Chief Officer - NHS Bradford City CCG and NHS Bradford Districts CCGs

Bradford Teaching Hospitals' Foundation Trust (BTHFT) 2013-2014 Quality Accounts

We are pleased to see that, once again, the Quality Account (QA) is a thoughtful, clear and well laid out document.

We welcome the considerable attention given to action plans to deal with the findings of the Care Quality Commission (CQC) visit. However given the seriousness with which the QA sets out measures to redress issues identified by the CQC, we were disappointed to see the Chief Executive's overly confident introductory statement seeming to minimise the significance of these enforcement actions – especially given the CQC's concern with governance issues and failings on the part of the executive team. There is a particular need for the Trust to identify why there has been a poor record in staff retention. Have exit interviews revealed any problems with organisational culture to complement what is already known from surveys (staff violence, working hours, stress and discrimination)?

Several pieces of work are very positive (e.g. the SAFE campaign, the learning from incidents culture, customer care training for staff, implant work and the neo-natal expansion) and we are pleased to see that BTHFT is now addressing dementia in an impressive way but it must be remembered that a number of cases in recent years have shown the Trust failing to care adequately for elderly patients.

We welcome the inclusion of patient stories as a way of describing good practice but urge that, as well as complementary reports, more critical comments are included along with resultant learning and action. For example feedback from a local newspaper where readers' letters discussed hospital food is given but the letters quoted are responses to previous negative coverage and none of the latter is discussed. We are pleased to see patient Stories being received regularly at Board meetings.

There is a glaring contrast between the positive findings of the patient meal surveys and the disappointing PLACE (Patient Led Assessments of the Care Environment) findings on food at the Bradford Royal Infirmary (BRI). This may reflect the circumstances under which patients complete surveys as respondents are sometimes afraid of giving offence and thus inhibited in their responses.

The PLACE inspections are revealing and special efforts need to be made to improve performance at BRI. We would urge that PLACE reports are drawn up independently (i.e not under supervision). Some breakdown of PLACE results by area within each hospital would be useful.

We are impressed at the initiatives taken to communicate with patients. We particularly agree that there is a need to go beyond tick-box responses and introduce systems that permit patients to make additional comments. We look forward to hearing how the "Read all about us" boards are used and developed. We are also pleased with the priority given to improving the quality of information patients are given about managing their condition and would like to know more about how the readability of information is tested (Improvement Priority 3 mentions a requirement for authors to do this). We welcome the development of patient engagement work by the Trust though this might need further resourcing. We are impressed by the "You Said – We Do" approach evidenced by the example given of reducing noise levels on wards at night.

We are glad to see that ensuring prompt availability of accurate patient records is a priority and would like to learn how this will be achieved for example the QA could comment on the reasons for serious lapses in performance (e.g. records not delivered in November '13) and consequent improvement action taken.

We have had reports of long delays in providing patients with medicines on discharge and would like to see this bottleneck tackled – we are glad to see that a visit to the pharmacy is included in the Governors' Visits programme.

The review of visiting times is welcome. We urge a flexible approach to visiting times for example it is important that patients mealtimes are uninterrupted but relatives and friends have a useful role to pay in helping patients who have difficulty feeding themselves. We would also like to hear more about the work of ward hospitality assistants in helping with feeding and the success or otherwise of ensuring protected meal-times.

The commitment to review a range of sources of feedback listed in the section dealing with priorities for quality improvement is very impressive – we urge that examples of learning from all these sources is given in future QAs even where this highlights previous poor practice (e.g. legal claims or Coroners' Reports) – the more learning from past mistakes is demonstrated the more confidence there can be in prospects for improvement.

The work of the Bradford Institute of Health Research seems excellent. We would be interested in hearing how findings are transferred into ward practice.

Similarly we commend the Trust's response to the Francis Report. We urge that the "Putting our Values into Practice" poster includes reference to the need for staff to be flexible, vigilant and pro-active as part of the approach to care and compassion – we have had reports of staff unaware of the need to step in and help patients and sometimes reluctant, apparently for fear of disrupting an established division of labour.

We welcome the additional information on Treatment Outcomes from the Core set of national Quality Indicators and the plans in place to improve these. Action is still needed to tackle infection as recent press reports confirm. We have also received reports of long waits before receiving test results.

The breakdown of complaints and PALS contacts by theme was very useful. It would be helpful to be told about improvements put in place as a result of these and also to be given indications of the criteria used in judging complaints to be unfounded.

We were pleased to see detailed information about learning from Clinical Audits but we were surprised to learn that the Trust continues to promote the Liverpool Care Pathway and would like to know more about the role of the End of Life Champions on the wards.

Signed off by Javed Khan, Chair, on behalf of the Board of Healthwatch Bradford and District

Annex 3: 2013/14 Statement Of Directors' Responsibilities in Respect of the Quality Report

The directors are 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 2013/14;*
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2013 to June 2014
  - Papers relating to Quality reported to the Board over the period April 2013 to June 2014
  - Feedback from the commissioners dated May 2014
  - Feedback from governors at each meeting of the Council of Governors
  - Feedback from the local Healthwatch organisation dated May 2014
    The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2014
  - The latest national patient survey dated May 2014
  - The latest national staff survey dated March 2014
  - The Head of Internal Audit's annual opinion over the trust's control environment dated May 2014
  - Care Quality Commission quality and risk profiles/Intelligent Monitoring Reports during 2013/14.
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information 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 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) as well as the standards to support data quality for the preparation of the Quality Report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

28 May 2014   Chairman

28 May 2014   Chief Executive

Annex 4: Independent Auditor's Report to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Bradford Teaching Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium Difficile – all cases of Clostridium Difficile positive diarrhoea in patients aged two years or over   that are attributed to the Trust; and

- Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the "indicators".

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 criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by 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 is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*

- the Quality Report is not consistent in all material respects with the sources - specified in the *Detailed Guidance for External Assurance on Quality Reports; and.*

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports.*

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* 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:

- Board minutes for the period April 2013 to May 2014;

- Papers relating to Quality reported to the Board over the period April 2013 to May 2014;

- Feedback from the Commissioners dated May 2014;

- Feedback from local Healthwatch organisations dated May 2014;

- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2013/14;

- The 2013/14 national patient survey*;*

- The 2013/14 national staff survey*;*

- Care Quality Commission quality and risk profiles/intelligent monitoring reports 2013/14; and

- The 2013/14 Head of Internal Audit's annual opinion over the Trust's control environment.

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 Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Bradford Teaching Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bradford 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 (Revised) – '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:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.

- Making enquiries of management.

- Testing key management controls.

- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.

- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.

- Reading the documents.

A limited assurance engagement is smaller 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 criteria set out in the *NHS Foundation Trust Annual Reporting Manual.*

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Bradford Teaching Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual;*

- the Quality Report is not consistent in all material respects with the sources specified above; and

- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual.*

KPMG LLP
Chartered Accountants
St James Square
Manchester
M2 6DS

28 May 2014

Annex 5: List of Abbreviations

List of Abbreviations	
A&E	Accident & Emergency Department
BME	Black and minority ethnic
C. diff	*Clostridium difficile* - a type of bacteria
CHD	Congenital Heart Disease
CHR-UK	Child Health Review - UK
CMACE	Confidential Enquiry into Maternal and Child Health
CEM	College of Emergency Medicine
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computed Tomography
DH	Department of Health
DNA	Did not attend appointment
DVT	Deep Vein Thrombosis
HAPU	Hospital Acquired Pressure Ulcer
HASU	Hyper-Acute Stroke Unit
HCAI	Healthcare Associated Infections
HF	Heart Failure
HMB	Heavy Menstrual Bleeding
IBD	Inflammatory Bowel Disease
IM&T	Information Management and Technology
MBRACE-UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (formerly CMACE)
MEWS	Modified Early Warning Score
MINAP	Myocardial Ischaemia National Audit Project
MRSA	Methicillin Resistant Staphylococcus Aureus
MUST	Malnutrition Universal Screening Tool
NBOCAP	National Bowel Cancer Audit programme
NCAA	National Cardiac Arrest Audit
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCI	National Confidential Inquiry
NEWS	National Early Warning Score
NHFD	National Hip Fracture database
NHS	National Health Service
NHSBT UK	NHS Blood and Transplant UK Transplant Registry
NHSLA	NHS Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute for Health Research
NIV	Non Invasive Ventilation
NLCA	National Lung Cancer Audit
NNAP	Neonatal Intensive and Special Care
NPDA	National Paediatric Diabetes Audit

NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PICANet	Paediatric Intensive Care Audit Network
POMH	Prescribing in Mental Health Services
PPE	Patient and Public Engagement
PROMS	Patient Reported Outcome Measures
QA	Quality Account
RCA	Root Cause Analysis
RCOG	Royal College of Obstetrics and Gynaecology
RCPCH	Royal College of Paediatrics and Child Health
Rh	Rhesus factor
SI	Serious Incident
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Systems
TIA	Transient Ischaemic attack
VTE	Venous Thromboembolism

Annex 6: Glossary of mandated indicators

To assist the readers of the Quality Report we have included the following definitions of the mandated indicators:

Indicator	Description	Criteria	Source
Clostridium Difficile (C-Diff)	The trust has a target of no more than 45 cases per year attributable to the organisation.	• Patients aged 2 or more; • A *C. difficile* infection is defined as a case where the patient shows clinical symptoms of *C. difficile* infection, and using the local Trust *C. difficile infections diagnostic algorithm* (in line with DH guidance) is assessed as a positive case. Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken; and • The Foundation Trust is deemed responsible - this is defined as a case where the sample was taken on the fourth day or later of an admission to the trust (where the day of admission is day one).	Results are reported via telepath laboratory system, with results being imported via ICE reporting system. The results are reported to the Infection Prevention and Control team via ICNet surveillance reporting system.
Emergency re-admissions within 28 days of discharge from hospital	Percentage of emergency admissions to a hospital that forms part of the trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust.	*Numerator:* The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon re-admission coded under obstetric; and those where the re-admitting spell has a diagnosis of cancer (other than benign or *in situ*) or chemotherapy for cancer coded anywhere in the spell. *Denominator:* The number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to March 31 within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days prior to admission are excluded.	

7. Staff Survey

Statement of approach to staff engagement

We make every effort to ensure that our staff are engaged and involved in the day to day decision making at the Foundation Trust.

We launched our Corporate Strategy at the September Annual General Meeting and we have widened our Core Brief to enable attendance from whole management teams. We have continued with our programme of Open Forums and drop in sessions with the Executive Directors. All members of staff are welcome to attend and can ask questions, raise a concern or request information or advice. Executive and Non-Executive Directors have also been involved in a programme of leadership walkrounds and visits to wards and departments. We are now undertaking a more detailed review of communications and engagement to look at how we can continue to improve communications with the senior team.

Summary of performance

The Foundation Trust's score for overall staff engagement is 3.76 against a national average for acute trusts of 3.74. Scores range from 1 to 5 with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. The Foundation Trust's score was better than average compared with Trusts of a similar type.

The overall indicator of staff engagement is calculated using key findings 22, 24 and 25. These relate to staff members perceived ability to contribute to improvements at work, their willingness to recommend the Trust as a place of work or receive treatment and the extent to which they feel motivated and engaged in their work.

