

Annual Report and Accounts 2014/15

**Bradford Teaching Hospitals NHS
Foundation Trust**

**Annual Report and Accounts
2014/15**

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Schedule 7, paragraph 25 (4) (a) of the
National Health Service Act 2006.**

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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.

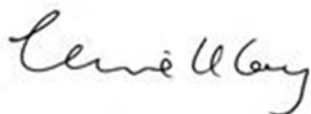
We became a Foundation Trust on 1 April 2004 – among the very first in the NHS to do so - and employ over 5,500 staff, serving a population of around 500,000. We also have one of the largest membership bases in the country with over 49,000 members, equating to 11% of the eligible local population.

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. We also run 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.



Professor Clive Kay
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.

However, 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. Consequently, the Foundation Trust has developed a Five Year Strategic Plan. This plan was submitted to Monitor on 30 June 2014.

In this strategic plan we set out the national and local challenges affecting the Local Health Economy (LHE) and how we would respond. The Foundation Trust also worked with healthcare commissioners and providers in the LHE to develop a district wide strategic plan – the Bradford District and Craven Health and Care Economy Five Year Forward View.

In these plans we were clear that 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.

In addition to this, the Bradford area faces a range of specific local challenges and these put extra strain on health and care systems across our LHE. For example, whilst Bradford is the fourth largest Metropolitan district in England (population: 522,000), it is also experiencing some of the highest population growth in the country (11% over the past 10 years, predicted to rise by another 7% before 2019). This population growth is also the fastest at each end of the age spectrum (23% increase in 0-4 year olds and 17% increase in over 85 year olds).

In addition, Bradford has high levels of deprivation (31% of the population lives in the 10% most deprived areas in England) and there are also lifestyle concerns with 22% of 5 year olds being obese and 35% of 10 year olds being overweight or obese.

These factors combine in Bradford to contribute to a higher prevalence of residents with long term conditions (LTCs). Indeed for every £10 spent on health and social care in Bradford, £7 is spent on people with LTCs.

A number of the factors highlighted above are ingrained and will take many years to resolve. As a result it is forecast that Bradford will continue to have an increasing and disproportionate number of frail elderly people and people with LTCs. It is also forecast that co-morbidity, people with more than one LTC, will also increase.

Our Strategic Plan and the strategies of our LHE partners recognise that this will mean an increase in demand for services at a time when the health and care sector will face an increasing and unprecedented financial challenge. When the Foundation Trust submitted its Strategic Plan in June 2014, the LHE efficiency requirement (including that of the Local Authority) was £364m over the next five years. Additional funding challenges for the Local Authority have widened this gap further.

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 and Transformation

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 (BCF) are seen as key drivers in meeting this challenge. The £5.3bn BCF was announced by the Government in June 2013. Its aim is to facilitate integrated health and social care. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around those in the need of care, placing their well-being as the focus of health and care services.

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.

The Foundation Trust and its LHE partners have formally committed themselves, through the ICB, to a joint vision for transformation and integration. Successful actions to date have included work to expand the Virtual Ward, the delivery of the Urgent Care Programme and work to improve our Acute Care Model.

2.2 Performance of the Foundation Trust during the year

The Foundation Trust performed well against the outcome and access metrics set by Monitor and contractual performance indicators. Performance is described in detail in the Quality Report in Section 6.

However, in March 2014 a cohort of up to 205,000 patients were identified who may have required follow up but had no 'see by' date recorded. Each patient was reviewed with initial administrative validation followed by clinical validation. Validation was prioritised according to principles agreed by the Divisional Clinical Directors and was completed by March 2015. No harm was identified to any patient whose appointment was delayed. In April 2015 a further cohort up to 47,000 patients was identified and urgent review of these patients and the systems in place is underway.

A recent review by the NHS Intensive Support Team (IST) has also highlighted concerns about the quality of data and systems in place for managing patients who are on an 18 week referral to treatment (RTT) pathway. An overall action plan for the implementation of the recommendations made by the IST is being developed urgently.