	2012		2013	
Response rate	Trust	National Response Rate	Trust	National Response Rate
	37%	50%	43%	49%

Top 4 ranking scores – 2013			
	Trust	National Average	
% of staff agreeing that their role makes a difference to patients	95%	91%	Highest (best) 20%
% Fairness and effectiveness of incident reporting procedures	3.64	3.51	Highest (best) 20%
% of staff feeling satisfied with the quality of work and patient care they are able to deliver	83%	79%	Lowest (best) 20%
% of staff experiencing physical violence from patients, relatives or the public in last 12 months	12%	15%	Lowest (best) 20%

Bottom 4 ranking scores – 2013			
	Trust	National Average	
% of staff experiencing physical violence from staff in last 12 months	4%	2%	Lowest (worst) 20%
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	34%	29%	Highest (worst) 20%
% of staff experiencing discrimination at work in last 12 months	18%	11%	Highest (worst) 20%
% of staff witnessing potentially harmful errors, near misses or incidents in last month	38%	33%	Highest (worst) 20%

The largest local change since the 2012 Survey is KF2, the % of staff agreeing that their role makes a difference to patients (up from 88% to 95%).

Future Priorities and Targets

We continue to work at improving the number of staff who have an appraisal and the perceived quality and structure of these. In order to meet this we are developing a performance development framework which will translate organisational performance into individual performance, reviewing the appraisal system to ensure alignment with corporate objectives.

Key priorities remain around the violence and harassment indicators, although a lot of corporate actions have happened in this area we have not seen a related improvement in our scores so we need to refocus and review this area.

We aim to see an improvement in our equality and diversity scores in next year's survey following to the Equality and Diversity senior management training that was commissioned and delivered during the year and the mandatory on line equality and diversity training package that is now part of mandatory training requirements for all staff.

Our position on the % of staff who tell us they have suffered from work related stress in the last 12 months has worsened yet this is not reflected in the pressure of work that staff report. Further work will be undertaken via the Stress Steering Group to understand what is happening in this area.

The Diversity Group will review the outcomes by protected characteristic and the setting and monitoring of priorities will take place through the divisional performance review process.

8. Regulatory Ratings

Monitor's Regulatory Regime

Up to the end of the second quarter of 2013/14, Monitor rated Foundation Trusts under its Compliance Framework using two ratings:

- **Financial Risk Rating**

  Trusts were awarded a rating of 1 to 5 on a quarterly basis, with 1 being the highest risk and 5 being the lowest risk.

- **Governance Rating**

  Trusts were awarded a rating of red (either potentially in breach or in breach of its governance licence condition), amber-red (material concerns regarding governance), amber-green (limited concerns regarding governance) or green (no material concerns) on a quarterly basis.

From the third quarter of 2013/14 onwards, Monitor replaced the Compliance Framework with the Risk Assessment Framework and two new ratings were introduced:

- **Continuity of Services Risk Rating**

  Trusts are awarded a rating of 1 to 4 on a quarterly basis, with 1 being the highest risk and 4 being the lowest risk.

- **Governance Risk Rating**

  Trusts are awarded one of the following three ratings on a quarterly basis: Green (no governance concern evident), Description of Issues (Potential material causes for concern) or Red (regulatory action being taken).

Summary and Analysis of Rating Performance

The Foundation Trust's performance in 2013/14 and 2012/13 was as follows:

2013/14					
	Annual Plan	Q1	Q2	Q3	Q4
Under the Compliance Framework					
Financial Risk Rating	3	3	3		
Governance Risk Rating	Green	Green	Green		
Under the risk assessment framework					
Continuity of service rating				4	4
Governance rating				Description of Issues	Description of Issues

2012/13					
	Annual Plan	Q1	Q2	Q3	Q4
Under the Compliance Framework					
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Amber-Red	Amber-Red	Amber-Red	Amber-Red	Amber-Red

Financial Risk Rating / Continuity of Services Risk Rating

The Financial Risk Rating has remained at 3 throughout 2013/14 and would have remained at 3 at Quarter 3 and Quarter 4 if the rating had not changed. The higher rating of 4 for the Continuity of Services Risk Rating is a result of the different metrics involved in its calculation.

Governance Risk Rating / Governance Rating

The Foundation Trust's Annual Plan for 2012/13 was submitted in May 2012 and the Foundation Trust highlighted the risk of failure to deliver the target set by Monitor relating to C.*difficile* infections, resulting in the Amber-Red Governance Risk Rating. Although the C.*difficile* target was ultimately met, throughout 2012/13 the Foundation Trust reported failure

to reach the 18 week Referral to Treatment targets so the Amber–Red rating remained in place.

Following a review by the NHS Intensive Support Team and also a review of the Foundation Trust's Quality Governance arrangements by PricewaterhouseCoopers, a comprehensive Turnaround Programme was launched which resulted in a return to compliance with these targets in April 2013 and a return to a Green Governance Rating.

In January 2014 the Care Quality Commission published the report of its unannounced inspections in September and October 2013. The inspection covered six standards and the results were as follows:

- Respecting and involving people who use services – Action Needed
- Care and welfare of people who use services – Action Needed
- Management of medicines – Standard Met
- Staffing – Enforcement Action Taken – Warning Notice Issued
- Assessing and monitoring the quality of service provision – Action Needed
- Complaints – Standard Met

As a result of the Warning Notice Monitor announced on 8 January 2014 that it was carrying out an investigation into governance concerns at the Foundation Trust and amended the Governance Rating accordingly. Monitor closed its investigation in May 2014 as a result of the action taken by the Foundation Trust and the results of the review of governance arrangements carried out by PwC.

9. Income Disclosures

As required under Section 43(2A) of the NHS Act 2006, the Foundation Trust confirms that the income it received from provision of goods and services for the purposes of the health service in England is greater than the income it received from the provision of goods and services for any other purpose. Furthermore, the generation of "non-NHS related income" does not impact adversely on the quality of healthcare services delivered by the Foundation Trust.

10. Other Disclosures in the Public Interest

Equality and Diversity

Bradford Teaching Hospital NHS Foundation Trust aims to ensure that services we deliver and our employment practices do not discriminate against any individual or groups. The Head of Equality and Diversity leads on the equality agenda in terms of service provision and employment. The Director of Human Resources oversees the equality agenda and chairs the Diversity Workstream. Professor Grace Alderson is the non-executive equality and diversity champion on the Board of Directors and chairs the Workforce Strategy Implementation Board.

Achievements

Below are some of the achievements in 2013-14.

Project SEARCH Bradford

Project SEARCH begin in Cincinnati Children's hospital in 1996 and is now an internationally renowned programme which provides real employment opportunities to young people with learning difficulties who are aged between 18 and 25 years. The programme increases the employment potential for people with learning difficulties from a national average of 7.7% to 70%. It works by providing three rotations to interns, immersing the young people in to the culture of work with five hours on the job experience and two hours tuition and reflection each day. It is based on a programme of systematic instruction – beginning with a small number of tasks, adding on additional tasks when the Intern is ready.

We were approached by the Strategic Director of Children's Services at Bradford Council and asked if we would consider being the employment partner for Project SEARCH Bradford. We were keen to take part. We provide a Base Room (where the Interns, Tutor, Coach and Project Assistant are based), internship opportunities and mentors and a Business Liaison (the Head of Equality and Diversity) The key partners in the Project are:

- **Southfield School** who are the Project SEARCH Bradford franchise holder who provide a full time tutor, project assistant and resources for the project
- **hft** which is a national charity providing supported employment for people with learning difficulties who provide the full time job coach
- **Bradford Travel Training Unit** who provide one to one support to all Interns to overcome the major barrier of independent travel to work
- **Bradford Council** who provide the funding for the Job Coach and have a key strategic objective to increase employment rates for vulnerable adults.

13 young people started Project SEARCH Bradford in September 2013, with 11 still on the programme. They are receiving varied work experience in jobs such as portering, cleaning and catering. It is hoped that the year spent in Bradford Teaching Hospitals will provide the Interns with the experience, confidence and ability to compete for jobs both inside Bradford Teaching Hospitals and among local employers. We are very pleased to be the first hospital in the North of England to participate in the Project SEARCH and are pleased to continue the partnership in 2014-15.

Participation in the Bradford and Airedale NHS Equality Group

The Bradford and Airedale NHS Equality Group was established in September 2011. Its primary aim is to support the four NHS Trusts in the district (Airedale NHS Foundation Trust, West and South Yorkshire and Basset Law Clinical Support Unit, Bradford District Care Trust and Bradford Teaching Hospitals NHS Foundation Trust) to identify, prioritise and implement equality objectives that will improve the health and wellbeing of people in the district and ensure that employment opportunities exist and do not discriminate against any protected groups.

The work of the group is steered by the equality leads at the four district NHS Trusts with membership which ensures that all of the Equality Act protected groups are included. Non-executive directors from each Trust and members of staff networks are joined by representatives from a large number of local organisations.

Implementing the Equality Delivery System (EDS)

The Heads of Equality across the NHS health economy are reviewing our performance against the four goals. In April 2013 Equality Panels, made up of members of the Bradford

and Airedale NHS Equality Group, considered our evidence and reassessed the grades for the for BTHFT. We are working on implementing EDS2 which was announced in November 2013.

The Quality and Safety Committee receives an annual update on the work of the Bradford and Airedale Equality Group, with a focus on our internal activity to achieve our equality objectives and comply with equality legislation.

Patient Surveys by Protected Characteristic

There are a number of patient surveys that help to inform us of how our patients view our services. In looking at evidence for compliance with EDS, the four local Trusts recognised that there were key gaps in evidence around patient experience by protected characteristic. At an individual Trust level, the numbers of respondents to patient surveys generally is too small to allow us to understand the experience by protected characteristic. We participated in a project to understand the patient experience through national surveys, across five West Yorkshire Trusts. The project aimed to assess the extent to which the patient experience of certain equality sub-groups differs from the average for all respondents to surveys.

Picker Europe have been employed to extract data relating to five West Yorkshire Trusts and looked at the following surveys:
- 2011 Inpatients
- 2012 Accident and Emergency
- 2011 Outpatients
- 2010 Maternity

Analysis of the results shows that in some areas, people from protected characteristics have a worse experience of using hospital services. Equality Leads across West Yorkshire are carrying out further analysis to determine what measures need to be put in place to improve patient experience.

Performance against Objectives

In 2012, we agreed seven equality objectives to cover the period 2012-16 that we are working on jointly across Bradford and Airedale plus one specific objective for each organisation. Our progress against these objectives is as follows:

No	Objective	Progress
1.	Improve Equality Delivery System (EDS) grades year on year	We are making steady progress with significant improvement in Trans equality. However, we expect that when we carry out the next assessment, our position will worsen due to the additional evidence provided by the West Yorkshire wide patient survey exercise.
2.	Improve Equality Delivery System (EDS) process, year on year	We redesigned the Panel process in 2013 which improved the scrutiny role for the Bradford and Airedale Equality Group. The Head of Equality has been asked to join the Bradford District Race and Ethnicity Strategic Group, which will help in ensuring that the voices of BME people are better heard in relation to the Bradford and Airedale Equality Group and the EDS process.
3.	Ensure that services better meet the needs of transgender people	A Trans equality policy for patients and staff was agreed and is now fully operational. The teaching centre hosted a month long exhibition called "Living My Life" which aimed to increase awareness of Trans equality. Two training

No	Objective	Progress
		sessions were also provided for 45 staff who wanted to find out more about Trans Equality.
4.	Make information more accessible - to better meet the needs of visually impaired people, deaf people and people with language / literacy issues	The Patient Experience team have set up a joint working group to identify and address issues and actions needed to improve access, quality of care and patient experience for blind and deaf people. Guides produced by a local visually impaired group (BAVIP) have been disseminated across the Trust to help staff improve their understanding and skills, and will be used in adapting Standard Operating Procedures for the new Centralised Patient Booking Service to ensure people with sensory disabilities are not disadvantaged in their access to care. Other measures are being discussed to ensure equality of access and ease of communication relating to appointments and admission to hospital. Development of further training for staff to supplement this is being discussed. Over the past 12 months we have also produced six key pieces of information in easy read format and have provided almost 800 BSL Interpreter sessions to aid communication with deaf patients.
5.	Improve the access and experience of BME patients and service users	Our Interpreting Service continues to innovate around improving access to services for people unable to communicate in English. We are working across West Yorkshire on addressing the poor experience reported by BME patients in some specific areas, identified through the Patient Survey work.
6.	Reduce inequality experienced by BME staff and applicants	The Diversity work stream, chaired by the Director of HR, involving representatives from the three staff networks, review the Foundation Trust's recruitment practice and work towards improving employment opportunities for existing and potential staff. This group analyses workforce data on a six monthly basis. In 2013 there was particular concern about the low number of BME people appointed to Bands 8&9 posts. As a result, a report was produced and Executive Directors agreed that the Head of Equality or Assistant Director or HR should sat on all interview panels for Band 8+ posts between August 2013 and February 2014 and that all BME candidates who did not attend interview be contacted to determine reasons for this. A report is being prepared on the outcome of this exercise.
7.	Increase the diversity of Trust Board / Council of Governors and their understanding of equality issues	The job description and person specification for Non-Executive Director posts have been equality proofed. The Board of Directors have also received an equality briefing. A briefing was also provided to the Council of Governors.
8.	Determine whether people from protected groups are disadvantaged by the complaints process	Over two years, we analysed complainant responses to a questionnaire about experience which found that the level of satisfaction with complaint responses is the same among people of different protected groups. The Trust continues to seek input from the Head of Equality

No	Objective	Progress
		when complainants include specific complaint about their treatment based on their protected characteristic.

Equality and Diversity Training

- **Training for Senior Managers** – over 200 staff in senior management positions have received training on their responsibility to improve performance in the number and positions of staff from all sections of the community in employment and providing tools to reduce bias and in exercising management responsibilities. This training has now become mandatory for all senior Managers.
- **E-Learning for all staff** – a mandatory 20 minute e-learning package has been devised and is mandatory for all staff in the Foundation Trust. It includes an introduction to bias, equality legislation and highlights the rights and responsibilities that all staff have in relation to equality and diversity both as employees and as service providers.

Staff Networks

Staff networks for black and minority ethnic, disabled and lesbian, gay and bisexual (LGB) staff operate within the Foundation Trust. All the networks are confidential, self-governing groups which provide support and help in raising awareness of issues affecting these staff groups. The Foundation Trust has granted approval for staff to attend network meetings during work time. Role descriptors have been devised for the Chairs of the Networks which have been approved through the Workforce Strategy Implementation Board.

The Networks were relaunched in March 2014 following a survey among staff. They are all devising their own Intranet pages.

Equality Analysis

The Head of Equality and Diversity meets with the authors of all policy documentation to complete an equality analysis of new and revised policies. It includes analysis of all nine protected groups and also considers the human rights FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy). When necessary changes are made where there is evidence that protected groups might be disadvantaged by the policy.

Challenges

Our Equality Objectives identify the challenges that we face in providing services and employment opportunities for people from the protected groups. Making progress against these will be challenging but we are putting in place realistic targets for achieving the objectives.

We will be devising a mechanism for updating our equality proofing processes to cover service development and service redesign in line with EDS2 requirements.

Interpreting Services (Spoken Languages)

The demand for interpreting services has more than doubled since 2005 and it is expected that it will continue to increase in the future. The range of languages in which interpreting services are provided is also increasing, with interpreting services provided in over 40 different languages.

Between July and December 2013, the demand for the top ten languages were as follows:

Language	No. of Sessions
Urdu/Punjabi	7,260
Czech/Slovak	2,508
Polish	1,484
Bengali	758
Pushto	287
Hungarian	262
Gujerati	208
Russian	197
Slovenian	174
Farsi	165

The demand for interpreting services is met through in-house interpreters providing services in a core set of languages (Urdu, Punjabi, Polish, Bengali, Hindi, Czech and Slovak) and additional support via a database of sessional and agency interpreters.

Face to face interpreting services are backed up with a 24 hour telephone interpreting service to ensure that patients and staff have access to interpreting services outside office hours. In addition to this, through the intranet, staff have access to a list of interpreters who they can contact directly outside office hours.

Interpreting Services (British Sign Language - BSL)

BSL interpreting services enable deaf patients to effectively communicate with staff. We work closely with Morley Street Resource Centre to quality assure the delivery of BSL services.

Video Interpreting Network

An innovative project looking at a Video Interpreting Network is being carried out to enable the Foundation Trust to effectively meet the needs of patients who do not speak English or use BSL.

Health and Safety

The work to continually improve health and safety within the Foundation Trust is progressing. Generally, awareness of health and safety has been raised through the health and safety awareness training, risk management meetings, communicating health and safety statistics and shared learning bulletins. The risk management website on our intranet also plays an important role in highlighting key messages.

The Foundation Trust's risk assessment programme continues and is incorporated within relevant Divisional Risk Registers and where appropriate, onto the Corporate Risk Register.

2077 health and safety risk incidents were reported in the last 12 months, 1153 of these incidents related to staff. The following areas continue to be our highest reported health and safety incidents:

- injuries caused as a result of slips and trips on the same level;

- injuries caused as a result of falls from a height;
- incidents of verbal abuse by patients or visitors;
- injuries caused by contamination, for example sharps injuries.

Effort continues to be focused on the above risk areas with specific groups being set up to concentrate on reducing the impact of incidents and putting in place robust mitigation. Within the last 12 months there are a number of projects that are being implemented to further reduce the escalation of violence and aggression incidents.

Countering Fraud and Corruption

The Foundation Trust complies with the Secretary of State's directions on counter fraud measures that were issued in 2004.

A programme of proactive work has been carried out during the year by the Foundation Trust's Local Anti-Fraud Specialist and this has linked closely with the Foundation Trust's communications plans.

The Foundation Trust's fraud and corruption policy and a range of related materials are available on the intranet for staff and work has continued to raise the profile of the Local Anti-Fraud Specialist through a range of initiatives.

Foundation Trust staff have been communicated with about tackling fraud in the NHS and who to contact if they suspect fraud has been committed. Internal publicity to promote counter fraud and the role of the Local Anti-Fraud Specialist has taken place and counter fraud leaflets have been distributed throughout the hospitals.

Public Sector Payment Policy Performance

The Better Payment Practice Code requires organisations to aim to pay all valid undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. As an NHS Foundation Trust, the Foundation Trust is not bound by this code, but seeks to abide by it as it represents best practice.

The performance in 2013/14 for Non-NHS invoices has improved compared with the previous year's performance. The performance in 2013/14 for NHS invoices is significantly better than in 2012/13. The Foundation Trust is continuing to look at ways to improve its performance.

	2013/14	
	Number	£000
Total Non-NHS trade invoices paid in the year	59,475	115,203
Total Non NHS trade invoices paid within target	53,602	103,154
Percentage of Non-NHS trade invoices paid within target	90%	90%
Total NHS trade invoices paid in the year	2,068	15,756
Total NHS trade invoices paid within target	1,683	14,445
Percentage of NHS trade invoices paid within target	81%	92%

	2012/13	
	Number	£000
Total Non-NHS trade invoices paid in the year	58,383	109,143
Total Non NHS trade invoices paid within target	51,787	96,919
Percentage of Non-NHS trade invoices paid within target	89%	89%
Total NHS trade invoices paid in the year	2,233	19,762
Total NHS trade invoices paid within target	1,709	13,915
Percentage of NHS trade invoices paid within target	77%	70%

Information Governance

The Health and Social Care Information Centre requires that details of personal data related incidents are published in the format set out below.

The first details the serious incidents requiring investigation classified as Level 2 reportable these are those that are classed as a personal data breach (as defined in the Data protection Act) or high risk of reputational damage, and would be reportable to the Department of Health and the Information Commissioner's Office

The second table details the incidents classified at lower level severity:

Summary of Serious Incident Requiring Investigations Involving Personal Data as reported to the Information Commissioner's Office in 2013-14				
Date of incident (month)	Nature of Incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
N/A – no Level 2 reportable incidents in 2013-14.				

Summary of Other Personal Data Related Incidents in 2013-14		
Category	Breach Type	Total Number of Incidents in this category
A	Corruption or inability to recover data	0
B	Disclosed in error	16
C	Lost in transit	2
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	7
F	Non-secure disposal – hardware	0

G	Non-secure disclosure - paperwork	2
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	4
K	Other	39

11. Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Bradford Teaching Hospitals NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of 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 Monitor.

Under the NHS Act 2006, Monitor has directed Bradford 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 Bradford 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 legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Bryan Millar
Chief Executive   **28 May 2014**

12. Annual Governance Statement 2013/14

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.*

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 Bradford Teaching Hospitals NHS Foundation 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 in Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

As the Chief Executive of a large acute teaching hospital Foundation Trust, I recognise that committed leadership in the area of risk management is essential to maintaining the sound systems of internal control required to manage the risks associated with the achievement of corporate objectives and compliance with our terms of authorisation as an NHS Foundation Trust.

To this end I also recognise that diligence and objectivity are personal attributes required to ensure that appropriate structures are in place to gain assurance about the management of risk, from both internal and external sources.

In order to demonstrate this commitment, the Medical Director and Trust Secretary are personally accountable to me for the maintenance and development of the governance framework for the organisation. The Medical Director is responsible for clinical risk and the Trust Secretary is responsible for corporate governance.

I recognise that effective training is essential in the management of risk and this is demonstrable at all levels within the organisation. At an operational level, the Foundation Trust has in place well developed programmes of generic and specific risk management training. These programmes, including those at induction, are aimed at minimising common risks at ward and development level.

At the Clinical Division level, designated risk coordinators are in place to coordinate devolved risk management arrangements. Local policies are in place at this level, as are directorate risk registers. Specialist advisors are available to provide input to these arrangements and generic advice and support is provided by the risk management team.

Learning from good practice and from untoward incidents is seen as a primary mechanism for continuously improving risk management systems. In the Foundation Trust these lessons are derived from external guidance, from site visits and from incidents reported through the hospital's risk incident reporting system. All Serious Incidents are reported formally to the Board of Directors.

The risk and control framework

The Foundation Trust's Risk Management Strategy is founded on an approach to risk management that embraces business, financial, service delivery, clinical and non-clinical risks. The latest update of the Risk Management Strategy was approved by the Board of Directors in August 2011 and the Quality and Safety Strategy was updated in March 2012. A proposal to develop an overarching Quality Improvement Strategy to replace the Quality and Safety Strategy was approved by the Quality and Safety Committee in March 2014 – this is being led by the Medical Director and Chief Nurse.

The Risk Management Strategy clearly defines how the broad spectrum of risks managed by the Foundation Trust is identified, assessed, managed and controlled. Business, financial and service delivery risks are derived from organisational objectives through the business planning process of the Foundation Trust. Clinical and non-clinical risks are identified through well-defined processes of assessment and reporting.

Evaluation of all these risks, independent of source, is performed using a risk assessment tool that may be applied in a structured and uniform way. Residual organisational risk is ranked and prioritised on the Foundation Trust's risk register.

The Risk Management Strategy describes how risk management is embedded in the organisation using three interacting and complementary management systems intrinsic to operational practice.

These are:

- The corporate plan;
- The governance framework;
- The strategic management framework.

Internal assurances as to the effectiveness of this system of internal control are provided under the auspices of one of these systems.