2.3 Developments during 2014/15

Significant 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 launched a significant partnership with Calderdale and Huddersfield NHS Foundation Trust to introduce an Electronic Patient Record (EPR) which will further improve safety throughout our hospitals. The new digital system, due to be implemented in 2016, will include medication and allergy alerts, as well as providing automated communications to staff when a patient is deteriorating, thereby improving patient care and wellbeing.
- We are transforming our pathways and services for patients presenting acutely with a redesign of the Accident and Emergency department and the opening of a separate Ambulatory Care Unit (ACU) which has been built to treat emergency medical patients who do not need to stay in hospital overnight. This new ACU will bring an important new service to the patients of Bradford and our GP colleagues.
- We have been developing a new 43-bed Acute Medicine Unit (AMU) for patients needing assessment and treatment in what was previously Ward 1 and Ward 4. The final stage of this development for patients will be completed in summer 2015 with the refurbishment of Ward 4.
- We have renewed our focus on patient flow across the Trust with clinical leadership at the heart of the change programme where we are continuing to improve our patient care and the patient experience.
- Researchers at the Bradford Institute for Health Research, a unique research partnership between the primary and secondary care NHS Trusts in Bradford and Airedale and the universities of Bradford, Leeds and York, and clinicians from Bradford Teaching Hospitals continue to play an important part in new research projects aimed at benefitting patients across the city.
- We have continued to roll out the ThinkGlucose national campaign which will improve the care, outcomes and experience of inpatients with diabetes.
- Our eye patients continue to benefit from participating in worldwide clinical research trials by being offered new medicines which aim to improve their quality of life and which may reduce the burden of hospital visits and treatment required to manage their condition.
- A research trial to investigate whether a new medical device can help mend notoriously hard-to-heal diabetic foot ulcers started at BRI. The new Leucopatch is made up of the patient's own platelets and white blood cells which healthcare professionals believe promote and encourage the body's healing. The patch is then applied directly to wound.

- A landmark dementia study at BRI was launched to improve the care of dementia patients while they recuperate in hospital from a fractured hip. Bradford Teaching Hospitals became one of only three sites across the UK enlisted in the PERFECTED (Peri-operative Enhanced Recovery Hip Fracture Care of Patients with Dementia) study which will examine the way hospitals care for and rehabilitate patients after they undergo surgery for a fractured hip. This five-year programme will investigate how better standards of care can be implemented across the NHS to improve the outcomes of hospital admission for people with dementia.
- Prostate operations have trebled (from 44 to 150 a year) since we took delivery of our £2m Da Vinci surgical robot. After the new surgical procedure patients only need to stay in hospital overnight rather than spend five or six days recovering on a ward – and they are able to return to work in around four weeks rather than three months.
- A clinical research team – led by Professor Clive Kay and Dr Conrad Beckett - recruited the highest number of patients to a flagship cancer research project. The Colo-Rectal Stenting Trial (CReST), which is taking place across the 43 UK hospitals, aims to establish whether it is possible to put a stent into the bowel to relieve a blockage and to see if it can open up the bowel so that waste from the food a patient has digested can pass through.
- A ground-breaking scheme - believed to be the first of its kind in the country – to redesign the whole of a hospital's public areas and gardens for people with dementia was officially opened in May 2014. The revolutionary scheme at St Luke's Hospital was made possible thanks to a £513,000 Department of Health grant. The nine-month transformation scheme was given a 'Yorkshire At Its Best' theme and ideas were incorporated from patients, the public and local organisations such as the Alzheimer's Society, Carers' Resource and Meri Yaadain. The redesign of public areas created a more conducive environment for patients living with dementia and their carers by generating surroundings which promote relaxation, independence and better orientation.
- An investment of almost £350,000 in new technology is helping improve the treatment of mums and babies at the Bradford Royal Infirmary after we were awarded a grant from the Department of Health. The money is being 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.
- The Friends of Bradford Royal Infirmary donated more than £65,000 worth of valuable equipment for the benefit of patients including two haemostasis blood analysers for the hospital's anaesthesia department, £8,000 worth of furniture and machinery for maternity services and a £10,000 donation to the new cardiac catheter laboratory.
- The Friends of St Luke's raised more than £22,000 towards improving patient care and the patient experience, including the purchase of ten baby apnoea respiratory monitors, specialist medical photography equipment and sponsorship of our refractory angina patient website.
- Patients at St Luke's Hospital and Bradford Royal Infirmary took part in 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.