During the year a comprehensive Board Assurance Framework has been developed based on the revised strategic objectives set out in the Foundation Trust's Strategy for 2013-18 "Together, putting patients first".

The corporate priorities incorporate the primary system of risk minimisation. These control mechanisms are initiated by the setting of personal objectives at senior management level that are derived from the principal organisational objectives defined by the corporate objectives and the Annual Plan submission to Monitor.

The performance management, progress monitoring and control processes embedded in this structure ensure that the corrective actions required to deliver objectives are consistently applied. Within the same framework, the consequences of partial or non-achievement of objectives are regularly monitored and assessed. In this way, the risks associated with the business, financial and service objectives are actively minimised.

The role of the governance framework in respect of the management of risk is twofold:

- To oversee and monitor the process of internal control in the Foundation Trust to enable the Trust to assure itself, from both internal and external sources, that the risks run by the organisation are properly identified and appropriately managed; and
- To identify, evaluate and prioritise clinical and non-clinical risks and gain assurance that these are appropriately controlled and treated within the corporate risk management framework.

The inter-relationship of these systems is described in the risk management strategy.

The assurances the Board of Directors and I require to endorse and approve the Annual Governance Statement are derived from internal and external sources of evidence. The governance framework has a key role in monitoring, evaluating, reporting and collating this evidence. This evidence is to a great extent derived from the schedule of reports and reviews that are generated by:

- The operational management and governance systems;
- Internal audit;
- External audit and external reviews.

These reviews and reports have taken the form of:

- Monthly reports to the Board of Directors, for on-going monitoring;
- Annual, or more frequent, internal reports to the Board of Directors, and other key meetings, required by guidance or statute resulting from monitoring processes within the operational management frameworks;
- External reports from inspecting bodies;
- Specific reports on particular focussed key risk issues.

These reports and reviews are generally associated with action plans whose achievement priority is reflected in the risk register and in organisational and personal objectives.

Key internal assurances can be derived from the following reviews by the Board of Directors:

- Self-assessment against the requirements of Monitor's Compliance Framework (to September 2013) and Risk Assessment Framework (from October 2013);
- Self-assessment against the requirements of the Care Quality Commission;
- Routine monitoring returns to Monitor;
- Monitoring of all metrics used by Monitor in its assessment of the Foundation Trust's Continuity of Service and Governance Risk Ratings;
- Performance management monitoring;
- Financial monitoring;
- Clinical risk management reports;
- Claims and complaints;
- Clinical governance;
- Clinical and non-clinical risk management, including health and safety;
- Human resources and service equity;
- Self-assessment against any external investigation/enquiries into the performance of other Trusts;
- Senior Information Risk Owner reporting.

These areas have been covered in statutory, mandatory or advisory reports to the Board of Directors during the last 12 to 15 months, or incrementally on a month-by-month basis.

The responsibility for reporting is a personal requirement of the senior managers with delegated responsibility in these areas. The report highlights the current status of compliance and residual risk in respect of relevant statute, guidance, targets or good practice in the areas covered, and act as primary internal assurances to the Board of Directors. They also highlight areas where corrective action must be undertaken. In addition, the groups within the governance framework and Board sub-committees have specific delegated responsibilities in monitoring the effectiveness of risk minimisation in the Foundation Trust to support the Board of Directors in endorsing the statement of internal control.

Overlaid on this framework, are a series of external reports that reinforce the assurance required by the Board of Directors in endorsing the Annual Governance Statement.

The Senior Information Risk Owner (SIRO) provides a quarterly report to the Board of Directors and ensures that there is an effective information governance infrastructure in place and any information risks are reported. This is an appointment which was required by the NHS to strengthen controls around information risk and security. The Foundation Trust also carries out an annual assessment by means of the Information Governance Toolkit.

The Foundation Trust has its IT equipment fully encrypted and has effective information governance to ensure essential safeguarding of our information assets from all threats. There have been no known lapses in information security during the year.

Mr Tony Shenton, Consultant in Accident and Emergency Medicine and Caldicott Guardian, works closely with the SIRO; particularly where any identified information risks include patient confidentiality or information sharing issues. He chairs the Information Governance Group which reports annually to the Governance Committee of the Board of Directors.

The Foundation Trust's Serious Incident Policy incorporates incidents including data loss or breach of confidentiality.

The Board has ensured that arrangements are in place to ensure that the Foundation Trust complies with the Equality Act 2010. Approved equality objectives are in place and their achievement is closely monitored. An equality analysis is carried out for all new and revised policies. It includes analysis of all nine protected groups and also considers the human rights FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy). When necessary changes are made where there is evidence that protected groups might be disadvantaged by the policy.

The Board of Directors actively engages with the Council of Governors and the respective public stakeholders in the reporting of the financial and performance management of the Foundation Trust and in the management of risk which impact on them.

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 that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation 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.

The Carbon Management Plan has been ratified by the Board of Directors, under which we have committed to a number of carbon reduction projects, with the aim of reducing our CO_2 emissions 20% by 2015, based on 2007/08 levels. Under these plans we also aim to meet our obligations to the 2008 Climate Change Act which requires a 34% CO_2 reduction by 2020, followed by an 80% reduction by 2050 on a 1990 baseline. We have a complementary work stream under the NHS Sustainable Development Strategy that is wider ranging in its scope and has projects and targets established within in a Sustainable Development Implementation Plan also approved by the Board of Directors.

In terms of Climate Change Mitigation strategy the Estates Department has an Estates Business Continuity Plan to manage extreme weather events such as flooding and procedures are in place to deal with heatwaves under the Estates Heatwave plan.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust's financial plan, which was submitted to Monitor in May 2013, included a planned surplus of £3.4 million. This plan included a savings target (described within the organisation as the performance improvement target) which has been delivered in full throughout the year and this provides a firm baseline for the forthcoming year.

The resources of the Foundation Trust are managed within the framework set by the Standing Financial Instructions, and various guidance documents that are produced within the Foundation Trust, which have a particular emphasis on budgetary control and ensuring that service developments are implemented with appropriate financial controls.

The Board of Directors receives a comprehensive finance report on a monthly basis encapsulating all relevant financial information to allow them to discharge their duties effectively. The Foundation Trust also provides financial information to Monitor on a quarterly basis inclusive of financial tables and a commentary.

The resource and financial governance arrangements are further supported by both internal and external audit to secure economic, efficient and effective use of the resources the Foundation Trust has at its disposal.

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

Annual Quality Account

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 Reporting Manual.

Governance and Leadership

The Chief Nurse leads on matters relating to the preparation of the Foundation Trust's annual Quality Account.

A Non-Executive led Committee of the Board of Directors, the Quality and Safety Committee ensures an integrated and co-ordinated approach to the management and development of quality and safety at a corporate level in the Foundation Trust.

Systems and Processes

There are systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which is accurate, valid, reliable, timely, relevant and complete.

Each quality indicator has a named lead with their specific roles and responsibilities in relation to data quality and validation clearly defined and documented.

The data collection system and validation process is monitored through peer review by the named leads.

Where the indicator forms part of the national reporting framework the data is validated and signed off by the Performance team.

Data which will be used for external reporting will be subject to rigorous verification and senior management approval.

The effectiveness of the systems of internal control in relation to the Quality Report will be reviewed through a process of internal audit.

Consultation has been carried out with members of the Foundation Trust to collate the priorities in the Quality Account. A Governor Working Group and the Quality and Safety Committee will monitor progress on these priorities. Information about this is also being fed back to the Foundation Trust membership via the member's magazine.

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 NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework.

The Head of Internal Audit Opinion on the effectiveness of the system of internal control was presented to the Foundation Trust's Audit Committee on 20 May 2014. The opinion was that there was significant assurance that there is a generally sound system of internal control, designed to meet the organisation's objectives. However two reports, Discharge Management and Senior Medical Staff Job Planning were issued with limited assurance opinion. For this reports detailed lists of prioritised recommendations have been agreed and the implementation of these recommendations will be followed up by internal audit and reported to the Audit Committee.

In January 2014 the Care Quality Commission published the report of its unannounced inspections in September and October 2013. The inspection covered six standards and the results were as follows:

•Respecting and involving people who use services – Action Needed
•Care and welfare of people who use services – Action Needed
•Management of medicines – Standard Met
•Staffing – Enforcement Action Taken – Warning Notice Issued
•Assessing and monitoring the quality of service provision – Action Needed
•Complaints – Standard Met

As a result of the Warning Notice Monitor announced on 8 January 2014 that it was carrying out an investigation into governance concerns at the Foundation Trust and amended the Governance Rating accordingly. These concerns could have indicated that the Foundation Trust was in breach of Condition 4 (Foundation Trust Governance) of its Provider Licence.

The Foundation Trust developed and is implementing a detailed action plan as a result of the findings of the CQC. In February 2014 PricewaterhouseCoopers (PwC) was commissioned to conduct an independent investigation and review of The Foundation Trust's governance arrangements in relation to the CQC Warning Notice to ensure that it has appropriate governance arrangements in place to identify and mitigate any future risks to quality performance and ensure that quality concerns are escalated and acted upon appropriately.

PwC's final report, issued in April 2014 contains a number of recommendations to improve governance arrangements which have been accepted by the Foundation Trust and will be implemented during 2014.

Monitor closed its investigation in May 2014 as a result of the action taken by the Foundation Trust and the results of the PwC review. As a result of the action taken I believe that the Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

I have drawn on the content of the Quality Account attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, Quality and Safety Committee, Risk Management Steering Group, Clinical Audit, Internal Audit and leadership from the Medical Director's Office with regard to clinical risk reporting, management and implementing learning, and plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

The Foundation Trust and its officers are alert to their responsibilities in respect of internal control and has in place organisational arrangements to identify and manage risk. The Foundation Trust has not identified any significant internal control issues.

Bryan Millar
Chief Executive   28 May 2014

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2014

CONTENTS

NATIONAL HEALTH SERVICE ACT 2006

DIRECTION BY MONITOR, IN RESPECT OF FOUNDATION TRUSTS' ANNUAL REPORTS AND THE PREPARATION OF ANNUAL REPORTS

Monitor, in exercise of powers conferred on it by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, hereby directs that the keeping of accounts and the annual report of each NHS foundation trust shall be in the form as laid down in the annual reporting guidance for NHS foundation trusts within the NHS Foundation Trust Annual Reporting Manual, known as the FT ARM, that is in force for the relevant financial year.

Signed by authority of Monitor

Signed:

Date: 28 February 2011

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

We have audited the financial statements of Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2014 on pages 5 to 44. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2013/14.

This report is made solely to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the accounting officer and the auditor

As described more fully in the Statement of Accounting Officer's Responsibilities within the Annual Report, the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

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 accounting officer and the overall presentation of the financial statements.

In addition we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2014 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report where under the Audit Code for NHS Foundation Trusts we are required to report to you if, in our opinion, the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We are not required to assess, nor have we assessed, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

Certificate

We certify that we have completed the audit of the accounts of Bradford Teaching Hospitals NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Timothy Cutler for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
St James Square
Manchester
M2 6DS

28 May 2014

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2014 have been prepared by Bradford Teaching Hospitals NHS Foundation Trust (the Foundation Trust) under paragraph 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

Signed:

Name: Bryan Millar (Chief Executive)
Dated: 28 May 2014

STATEMENT OF COMPREHENSIVE INCOME

	Note	2013/14 £000	2012/13 £000
	5		
Operating income	2.1	363,837	356,575
Operating expenses	3.1	(356,587)	(347,484)
OPERATING SURPLUS		**7,250**	**9,091**
FINANCE COSTS			
Finance income	5	215	493
Finance expense – financial liabilities	6.1	(169)	(200)
Finance expense – unwinding of discount on provisions	15.2	(56)	(44)
Public Dividend Capital dividends payable	6.2	(3,480)	(3,233)
NET FINANCE COSTS		**(3,490)**	**(2,984)**
SURPLUS FOR THE YEAR		**3,760**	**6,107**
Other comprehensive income			
Revaluation	16.1	148	(176)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**3,908**	**5,931**

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All income and expenses shown relate to continuing operations.

The notes on pages 9 to 44 form part of these accounts.

STATEMENT OF FINANCIAL POSITION

	Note	31 Mar 2014 £000	31 Mar 2013 £000
Non-current assets			
Intangible assets	7.2	1,476	2,007
Property, plant and equipment	8.2	151,366	147,821
Trade and other receivables	10.1	513	1,104
Total non-current assets		**153,355**	**150,932**
Current assets			
Inventories	9	3,777	3,714
Trade and other receivables	10.1	13,188	10,255
Cash and cash equivalents	17.1	68,414	63,289
Total current assets		**85,379**	**77,258**
Current liabilities			
Trade and other payables	11	(43,541)	(39,836)
Borrowings	13	(1,358)	(1,424)
Provisions	15.1	(10,935)	(9,398)
Other liabilities	12	(3,400)	(3,920)
Total current liabilities		**(59,234)**	**(54,578)**
Total assets less current liabilities		**179,500**	**173,612**
Non-current liabilities			
Borrowings	13	(4,258)	(5,353)
Provisions	15.1	(2,845)	(1,696)
Other liabilities	12	(2,705)	(3,850)
Total non-current liabilities		**(9,808)**	**(10,899)**
Total assets employed		**169,692**	**162,713**
Financed by taxpayers' equity			
Public Dividend Capital		118,268	115,197
Revaluation reserve	16.1	39,169	39,021
Income and expenditure reserve		12,255	8,495
Total taxpayers' equity		**169,692**	**162,713**

These accounts together with notes on pages 5 to 44 were approved by the Board of Directors on 28 May 2014.

Signed:

Name: Bryan Millar (Chief Executive)
Dated: 28 May 2014

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total £000	Public Dividend Capital £000	Revaluation reserve (see note 16.1) £000	Income and expenditure reserve £000
Taxpayers' equity at 1 April 2013	**162,713**	**115,197**	**39,021**	**8,495**
Surplus for the year	**3,760**	0	0	3,760
Revaluations – property, plant and equipment	**133**	0	133	0
Revaluations – intangible assets	**15**	0	15	0
Public Dividend Capital received	**3,071**	3,071	0	0
Taxpayers' equity at 31 March 2014	**169,692**	**118,268**	**39,169**	**12,255**
Taxpayers' equity at 1 April 2012	**156,782**	115,197	39,566	2,019
Surplus for the year	**6,107**	0	0	6,107
Revaluations – property, plant and equipment	**(299)**	0	(299)	0
Revaluations – intangible assets	**123**	0	123	0
Other recognised gains and losses	**0**	0	(369)	369
Taxpayers' equity at 31 March 2013	**162,713**	**115,197**	**39,021**	**8,495**

STATEMENT OF CASH FLOWS

	2013/14 £000	2012/13 £000
Cash flows from operating activities		
Operating surplus from continuing operations	7,250	9,091
Non-cash income and expense		
Depreciation and amortisation	8,864	9,125
Loss on disposal	0	47
Non-cash donations / grants credited to income	(25)	(483)
Interest accrued and not paid	0	(6)
Increase in trade and other receivables	(2,377)	(218)
(Increase)/decrease in inventories	(63)	49
Increase in trade and other payables	2,828	3,214
Decrease in other liabilities	(1,666)	(10,257)
Increase in provisions	2,631	5,686
NET CASH GENERATED FROM OPERATIONS	**17,442**	**16,248**
Cash flows from investing activities		
Interest received	215	493
Purchase of intangible assets	(140)	(913)
Purchase of property, plant and equipment	(10,765)	(12,617)
Sale of property, plant and equipment	0	39
Net cash used in investing activities	**(10,690)**	**(12,998)**
Cash flows from financing activities		
Public Dividend Capital received	3,071	0
Other loans received	300	0
Loans repaid to the Independent Trust Financing Facility	(1,000)	(1000)
Other loans repaid	(461)	(424)
Interest paid	(174)	(200)
Public Dividend Capital dividend paid	(3,363)	(3,245)
Net cash used in financing activities	**(1,627)**	**(4,869)**
Increase/(decrease) in cash and cash equivalents	5,125	(1,619)
Cash and cash equivalents at 1 April	63,289	64,908
Cash and cash equivalents at 31 March	**68,414**	**63,289**

NOTES TO THE ACCOUNTS

Note 1 Accounting policies and other information

Monitor has directed that the annual accounts of NHS foundation trusts will meet the accounting requirements of the NHS FT ARM which shall be agreed with HM Treasury. Consequently, the following accounts have been prepared in accordance with the FT ARM 2013/14 issued by Monitor. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual, known as the FReM, to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified, where applicable, to account for the revaluation of property, plant and equipment (PPE), intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Consolidation

These accounts are for the Foundation Trust alone as there are no subsidiaries, associates, joint ventures or joint operations.

The Foundation Trust has not consolidated the financial statements with Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund (the Charity), charity registration number 1061753, on the grounds of materiality.

The Foundation Trust is the Corporate Trustee of the Charity and is governed by the law applicable to trusts, principally the Trustee Act 2000 and the Charities Act 1993, as amended by the Charities Act 2011. The Foundation Trust Board of Directors has devolved responsibility for the on-going management of funds to the Charitable Fund Committee, which administers the funds on behalf of the Corporate Trustee.

1.3 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 received or receivable in the normal course of business, net of discounts and, where appropriate, other sales related taxes. The main source of income for the Foundation Trust is contracts with NHS commissioners in respect of health care services.

The figures quoted are based upon income received in respect of actual activity undertaken within each category. Where income is received for a specific activity which is to be delivered in the following financial years, that income is deferred. 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.

The Foundation Trust contracts with NHS commissioners following the Department of Health's Payment by Results (PbR) methodology. The income associated with incomplete spells (spells which begin in one financial year but are incomplete at the year end date) is matched to the appropriate financial year. The element relating to the financial year in which the spell began is included at an estimated value, and is recorded as incomplete in receivables in the current year.

The NHS Operating Framework 2009/10 introduced "Commissioning for Quality and Innovation (CQUINS)" which provides the opportunity for the Foundation Trust to receive incentive income, over and above contracted income, by demonstrating compliance with a number of quality indicators agreed with NHS Commissioners. Income is recognised when the Foundation Trust's Host Commissioner determines that the quality indicators have been achieved.

1.4 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 annual accounts to the extent that employees are permitted to carry forward leave into the following period.

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 direction of Secretary of State in England and Wales. It is not possible for the 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. The NHS Pension Scheme (England and Wales) Resource Account is published annually and can be found on the Business Service Authority - Pensions Division website at www.nhsbsa.nhs.uk/pensions.

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 Foundation Trust commits itself to the retirement, regardless of the method of payment.

Auto-enrolment / NEST Pension Scheme

On 1 April 2013, the Foundation Trust signed up to an alternative pension scheme, National Employment Savings Trust (NEST), to comply with the Government's requirement for employers to enrol all their employees into a workplace pension scheme, to help people to save for their retirement.

From April 2013, any employees not in a pension scheme were either enrolled into the NHS Pension Scheme or, where not eligible for the NHS Scheme, into the NEST Scheme. Employees are not entitled to join the NHS Pension Scheme if they:

• are already in receipt of an NHS pension;
• work full time at another trust; or
• are absent from work due to long-term sickness, maternity leave, etc. when the statutory duty to automatically enrol applies.

The Foundation Trust is required to make contributions to the NEST pension fund for any such employees enrolled, 1% from 1 April 2013, rising to 2% in October 2017 and 3% in October 2018.

Employees are permitted to opt out of the auto-enrolment, either the NHS Pension Scheme or NEST, if they do not wish to pay into a pension, but they will lose the contribution made by the Foundation Trust.

In the financial year to 31 March 2014, the Foundation Trust made contributions totalling £8,000 into the NEST fund.

1.5 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 PPE.

1.6 Property, plant and equipment

Recognition

PPE 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 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 PPE is capitalised where:

- individual items have a cost of at least £5,000;
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they have 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, where the value is consistent with that of grouped assets.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All PPE 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. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the Statement of Comprehensive Income (SoCI) in the year to which they relate.

Land and buildings are subsequently valued at fair value in accordance with the revaluation model set out in IAS 16. Land and buildings are revalued at least every five years. More frequent valuations are carried out if the Foundation Trust believes that there has been a significant change in value.

Valuations of land and buildings are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation Standards. The last full asset valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs, during March 2012 at the prospective valuation date of 1 April 2012.

The valuations are carried out primarily on the basis of depreciated replacement cost on a modern equivalent asset basis for specialised operational property and existing use value for non-specialised operational property.

For non-operational properties, including surplus land, the valuations are carried out at open market value. Any new building construction or an enhancement to an existing building or building related expenditure of greater than, or equal to, £1,000,000 will necessitate a formal impairment valuation.

Plant, machinery and equipment are carried at depreciated historic cost as a proxy for fair value with indices applied to all equipment with an original cost in excess of £100,000.

Subsequent expenditure

Subsequent expenditure relating to an item of PPE is recognised as an increase in the carrying amount of the asset, when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the SoCI in the period in which it is incurred.

Depreciation

Items of PPE are depreciated to their residual values over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Freehold land is not depreciated.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset, as assessed by the Foundation Trust's professional valuers.

PPE are depreciated on a straight line basis over the estimated lives, which are:

Engineering plant and equipment	5 – 15 years
Vehicles	7 years
Office equipment, furniture and soft furnishings	7 – 10 years
Medical and other equipment	5 – 15 years
IT equipment	4 – 10 years
Buildings, installations and fittings	15 – 60 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each Statement of Financial Position (SoFP) date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Assets in the course of construction are not depreciated until the asset is brought into use.

Disposals

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds (if any) and the carrying amount of the asset and is recognised in the SoCI.

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 SoCI as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefits 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. In 2013/14 and 2012/13 there were no impairments.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal 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.

PPE 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.

Donated, government grant and other grant funded assets

Donated and grant funded PPE 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 payables 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 PPE.

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 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 Foundation Trust and where the cost of the asset can be measured reliably.

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 use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or 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 Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

There was no such expenditure requiring capitalisation at the SoFP date. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. NHS foundation trusts disclose the total amount of research and development expenditure charged in the SoCI separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of PPE. 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.

Subsequently, intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for PPE.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised on a straight line basis over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The estimated lives fall between 4 and 10 years.

1.8 Government and other grant funded revenue

Government grants are grants from Government bodies other than income from NHS commissioners for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the SoCI to match that expenditure.

1.9 Inventories

Pharmacy inventories are valued at weighted average historical cost. Other inventories are valued at the lower of cost and net realisable value using the First In, First Out (FIFO) method.

Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

1.10 Financial instruments

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the 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 in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the 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 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'.

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 Foundation Trust's loans and receivables comprise cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs. In all cases, the fair value is the transaction value. Any long term receivables that are financial instruments require discounting to reflect fair value, using the effective interest method. The effective interest rate discounts exactly the 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.

Interest on loans and receivables is calculated using the effective interest method and credited to the SoCI.

Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand and are classified accordingly in the annual accounts.