- Bereaved parents who had lost children and hospital staff came together in a Shared Memories event in November to remember the babies and young people who had died prematurely.
- Our Friends and Family Test is now operational across all wards and departments, including our outpatient and community services, and we continue to use the results to improve the care we offer to patients.
- In total throughout 2014-15, 5052 patients were enlisted to 169 National Institute for Health Research commercial and non-commercial projects here at Bradford Teaching Hospitals in our pursuit of high quality research.

Our staff

- A team whose care and compassion shone through when caring for a terminally ill patient won the Foundation Trust's Team of the Year award for 2014. The group from Bradford Royal Infirmary's labour ward provides care for women during and after they give birth. The team worked collaboratively with staff from the hospital's palliative care team to support a first-time mother after she discovered she had terminal cancer. Together the group drew up a care plan for the baby's birth and as the mother's cancer advanced, arranged for her baby to be born via caesarean section in the labour ward operating theatre at just 28 weeks gestation.
- Consultant respiratory physician, Dr Dinesh Saralaya, took up the recently-created post of Director of Commercial Research at the Bradford Institute for Health Research. This new role aims to support the biosciences industry as they create new medicines and ensure that our patients have improved access to the latest drug innovations.
- Mauritian-born consultant gastroenterologist and hepatologist, Dr Sulleman Moreea, who is based at the Bradford Royal Infirmary, received one of his homeland's highest medals of honour in June 2014 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.
- Midwife Gillian Simpson, who has worked at the hospital for over 40 years, received a surprise invitation to a Buckingham Palace garden party from the West Yorkshire Lord Lieutenant, Ingrid Roscoe, on behalf of the Queen. Gillian, who works as the labour ward's co-ordinator of midwives, was nominated for the honour by work colleagues who felt she deserved Royal recognition for her sterling efforts on the labour ward.
- Two of our consultant cardiologists, Dr Steven Lindsay and Dr Paul Sainsbury, were UK authors on an international trial which provided evidence for an effective new treatment for patients with angina who previously would not have been suitable for conventional treatments. They carried out around a dozen procedures at the Bradford Royal Infirmary's catheter laboratory, an excellent example of the NHS leading international innovation into new treatments for patients.
- Our library staff were named Workplace Provider of the Year at the fourth annual Bradford Mental Health Awards which honours the achievements of individuals who use the Cellar Trust Charity's services and the businesses who help them.
- A joint scheme between West Yorkshire Police and Bradford Teaching Hospitals is delivering unique training to NHS staff and helping to reduce the prevalence of call-outs

when patients self-discharge. The project also saw our Security Management Specialist, Karon Snape and Clinical Improvement Facilitator, Kay Pagan, awarded an Assistant Chief Constable Award for 'partnership work in designing and delivering a bespoke Missing Persons Training Course in order to educate staff, forge closer links between professions and reduce demand for service'.

- The security management team were also awarded a neighbourhood policing team 'Inspector's Award' in April 2014 in recognition of our excellent work in planning, preparing and policing Bradford Royal Infirmary, thereby ensuring the safety of patients, visitors and staff

Our services

- Our proposal to build a new £28million hospital wing at Bradford Royal Infirmary was approved by the Board of Directors in October 2014. The landmark build, which will take more than a year to complete, will house our paediatric services, two adult medicine wards and a purpose-built intensive care unit with single side rooms. The project also includes a major refurbishment of the hospital's main entrance and a new rear accessible entrance for those with disabilities, plus additional onsite parking for visitors.
- Bradford Royal infirmary's new £2m neonatal unit (NNU) was officially opened in January. The investment included a complete rebuild of the old baby unit which previously cared for up to 27 babies at any one time and was regularly full. The new unit has 31 cots including 10 intensive care and high dependency cots. Guests included the parents of babies who received treatment on the unit and were involved in its redesign which includes more spacious clinical surroundings around each incubator, new family accommodation, a revamped counselling suite and a dedicated room for mothers to express breast milk for their pre-term babies.
- Our new £2.3m catheter laboratory to support patients with heart problems - among the most advanced of its kind in the country – opened in October, alongside our coronary care unit on ward 22 to provide a dedicated x-ray laboratory and day-case unit for cardiac procedures.
- A new £150,000 eye scanner cemented our place at the forefront of international eye research. The Heidelberg retinal scanner, which hundreds of our patients will benefit from, will lead to faster diagnosis and more precise treatment for conditions, including those linked to diabetes that can cause blindness.
- Our midwives celebrated after achieving an outstanding result in an external audit of their services. The report, conducted by the Local Supervising Authority Midwifery Officer, analysed how the Foundation Trust's team of 20 Supervisors of Midwives (SoMs) ensure safe care for women and their babies. It found positive midwifery practices in place at the unit which delivers around 6,000 babies each year and which now additionally provides a 7-bed birth centre where women can give birth without medical intervention.
- Almost 30 per cent of births in Bradford are now taking place at our £1.2million midwife-led Birth Centre which opened its doors two years ago.
- Our participation in the Diabetes UK Improving Local Services Together project to improve care and research into diabetes in the city has now ended. The scheme aimed to make better provision for patients by involving them more in their local services.