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see 'third party assets' below). Account balances are only off-set where a formal agreement has been made with the bank so to do. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts are recorded as, respectively, 'interest receivable' and 'interest payable' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

For the purposes of the Statement of Cash Flows, cash and cash equivalents are classified as above.

Financial liabilities

All financial liabilities are recognised initially at fair value. In all cases the fair value is the transaction value net of transaction costs incurred.

They are included in current payables except for amounts payable more than 12 months after the SoFP date, which are classified as non-current payables.

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 PPE or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the SoFP date, the 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.

The loss is recognised in the SoCI as a movement in the allowance account for credit losses and the carrying amount of the asset is reduced through the use of a provision for impaired receivables. Where it becomes apparent that the asset will not be recovered, it is subsequently written off, by removing the amount from the provision for impaired receivables and the carrying amount of the financial asset.

1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as PPE 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.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of PPE.

The annual rental is split between the repayment of the liability and a finance cost over the life of the lease. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to finance costs in the SoCI. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are deducted from to the lease rentals and charged to operating expenses over the life of the lease.

The Foundation Trust has reviewed all current leases and decided that there are no material finance leases. Hence all leases are shown as operating leases.

1.12 Provisions

The Foundation Trust recognises a provision:

- where it has a present legal or constructive obligation of uncertain timing or amount;
- for which it is probable that there will be a future outflow of cash or other resources; and

- where a reliable estimate can be made of the amount.

The amount recognised in the SoFP is the best estimate of the resources required to settle the obligation. 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 1.90% (2012/13: 1.80%) in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.80% (2012/13: 2.35%) in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the 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 Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at note 15.1 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSLA 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 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 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19 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.

1.14 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 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 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.

1.15 Value Added Tax

Most of the activities of the Foundation Trust are an exempt VAT supply 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 intangible assets, PPE. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation Tax

The Foundation Trust is a Health Service body within the meaning of s519 ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a trust (s519A (3) to (8) ICTA 1988), but, as at 31 March 2014, this power has not been exercised. Accordingly, the Foundation Trust is not within the scope of corporation tax.

1.17 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the SoFP date:

- monetary items are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the SoFP date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

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 Foundation Trust has no beneficial interest in them. However, they are disclosed in note 17.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the NHS 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, including losses which would have been made good through insurance cover had NHS trusts not been bearing their 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.

1.20 Accounting standards issued but not yet adopted in the NHS

There are a number of accounting standards that are issued but not yet effective. A table is shown at the end of these accounts, which lists these standards (note 24). These accounts do not reflect any of these standards.

1.21 Critical accounting estimates and judgements

The preparation of the financial information, in conformity with IFRS, requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from these estimates. The estimates and assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods, if the revision affects both current and future periods.

The estimates and judgements that have had a significant effect on the amounts recognised in the annual accounts are outlined below.

Income estimates

In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year.

Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March 2014. The number of open spells for each medical specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current year.

In 2013/14 a new payment system was introduced for patients receiving maternity care, called the Maternity Pathway Payment, where payments are made for antenatal and postnatal care at the start of these pathways. The advance payment has been recognised in the annual accounts based on the number of weeks' care that remains to be provided to the patients after 31 March 2014.

Injury compensation scheme income is also included to the extent that it is estimated it will be received in future years. It is recorded in the current year as this is the year in which it was earned. However, as cash is not received until future periods, when the claims have been settled, an estimate must be made as to the collectability.

Expense accruals

In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Impairment of property, plant and equipment

In accordance with the stated policy on asset valuation, no valuations of the Foundation Trust's capital assets were carried out in financial year ended 31 March 2014.

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

Recoverability of receivables

In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses.

In accordance with the stated policy on provisions, management have used best estimates of the expenditure required to settle the obligations concerned, applying HM Treasury's discount rates as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

Note 2 Operating income

Note 2.1 Operating income

	Note	2013/14 £000	2012/13 £000
Income from activities			
Elective income		59,812	61,163
Non elective income		82,639	81,555
Outpatient income		51,369	49,879
Accident and emergency income		13,389	13,305
Other NHS clinical income	2.2	115,704	105,747
Private patient income	2.3	1,339	1,321
Other clinical income		4,041	1,050
Total income from activities		**328,293**	**314,020**
Other operating income			
Research and development		7,805	11,697
Education and training		14,172	15,424
Charitable and other contributions to expenditure		107	359
Provider to provider income	2.4	4,328	3,599
Catering income		1,169	1,154
Car parking income		1,301	1,248
Other income	2.5	6,662	9,062
Profit on disposal of PPE		0	12
Total other operating income		**35,544**	**42,555**
Total		**363,837**	**356,575**

The Terms of Authorisation set out the mandatory goods and services that the Foundation Trust is required to provide (commissioner requested services). The majority of the income from activities shown above is derived from the provision of commissioner requested services other than other non-commissioner requested clinical income and private patient income.

Note 2.2 Other NHS clinical income

Other NHS clinical income comprises of, in the main, the maternity pathway payments, cost per case items, direct access services, cochlear services, renal services, screening programmes, audiology services, assessment patients, ward attenders and community based services.

Note 2.3 Private patient income

Due to the repealing of the statutory limitation on private patient income by the Health and Social Care Act 2012, the Foundation Trust is no longer required to disclose the percentage of total patient income that is received from private patient income.

Note 2.4 Provider to provider income

Provider to provider income relates to services provided by the Foundation Trust to other trusts or commissioners. Income recorded under this heading relates to areas including ear, nose and throat, ophthalmology and plastic surgeons working at Calderdale and Huddersfield NHS Foundation Trust and Airedale NHS Foundation Trust. Other staffing recharges cover nurses, phlebotomists, occupational therapists and other professions allied to medicines. This income also includes the provision of radiation protection, rehabilitation, wheelchair and physiotherapy services to various trusts and commissioners.

Note 2.5 Other income

Other income relates to non NHS staff recharges i.e. council and universities, occupational health, therapy and pain management, medical record requests, prescription charges and staff gym.

Note 2.6 Segmental analysis

The "Chief Operating Decision Maker" (CODM) is the Board of Directors because it is at this level where overall financial performance is measured and challenged. The Board of Directors primarily considers financial matters at a trust wide level. The Board of Directors is presented with information on clinical directorates but this is not the primary way in which financial matters are considered.

The Foundation Trust has applied the aggregation criteria from IFRS 8 operating segments because the clinical divisions provide similar services, have homogenous customers, common production processes and a common regulatory environment. Therefore we believe that there is one segment and have reported under IFRS 8 on this basis.

Note 3 Operating expenses

Note 3.1 Operating expenses

	2013/14 £000	2012/13 £000
Services from NHS foundation trusts	346	297
Services from NHS trusts	7,134	7,128
Services from PCTs	0	344
Services from CCGS[1] and NHS England	308	0
Services from other NHS bodies	8	10
Purchase of health care from non NHS bodies	933	2,287
Employee expenses – executive directors	954	1,057
Employee expenses – non-executive directors	156	149
Employee expenses – staff	225,221	219,488
Drug costs	33,816	29,389
Supplies and services – clinical (excluding drug costs)	34,320	33,883
Supplies and services – general	4,241	4,387
Establishment	4,021	4,164
Research and development – (not included in employee expenses)	1,923	3,670
Transport – (business travel only)	372	367
Premises	16,753	14,771
Decrease in provision for impaired receivables	(392)	(1,881)
Change in provisions discount rate	86	0
Drugs inventories consumed	208	181
Rentals under operating leases – minimum lease receipts	2,614	2,932
Depreciation on property, plant and equipment	8,159	8,101
Amortisation on intangible assets	705	1,023
Audit services – statutory audit	65	64
Clinical negligence	7,807	8,144
Loss on disposal of property, plant and equipment	0	60
Legal fees	221	279
Consultancy costs	1,677	1,963
Training, courses and conferences	665	748
Patient travel	32	34
Car parking and security	11	23
Redundancy – (not included in employee expenses)	378	2,650
Early retirements – (not included in employee expenses)	88	277
Hospitality	43	40
Insurance	156	160
Other services, e.g. external payroll	1,808	1,104
Losses, ex gratia and special payments – (not included in employee expenses)	388	178
Other	1,362	12
Total	**356,587**	**347,484**

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[1] Clinical Commissioning Groups

Note 3.2 Operating leases

	2013/14	2012/13
	£000	£000
Minimum lease payments	2,614	2,932
Total	**2,614**	**2,932**

Note 3.3 Future minimum lease payments

	2013/14	2012/13
	£000	£000
- not later than one year	2,984	2,700
- later than one year and not later than five years	1,271	1,619
Total	**4,255**	**4,319**

The Foundation Trust leases in the main comprise of buildings, medical equipment, motor vehicles and other equipment.

Buildings relates to leases held in NHS Property Services Limited for accommodation acquired through Transforming Community Services.

All medical equipment currently held under lease is leased under NHS Purchasing and Supply Agency agreements. These make no provision for any contingent rentals. They are silent on renewal and purchase options and do not comprise escalation clauses. The framework they provide is consistent with an operating lease arrangement.

Motor vehicles and other equipment currently held under lease are leased under agreements specific to the lessor concerned. None of the agreements currently in force make provision for any contingent rentals nor comprise escalation clauses.

There was no intention from the inception of any of the current leases that any of the leased equipment would be purchased outright either at the end of, or at any time during, the lease terms.

Note 3.4 Limitation on auditor's liability

For the year ended 31 March 2014, the limitation on auditor's liability is £1,000,000 (31 March 2013: £1,000,000).

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Note 4 Employee expenses

Note 4.1 Employee expenses

	2013/14 Total £000	2013/14 Permanent £000	2013/14 Other £000	2012/13 Total £000
Salaries and wages	180,861	167,412	13,449	178,765
Social security costs	13,399	13,399	0	14,546
Pension costs – defined contribution plans, employer's contributions to NHS Pensions	20,981	20,981	0	19,816
Agency / contract staff	11,154	0	11,154	7,638
Total	**226,395**	**201,792**	**24,603**	**220,765**
Included within :				
Costs capitalised as part of assets	220	220	0	220

All employer pension contributions in 2013/14 and 2012/13 were paid to the NHS Pensions Agency.

Included in the above figures are the following balances for executive directors:

	2013/14 £000	2012/13 £000
Directors' remuneration	829	843
Employer pension contributions in respect of directors	79	108

Note 4.2 Average number of employees

	2013/14 Total WTE[2]	2013/14 Permanent WTE	2013/14 Other WTE	2012/13 Total WTE
Medical and dental	647	647	0	643
Administration and estates	1,651	1,584	67	1,662
Healthcare assistants and other support staff	704	572	132	643
Nursing, midwifery and health visiting staff	1,686	1,609	77	1,677
Scientific, therapeutic and technical staff	614	614	0	616
Agency and contract staff	201	0	201	139
Total	**5,503**	**5,026**	**477**	**5,380**
of which				
Number of employees engaged on capital projects	5	5	0	6

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[2] Whole time equivalents

Note 4.3 Exit package cost band

	2013/14	2012/13
	Total number of exit packages by cost band	Total number of exit packages by cost band
<£10,000	0	16
£10,001 - £25,000	0	16
£25,001 - £50,000	0	10
£50,001 - £100,000	0	3
Total	**0**	**45**

Note 4.4 Early retirements due to ill health

	2013/14 £000	2013/14 Number	2012/13 £000	2012/13 Number
Number of early retirements on the grounds of ill-health		12		7
Value of early retirements on the grounds of ill-health	960		277	

Note 4.5 Analysis of termination benefits
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	2013/14 £000	2013/14 Number	2012/13 £000	2012/13 Number
Number of cases		0		45
Cost of cases	0		901	

Note 5 Finance income

	2013/14	2012/13

	£000	£000
Interest on bank accounts	82	56
Interest on loans and receivables	133	437
Total	**215**	**493**

Interest receivable relates to interest earned with the Government Banking Service and the National Loans Fund.

Note 6 Finance costs and Public Dividend Capital dividend

Note 6.1 Finance costs - interest expense

Interest payable amounted to £169,000 (2012/13: £200,000). This is interest due on a 10 year £10,000,000 loan from the Independent Trust Financing Facility taken out on 21 January 2009.

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2013/14 or 2012/13.

Note 6.2 Public Dividend Capital dividend

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 Foundation Trust, is payable as PDC dividend. See accounting policy 1.14 for an explanation of how this dividend is calculated.

The amount payable this year is £3,480,000 (2012/13: £3,233,000), which is 3.50% of the year's average relevant net assets of £163,495,000 less average daily cleared cash balance £64,062,000 (2012/13: £95,109,000 at 3.50%).

Note 6.3 Losses and special payments

NHS foundation trusts are required to record cash and other adjustments that arise as a result of losses and special payments. These losses to the Foundation Trust will result from the write off of bad debts, compensation paid for lost patient property, or payments made for litigation claims in respect of personal injury. In the year the Foundation Trust has had 208 (2012/13: 234) separate losses and special payments, totalling £322,000 (2012/13: £390,000). The bulk of these were in relation to bad debts and ex gratia payments in respect of personal injury.

Losses and special payments are reported on an accruals basis but excluding provisions for future losses. There were no individual cases exceeding £100,000.

Note 7 Intangible assets

Note 7.1 Intangible assets (software licences)

	2013/14 £000	2012/13 £000
Valuation / gross cost at 1 April	**6,287**	**4,869**
Additions – purchased / internally generated	159	913
Additions - donations of physical assets (non-cash)	0	57
Revaluations	101	448
Gross cost at 31 March	**6,547**	**6,287**
Amortisation at 1 April	**4,281**	**2,933**
Provided during the year	705	1,023
Revaluations	86	325
Amortisation at 31 March	**5,072**	**4,281**

Note 7.2 Intangible assets financing (software licences)

	2013/14 £000	2012/13 £000
Net book value		
Net book value – purchased at 31 March	1,430	1,946
Net book value – donated at 31 March	46	61
Net book value at 31 March	**1,476**	**2,007**

Error! Not a valid link.Error! Not a valid link. All assets classed as intangible meet the criteria set out in IAS 38 (2) in terms of identifiability, control (power to obtain benefits from the asset), and future economic benefits (such as revenues or reduced future costs).

The cost less residual value of an intangible asset with a finite useful life is amortised on a systematic basis over that life, as required by IAS 38 (97).

Note 8 Property, plant and equipment

Note 8.1 Property, plant and equipment 2013/14

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and POA[3]	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	189,342	19,081	113,373	2,364	394	43,016	358	10,434	322
Additions – purchased	11,546	699	3,797	0	2,748	2,110	0	2,192	0
Additions – donated	25	0	0	0	0	25	0	0	0
Revaluation	500	0	0	0	0	436	0	64	0
Disposals	(426)	0	0	0	0	(361)	0	(65)	0
Valuation/Gross cost at 31 March	200,987	19,780	117,170	2,364	3,142	45,226	358	12,625	322
Accumulated depreciation at 1 April	41,521	0	3,841	316	0	28,924	342	7,832	266
Provided during the year	8,159	0	4,130	80	0	2,769	5	1,160	15
Revaluation surplus	367	0	0	0	0	314	0	53	0
Disposals	(426)	0	0	0	0	(361)	0	(65)	0
Accumulated depreciation at 31 March	49,621	0	7,971	396	0	31,646	347	8,980	281

[3] Payments on account

Note 8.2 Property, plant and equipment financing 2013/14

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and POA	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned	148,702	19,780	107,142	1,968	3,142	12,972	12	3,645	41
Government granted	65	0	0	0	0	65	0	0	0
Donated	2,599	0	2,057	0	0	542	0	0	0
Net book value at 31 March	**151,366**	**19,780**	**109,199**	**1,968**	**3,142**	**13,579**	**12**	**3,645**	**41**

No assets were held under finance leases and hire purchase contracts at the SoFP date (31 March 2013: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2013: £nil).

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 Property, plant and equipment 2012/13

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and POA	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	**177,848**	**19,081**	**108,053**	**2,364**	**1,400**	**37,145**	**396**	**9,087**	**322**
Additions – purchased	**11,666**	0	4,616	0	493	5,509	0	1,048	0
Additions – donated	**426**	0	74	0	0	352	0	0	0
Reclassifications	**0**	0	1,499	0	(1,499)	0	0	0	0
Revaluation	**101**	0	(869)	0	0	671	0	299	0
Disposals	**(699)**	0	0	0	0	(661)	(38)	0	0
Valuation/Gross cost at 31 March	**189,342**	**19,081**	**113,373**	**2,364**	**394**	**43,016**	**358**	**10,434**	**322**
Accumulated depreciation at 1 April	**33,632**	**0**	**0**	**0**	**0**	**26,452**	**349**	**6,586**	**245**
Provided during the year	**8,101**	0	4,198	316	0	2,523	11	1,032	21
Revaluation surplus	**400**	0	(357)	0	0	543	0	214	0
Disposals	**(612)**	0	0	0	0	(594)	(18)	0	0
Accumulated depreciation at 31 March	**41,521**	**0**	**3,841**	**316**	**0**	**28,924**	**342**	**7,832**	**266**

Note 8.4 Property, plant and equipment financing 2012/13

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and POA	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned	**144,924**	19,081	107,424	2,048	394	13,303	16	2,602	56
Government granted	**128**	0	0	0	0	128	0	0	0
Donated	**2,769**	0	2108	0	0	661	0	0	0
Net book value at 31 March	**147,821**	**19,081**	**109,532**	**2,048**	**394**	**14,092**	**16**	**2,602**	**56**

Note 9 Inventories

	31 Mar 14 £000	31 Mar 13 £000
Theatre consumables	836	598
Other consumables	1,027	962
Drugs	1,786	1,994
Buildings and engineering	128	160
Total	**3,777**	**3,714**

Note 10 Receivables

Note 10.1 Trade receivables and other receivables

	31 Mar 14 £000	31 Mar 13 £000
Current		
NHS receivables	6,892	6,446
Other receivables	882	291
Provision for impaired receivables	(1,035)	(1,583)
Prepayments	1,242	1,009
Interest receivable	5	5
PDC dividend receivables	0	35
Other receivables – revenue	5,202	4,052
Total	**13,188**	**10,255**
Non-current		
Other receivables – revenue	513	1,104
Total	**513**	**1,104**

Note 10.2 Provision for impairment of receivables

	2013/14 £000	2012/13 £000
At 1 April	**1,583**	**3,676**
Increase in provisions	3,633	4,046
Amounts utilised	(156)	(212)
Unused amounts reversed	(4,025)	(5,927)
Total	**1,035**	**1,583**

Note 10.3 Analysis of impaired receivables

	2013/14 £000	2012/13 £000
Aging of impaired receivables		
0 – 30 days	7	17
30 – 60 days	10	6
60 – 90 days	6	9
90 – 180 days	46	67
Over 180 days	966	1,484
Total	**1,035**	**1,583**
Aging of non-impaired receivables		
0 – 30 days	11,087	8,549
30 – 60 days	284	581
60 – 90 days	227	656
90 – 180 days	307	196
Over 180 days	761	(38)
Total	**12,666**	**9,944**

Note 11 Trade and other payables

	31 Mar 14 £000	31 Mar 13 £000
Current		
NHS payables – revenue	5,338	1,121
Amounts due to other related parties – revenue	7,339	7,147
Other trade payables – capital	2,295	1,495
Other payables	1,249	1,662
Accruals	27,238	28,411
PDC dividend payable	82	0
Total	**43,541**	**39,836**

Note 12 Other liabilities

	31 Mar 14 £000	31 Mar 13 £000
Current		
Other deferred income	3,400	3,920
Non-current		
Other deferred income	2,705	3,850

Note 13 Borrowings

	31 Mar 14 £000	31 Mar 13 £000
Current		
Loans from Independent Trust Financing Facility	1,000	1,000
Other loans	358	424
Total	**1,358**	**1,424**
Non-current		
Loans from Independent Trust Financing Facility	4,000	5,000
Other loans	258	353
Total	**4,258**	**5,353**

Note 14 Prudential borrowing limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

Note 15 Provisions

Note 15.1 Provisions for liabilities and charges

	Current 31 Mar 14 £000	Current 31 Mar 13 £000	Non-current 31 Mar 14 £000	Non-current 31 Mar 13 £000
Legal claims	333	367	0	0
Agenda for Change	4,373	4,191	0	0
Restructuring	1,614	2,042	0	0
Continuing care	474	807	0	0
Equal pay	1,543	0	0	0
Redundancy	82	0	0	0
Other	2,516	1,991	2,845	1,696
Total	**10,935**	**9,398**	**2,845**	**1,696**

Legal claims provisions consist of commercial contract issues and an employee breach of contract case.

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles and unresolved enhancements pay claims.

Restructurings relate to on-going restructuring commitments the Foundation Trust is undertaking.

Continuing care provisions relate to contractual issues for service provision from suppliers and commissioners.

Equal pay claims relate to a provision for claims relating to employment contracts.

Additionally, the other category contains amounts due as a result of third party and employee liability claims. The values are based on information provided by the NHS Litigation Authority, NHS Business Services Authority and NHS Pensions and have previously been reported in legal claims.

There is also a provision within this section resulting from obligations arising from research activities committed to by the Trust through Bradford Institute for Health Research.

As at 31 March 2014 £46,947,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust (31 March 2013: £52,829,000).

Note 15.2 Provisions for liabilities and charges analysis

	Total	Other legal claims	Agenda for change	Restructuring	Continuing care	Equal pay	Redundancy	Other
	£000	£000	£000	£000	£000	£000	£000	£000
At April 2013	**11,094**	**367**	**4,191**	**2,042**	**807**	**0**	**0**	**3,687**
Change in the discount rate	**86**	0	0	0	0	0	0	86
Arising during the year	**4,596**	18	347	701	0	1,543	82	1,905
Utilised during the year – cash	**(324)**	0	(13)	0	0	0	0	(311)
Reversed during the year	**(1,728)**	(52)	(152)	(1,129)	(333)	0	0	(62)
Unwinding of discount	**56**	0	0	0	0	0	0	56
At 31 March 2014	**13,780**	**333**	**4,373**	**1,614**	**474**	**1,543**	**82**	**5,361**
Expected timings of cash flows:								
-not later than one year	**10,935**	333	4,373	1,614	474	1,543	82	2,516
-later than one year and not later than five years	**2,845**	0	0	0	0	0	0	2,845
Total	**13,780**	**333**	**4,373**	**1,614**	**474**	**1,543**	**82**	**5,361**

Note 16 Revaluation reserve

Note 16.1 Revaluation reserve – 2013/14

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	39,021	55	38,966
Revaluation	148	15	133
Revaluation reserve at 31 March	**39,169**	**70**	**39,099**

Note 16.2 Revaluation reserve – 2012/13

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	39,566	69	39,497
Revaluation	(176)	123	(299)
Other recognised gains and losses	(369)	(137)	(232)
Revaluation reserve at 31 March	**39,021**	**55**	**38,966**

Note 17 Cash and cash equivalents

Note 17.1 Cash and cash equivalents

	2013/14 £000	2012/13 £000
At 1 April	**63,289**	**64,908**
Net change in year	5,125	(1,619)
At 31 March	**68,414**	**63,289**
Broken down into:		
Cash at commercial banks and in hand	22	50
Cash with the Government Banking Service	68,392	63,239
Cash and cash equivalents as in SoFP and SoCF	**68,414**	**63,289**

Third party assets held by the Foundation Trust at 31 March 2014 were £3,000 (31 March 2013: £3,000)

Note 17.2 Pooled budgets

The Foundation Trust is not party to any pooled budget arrangements in 2013/14 or 2012/13.