- We have continued to roll out the ThinkGlucose national campaign which will improve the care, outcomes and experience of inpatients with diabetes.
- Research from the Born in Bradford project continues unabated and receives regular media attention from around the world, giving 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 most diverse range of 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 Bradford Royal Infirmary. A new section on how 'dementia-friendly' our hospital environments are has been added to this year's assessment. Our annual PLACE assessments of St Luke's hospital and our four community hospitals will be held later this spring.

Our organisation

- We have a strong Foundation Trust membership base, an excellent reputation for training new doctors and research, and our corporate strategy provides us with a clear mission to provide safe healthcare, of the highest quality, at all times.
- In order to show our commitment to ensuring that patients are at the centre of all that we do we have unveiled our Personal Responsibility Framework. This outlines the importance of putting our values into practice and provides a supporting structure for staff to create a culture where we all take ownership, hold ourselves and each other to account, feel self-motivated and continually seek to improve.
- We were selected to become part of an elite group of hospitals committed to working together to provide the best care possible for patients. Only 16 Foundation Trusts are involved in the NHS Quest initiative which brings together a network of leading hospitals who aspire to improve levels of quality and safety beyond current expectation. Our participation is in the deteriorating patient initiative, with specific focus on sepsis, cardiac arrest and medication safety.
- We became involved in a number of leading patient safety initiatives such as Sign Up To Safety and PRASE (Patient Reporting and Action for a Safe Environment). We developed a tool for systematically collecting information from patients to improve patient safety. Our work has the potential for use within health services both nationally and internationally.
- We set up the new regional £5 million Improvement Academy for the Yorkshire and Humber Academic Health Science Network. This helps NHS organisations across the region to transform the quality and safety of health care.
- Read All About Us Boards to share hospital news, views and patients' comments were rolled out across the Foundation Trust. The boards help give patients, families and visitors an instant snapshot of what each ward or department has achieved, its staffing levels, the name of the person in charge and what we would like them to improve.

Our community

- HRH The Princess Royal visited Bradford Royal Infirmary to help celebrate an initiative designed to give young people with learning disabilities the opportunities to learn the necessary skills and experience to gain future employment. Project SEARCH has proved to be a real success. In its first year each intern gained more than 900 hours of on-the-job work experience. To date 11 students have graduated, of which six have secured jobs in a diverse range of areas such as catering, cleaning and maintenance.
- The first Born in Bradford Family Festival took place at the National Media Museum in October with 3,000 families in attendance. The festival built on the success of the annual Teddy Bear Picnic at Lister Park which started in 2007 to track the lives of 13,500 babies and their families from different cultures and backgrounds.
- Our dieticians have been staffing the Good Food Advice stall (run by Bradford Council) at the Oastler Shopping Centre in an effort to raise awareness of healthy eating amongst families.
- Bradford Hospitals Charity appointed its first fundraiser in April when Hayley Collis joined the Foundation Trust. The charity continues to receive widespread community support as local businesses schools and organisations join in fundraising to help purchase additional equipment for our services, wards and clinics.
- Work - funded by Bradford Hospitals Children's Charity trust fund - got underway last summer to brighten up two areas of children's ward 2 at Bradford Royal Infirmary. Artist Stella Corral ran workshops with patients, staff and young people from Healthwatch and Barnardo's.

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 £1.8m which is lower than the original plan of £3.5m. 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 2013/14 and 2014/15:

	Position at 31.3.14 £m	Position at 31.3.15			% Change on Previous Year
		Plan £m	Actual £m	Variance £m	
Total Income	363.8	359.8	364.6	4.8	0.2%
Operating Expenditure	-347.7	-343.4	-348.8	-5.4	0.3%
EBITDA	16.1	16.4	15.8	-0.6	
Interest, Depreciation, Impairment & Dividend	-12.3	-12.9	-14.0	-1.1	
Surplus / (Deficit)	3.8	3.5	1.8	-1.7	

The Foundation Trust has continued to maintain a strong liquidity position throughout the year and ended the year with a cash balance of £67.5m, 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
2014/15	£1.8m surplus

Securing this healthy financial position is in recognition of all the hard work by all staff within the organisation. Over recent years surpluses have been and are planned to be re-invested back into the Foundation Trust through the capital building programme to provide ongoing benefits for patients.

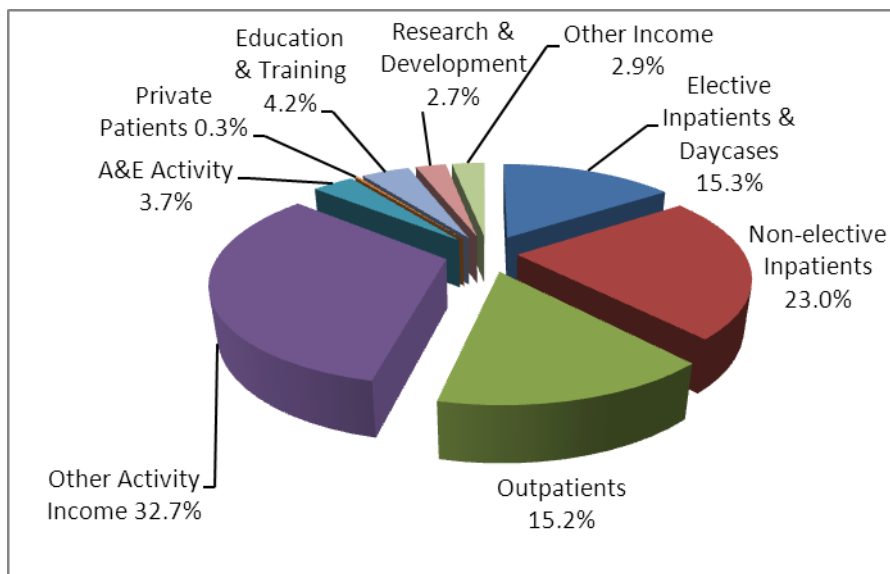
The long term financial strategy of the Foundation Trust has been to plan for a surplus position, however this is increasingly difficult with the current financial climate. The financial planning parameters used to populate the financial plan for 2015/16 reflecting both nationally prescribed assumptions and local variations, produce a significant challenge to the Foundation Trust for the forthcoming year, resulting in a small deficit as the most likely outcome. The emphasis will remain on maintaining robust financial management controls to deliver its financial targets and ensuring that cost improvements are delivered on a recurrent basis.

Income

The total income reported for the 2014/15 financial year was £364.6m which is split as follows:

- Income from Activities - £328.8m
- Other Operating Income - £35.8m

The composition of the income is summarised in the table below:



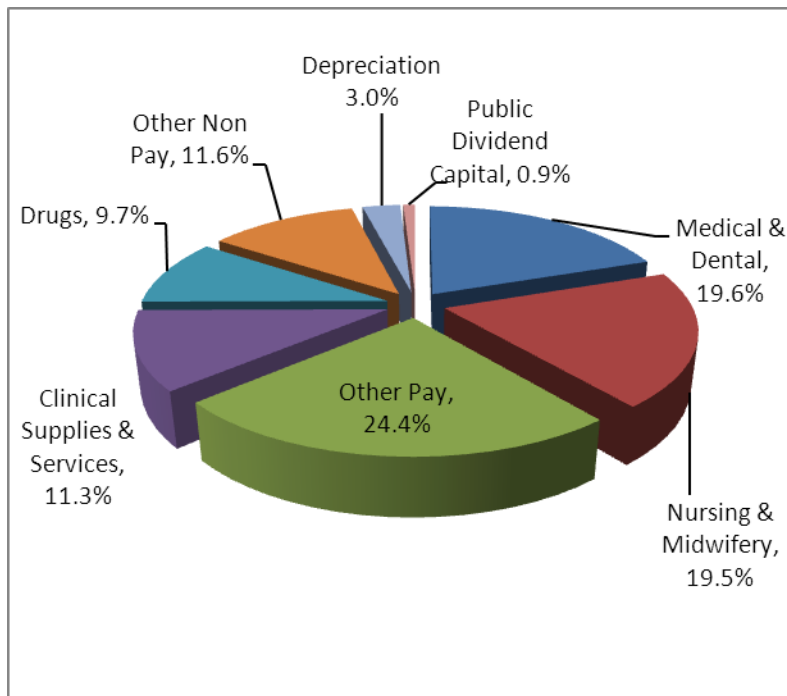
Income from activities is primarily income from Clinical Commissioning Groups and NHS England in relation to the provision of patient treatment services under contractual and commissioning arrangements. Other income is primarily non-patient related income and includes income for education and training,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