Note 18 Contractual capital commitments and events after the reporting period

Note 18.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £4,577,000 (31 March 2013: £1,827,000).

Note 18.2 Events after the reporting period

There are no disclosable events after the reporting period.

Note 19 Contingent liabilities / assets

There are no contingent liabilities or assets as at 31 March 2014 (31 March 2013: £nil).

Note 20 Related party transactions

Note 20.1 Related party transactions

Bradford Teaching Hospitals NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the Foundation Trust.

The Register of Interests for the Board of Governors for 2013/14 has been compiled in accordance with the requirements of the Constitution of Bradford Teaching Hospitals NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year the Foundation Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. The entities with which there were material transactions are listed below.

All transactions were for the provision of healthcare services, apart from expenditure with NHS Litigation Authority, who supplied legal services.

The Foundation Trust has also received capital payments from a number of funds held within the Charity, the trustee of which is the Foundation Trust. Furthermore, the Foundation Trust has levied a management charge on the Charitable Funds in respect of the services of its staff. The Charitable Funds have not been consolidated into the Foundation Trust's accounts (see note 1.2).

	Income £000	Expenditure £000
Value of transactions with board members in 2013/14		
Short term benefit	0	1,012
Value of transactions with other related parties in 2013/14		
Airedale NHS Foundation Trust	1,207	388
Bradford City Council	4,202	1,353
Bradford District Care NHS Trust	2,017	998
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	103	0
Calderdale and Huddersfield NHS Foundation Trust	1,076	314
Central Manchester University Hospitals NHS Foundation Trust	1	103
Department of Health	3,138	0
Leeds Teaching Hospitals NHS Trust	4,268	7,718
National Insurance Fund	0	13,399
NHS Airedale, Wharfdale and Craven CCG	11,507	0
NHS Blood and Transplant	0	1,674
NHS Bradford City CCG	56,456	0
NHS Bradford District CCG	181,319	136
NHS Calderdale CCG	3,874	0
NHS East Lancashire CCG	993	0
NHS England	53,440	316
NHS Greater Huddersfield CCG	2,880	0
NHS Harrogate and Rural District CCG	151	0
NHS Leeds North CCG	758	0
NHS Leeds South and East CCG	385	3
NHS Leeds West CCG	3,983	0
NHS Litigation Authority	0	7,814
NHS North Kirklees CCG	2,257	0
NHS Pensions	0	20,981
NHS Shared Business Services	0	424
NHS Vale of York CCG	146	0
NHS Wakefield CCG	427	0
Other NHS Bodies	18,502	3,670
Sheffield Children's NHS Foundation Trust	164	28
Sheffield Teaching Hospitals NHS Foundation Trust	458	119

	Income £000	Expenditure £000
Value of transactions with board members in 2012/13		
Short term benefit	0	1,611
Value of transactions with other related parties in 2012/13		
Airedale NHS Foundation Trust	1,316	361
Barnsley PCT	26,544	0
Bradford and Airedale Teaching PCT	259,254	2,868
Bradford City Council	307	1,227
Bradford District Care NHS Trust	1,742	1,009
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	66	0
Calderdale and Huddersfield NHS Foundation Trust	627	332
Calderdale PCT	7,786	0
Central Manchester University Hospitals NHS Foundation Trust	0	129
Department of Health	2,150	0
East Lancashire Teaching PCT	1,391	0
East Riding of Yorkshire PCT	116	0
Kirklees PCT	5,738	0
Leeds PCT	5,949	0
Leeds Teaching Hospitals NHS Trust	3,408	9,527
National Insurance Fund	0	14,546
NHS Blood and Transplant	0	1,444
NHS Business Services Authority	0	166
NHS Litigation Authority	0	8,164
NHS Pensions	0	19,816
NHS Shared Business Services	0	419
North Yorkshire and York PCT	3,634	0
Other Central Government Agencies	46	0
Other NHS Bodies	1,900	437
Sheffield Children's NHS Foundation Trust	80	20
Sheffield PCT	113	1
Sheffield Teaching Hospitals NHS Foundation Trust	12	89
Wakefield District PCT	432	0
Yorkshire and The Humber Strategic Health Authority	14,094	14

Note 20.2 Related party balances

	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2014		
Airedale NHS Foundation Trust	380	154
Bradford City Council	631	134
Bradford District Care NHS Trust	368	190
Calderdale and Huddersfield NHS Foundation Trust	867	42
Department of Health	0	82
HM Revenue and Customs	243	2,311
Leeds Teaching Hospitals NHS Trust	890	2,135
National Insurance Fund	0	2,043
NHS Airedale, Wharfdale and Craven CCG	293	0
NHS Blood and Transplant	1	91
NHS Bradford City CCG	815	579
NHS Bradford Districts CCG	1,709	1,011
NHS Business Services Authority	0	11
NHS Calderdale CCG	186	0
NHS England	710	771
NHS Pensions	0	2,877
NHS Shared Business Services	0	63
Northumbria Healthcare NHS Foundation Trust	0	82
Other Central Government Departments	1,960	0
Other NHS Bodies	673	540
Sheffield Children's NHS Foundation Trust	33	1

	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2013		
Airedale NHS Foundation Trust	591	137
Barnsley PCT	217	0
Bradford and Airedale Teaching PCT	2,679	0
Bradford City Council	156	32
Bradford District Care NHS Trust	233	163
Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund	66	0
Calderdale and Huddersfield NHS Foundation Trust	530	19
Department of Health	35	130
HM Revenue and Customs	0	2,403
Kirklees PCT	22	42
Leeds Teaching Hospitals NHS Trust	1,630	427
National Insurance Fund	0	2,154
NHS Business Services Authority	0	42
NHS Pensions	0	2,590
North Yorkshire and York PCT	16	21
Northumbria Healthcare NHS Foundation Trust	0	68
Other Central Government Agencies	105	0
Other NHS Bodies	431	61
Sheffield Children's NHS Foundation Trust	30	2
Sheffield PCT	35	0
Yorkshire and The Humber Strategic Health Authority	33	8

Note 21 Private Finance transactions

The Foundation Trust is not party to any Private Finance Initiatives. There are therefore no on-SoFP or off-SoFP transactions which require disclosure.

Note 22 Financial instruments

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Foundation Trust actively seeks to minimise its financial risks. In line with this policy, the Foundation Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Foundation Trust in undertaking its activities.

Liquidity risk

The Foundation Trust's net operating costs are incurred under three year agency purchase contracts with local CCGs, which are financed from resources voted annually by Parliament. The Foundation Trust receives such contract income in accordance with Payment by Results (PbR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. The Foundation Trust receives cash each month based on an annually agreed level of contract activity, and there are quarterly corrections made to adjust for the actual income due under PbR.

The Foundation Trust currently finances its capital expenditure from internally generated funds and funds made available from Government, in the form of additional Public Dividend Capital, under an agreed limit. In addition, the Foundation Trust can borrow, both from the Department of Health Financing Facility and commercially, to finance capital schemes. Financing is drawn down to match the spend profile of the scheme concerned and the Foundation Trust is not, therefore, exposed to significant liquidity risks in this area.

Interest rate risk

With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest.

The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.

Foreign currency risk

The Foundation Trust has negligible foreign currency income, expenditure, assets or liabilities.

Credit risk

The Foundation Trust receives the majority of its income from NHS England, CCGs and statutory bodies and so the credit risk is negligible.

The Foundation Trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:

- the Government Banking Service and the National Loans Fund;
- UK registered banks directly regulated by the FSA ; and
- UK registered building societies directly regulated by the FSA.

The policy limits the amounts that can be invested with any one non-government owned institution and the duration of the investment to between £3,000,000 and £7,500,000.

Price risk

The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

Note 23 Financial assets and liabilities

Note 23.1 Financial assets by category

	31 Mar 14 £000	31 Mar 13 £000
Assets as per SoFP at 31 March		
Trade and other receivables excluding non-financial assets	6,773	5,154
Cash and cash equivalents at bank and in hand	68,414	63,289
Total	**75,187**	**68,443**

Note 23.2 Financial liabilities by category

	31 Mar 14 £000	31 Mar 13 £000
Liabilities as per SoFP at 31 March		
Borrowings excluding finance lease and PFI liabilities	5,616	6,777
Trade and other payables excluding non-financial liabilities	36,202	32,689
Provisions under contract	13,780	11,093
Total	**55,598**	**50,559**

All financial liabilities fall within "other financial liabilities".

Note 23.3 Fair values

For all of the Foundation Trust's financial assets and financial liabilities, fair value matches carrying value.

Note 23.4 Maturity of financial liabilities

All trade and other payables fall due within one year. The Foundation Trust has two loans, a £5,000,000 Independent Trust Financing Facility (ITFF) loan and a non-interest bearing Salix loan.

The ITFF loan has 5 remaining years, with the final principal payment due on 25 January 2019. This loan is repayable in equal amounts over the next 5 years, hence £1,000,000 is due next year.

The Salix loan has 3½ remaining years, with the final principal payment due on 1 September 2017.

Note 24 Accounting standards that have been issued but have not yet been adopted

The following accounting standards have been issued but have not yet been adopted. The Foundation Trust cannot adopt new standards unless they have been adopted in the FT ARM issued by Monitor.

The FT ARM generally does not adopt an international standard until it has been endorsed by the European Union for use by listed companies. In some cases, the standards may be interpreted in the FT ARM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation.

At this stage and subject to any interpretation by the FT ARM, we do not envisage a material impact on the Trust's financial statements.

IFRS 9 - Financial Instruments - published October 2010 - this standard is not likely to be adopted by the EU until the IASB has finished the rest of its financial instruments project.

IFRS 10 - Consolidated Financial Statements - published May 2011 - this standard has been adopted by the EU from 2014/15.

IFRS 11 Joint Arrangements - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IFRS 12 Disclosure of Interests in Other Entities - published May 2011 - this standard has been adopted by the EU from 2014/15.

IFRS 13 Fair Value Measurement - published May 2011 - this standard has been adopted by the EU from 2014/15, but has not yet been adopted by HM Treasury.

IAS 12 Income Taxes amendment - published December 2010 - this standard is applicable for periods beginning on or after 1 April 2012 but has not yet been adopted by the EU.

IAS 1 Presentation of financial statements, on other comprehensive income (OCI) - published June 2011 - this standard has been adopted by the EU from 2014/15.

IAS 27 Separate Financial Statements - published May 2011 - this standard has been adopted by the EU from 2014/15.

IAS 28 Associates and joint ventures - published May 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.

IAS 19 (Revised 2011) Employee Benefits - published June 2011 - this standard is applicable for periods beginning on or after 1 April 2013.

IAS 32 Financial Instruments: Presentation - amendment (offsetting financial assets and liabilities) - published December 2011 - this standard has been adopted by the EU from 2014/15.

IFRS 7 Financial Instruments: Disclosures – amendment (offsetting financial assets and liabilities) - published December 2011 - this standard is applicable for periods beginning on or after 1 April 2013 but has not yet been adopted by the EU.