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

- Higher than planned level of non-elective in-patient activity;
- Increased high cost items such as drugs and blood products chargeable to the CCGs and 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 £362.8m is summarised in the chart below:



The Foundation Trust has incurred higher expenditure than planned through:

- pay costs overspends associated with agency staff cost premiums, additional nursing costs for 1:1 patient care and premium rate payments for waiting list initiatives
- the prescribing of specialist drugs, blood and the use of specialist equipment all of which were sourced through directly attributable income; and
- delivery of efficiency requirements falling short of the planned levels

Efficiency Requirements

The Foundation Trust commenced the year with a plan to deliver a surplus of £3.5m which represented 1.0% of turnover. Delivery of this target required the Foundation Trust to secure efficiencies of £14.5m mainly through the delivery of cost reduction programmes that deliver real cash releasing savings. The efficiency plans have been delivered through a cost improvement programme carried out across the Divisions/Departments. A number of corporately sponsored schemes have been commissioned to support the delivery of Divisional Cost Improvement Programmes (CIPs). By delivering a surplus of £1.8m the Foundation Trust has not 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 and increasing demand. For the forthcoming years the Trust will continue to link the delivery of efficiency gains with service improvement and transformation, by adopting the nationally devised Quality, Innovation, Productivity and Prevention (QIPP) Programme. Improving the quality of care by removing waste and inefficient processes will in turn lead to more effective patient experience.

Key Financial Risks

The Foundation Trust started 2014/15 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 2015/16 are similar to those experienced in 2014/15, namely the delivery of:

- Budgetary control targets and the efficiency targets against a backdrop of inflationary cost pressures, service developments, demand increases 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 transformation 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.

This is evidenced in the decision to develop the new hospital wing which will house modern ward facilities together with a new main entrance.

The Foundation Trust has also approved the investment in an Electronic Patient Record, which will transform the administration of clinical data which will allow significant improvements in patient care and safety, along with efficiency and productivity opportunities after its implementation.

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 programme which will secure improved value for money through recurrent productivity and efficiency benefits. The overall QIPP programme is divided into 6 key areas:

- Clinical & Process Support
- Patients & Quality
- People, Places & Procurement
- Going Digital
- SAFE!
- Urgent Care & Patient Flow

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 will improve the Foundation Trust's knowledge regarding the relative standing of services in relation to the income it receives through tariff. This will be 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 will provide 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 transformation and efficiency savings.

Cash and Statement of Financial Position

The cash position has decreased to £67.5m (2013/14 £68.4m) which is largely due to the increased capital programme in 2014/15.

Long Term Borrowing

The Foundation Trust secured a loan of £10m over 10 years from the Independent Trust Finance Facility (ITFF) (Formerly the Foundation Trust Financing Facility). The current amount outstanding is £4m and the final principal repayment is due in January 2019. This loan was used to fund the modular ward block at Bradford Royal Infirmary.

Further loans from the ITFF are being taken to finance the capital investment strategy. Firstly a loan of £20m repayable over 20 years will help finance the new hospital wing and secondly a loan of £16m repayable over 8 years will finance investment in the Electronic Patient Record.

The Foundation Trust has also 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 £258k. The final principal repayment will be made in September 2015.

The balances outstanding on each of these loans are shown below:

	31 Mar 15	31 Mar 14
Current		
Loans from ITFF – Ward Block 1	1,000	1,000
Loans from ITFF – New Hospital Wing	0	0
Salix Loans	145	358
	1,145	1,358
Non Current		
Loans from ITFF – Ward Block 1	3,000	4,000
Loans from ITFF – New Hospital Wing	2,300	0
Salix Loans	113	258
	5,413	4,258

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 £17.5m was made during the year. The main elements of the capital programme were as follows:

Scheme	£million
Information Technology Schemes	4.9
Medical Equipment	1.4
Buildings and Engineering Maintenance and Upgrade	1.7
New Building Schemes & Other Strategic Investments	9.5
Total	17.5

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 2015			
Group	Female	Male	Total
Directors	7	8	15
Senior Managers	215	161	376
Other Employees	4,181	1,088	5,269
Total	4,403	1,257	5,660

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

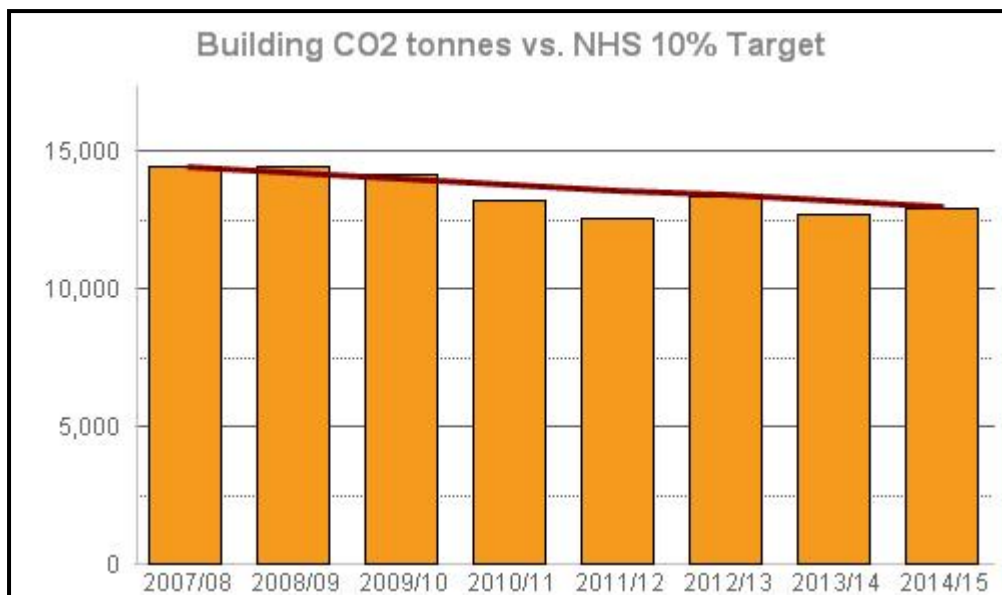
Sustainability means to be able to continue indefinitely. Sustainable development in the context of BTHFT is the principle of delivering patient care now in a way that does not compromise the ability to deliver care in the future. Being efficient and investing in smarter ways of delivering care is a way of protecting the Trust from escalating resource costs and the limits of finite fossil fuels. Sustainability is managed in each of the three key areas: economic sustainability; environmental sustainability and social sustainability.

A sustainable healthcare strategy has all the same objectives as the core business objectives of a foundation trust. Modern lifestyles resulting in conditions such as diabetes and obesity have a high financial impact on the NHS. At the same time government concerns at the level of emissions have led to stringent reduction targets in the years ahead. Therefore a sustainable healthcare strategy is perfectly aligned to the Trust's business strategy, being focused on better health, cost reduction, efficiencies in care pathways and prevention of avoidable activity.

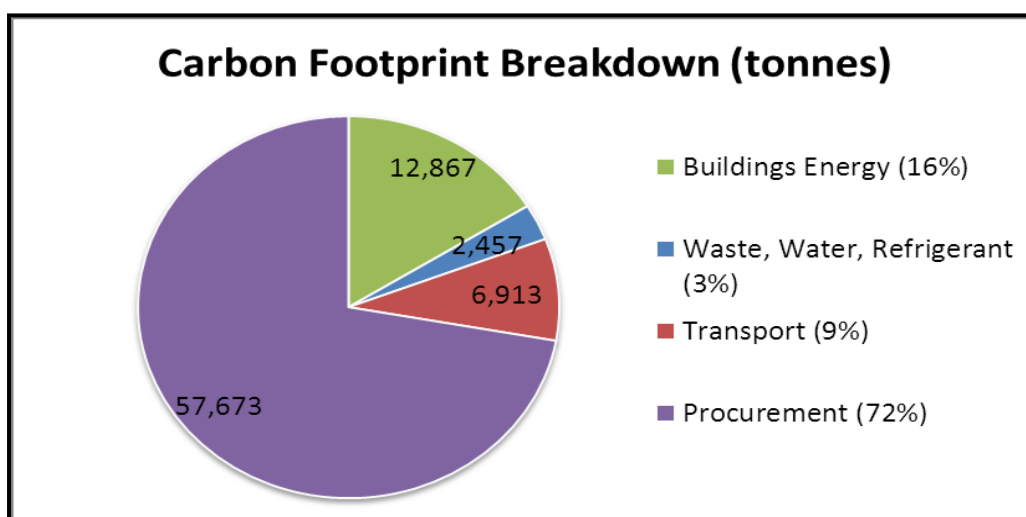
The Trust's approach to sustainability is exemplified in our corporate strategy where the vision statement for 'Our Organisation' states:

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

One of the most significant risks to the Foundation Trust is not meeting the legally binding 80% CO₂ reduction target by 2050 on 1990 levels. Working towards this target, the NHS implemented an interim target of 10% CO₂ reduction by 2014/15 on 2007/08 levels. We are pleased to be able to report that despite increasing patient activity and the expansion of Trust services BTHFT has managed to meet the 10% target illustrated in the graph below.



Sustainable Development for the Foundation Trust encompasses not only buildings energy but the procurement of goods and services, transport, water and waste.



At 72% of total CO₂ emissions the procurement of goods and services generates far more CO₂ emissions than buildings energy, the area traditionally in the spotlight. Procurement emissions and transport are included in the government's carbon reduction targets and BTHFT are one of the first Trusts to be taking action in these areas.

To address procurement sustainability the Sustainability Manager is working with the Procurement Department and an external consultancy to establish a set of sustainable procedures for the procurement process. Tender documents, business case templates and contract documents are being updated to include sustainability criteria and introducing concepts such as carbon life-cycle costing. Work to build a sustainable procurement model is being developed with the Renal Department that can be rolled out to other clinical areas. The work has involved mapping the care pathway and looking at how patients are diagnosed, interaction between GP's and clinicians at the major care centres, the sustainability of home care, drug use and other sustainable aspects of care.

A Green Transport Strategy is being developed using information from the recent Travel Survey and is looking at car sharing schemes, electric vehicles and other sustainable forms of transport.

Sustainable behavioural change is high on the Trust's agenda and TLC campaign has been gaining traction across the main sites. The TLC in *"Put patients first by giving the building a little TLC"* stands for:

- **Turn off** (non-essential equipment)
- **Lights out**
- **Close doors**

Research at Bart's Hospital found TLC also improved the patient experience with fewer disturbances to sleep, better privacy and improvements to thermal comfort. BTHFT is continuing to achieve re-accreditation to the Carbon Trust Standard which demonstrates BTHFT's commitment to achieving excellence in carbon reduction to all stakeholders. Having the standard was a key part of our outstanding Carbon Reduction Commitment performance.

The Trust is implementing a rolling programme of carbon reduction schemes such as low energy LED lighting, better heating and cooling controls and more efficient air conditioning such as the new chilled beam technology going into the £28m New Hospital Ward development. Carbon reduction is becoming a financial imperative under the Carbon Reduction Commitment legislation because the Trust is required to pay £16.40 per tonne CO₂ in 2014/15, up from £12 per tonne in 2013/14 giving it a liability for this year of approximately £212,000.

The biodiversity aspect of Sustainable Development is important to the Trust and for NHS Sustainability Day on the 26th March 2015 the Estates team helped by Project Search planted 60 native trees on the Temple Bank Car park site. The trees were donated by NHS Forest and are the first of many more trees to be planted on our sites. Tree planting benefits the environment by sequestering CO₂ into the tree trunk and branches and by acting as a filter to reduce local pollution. Patients and staff will also be able to benefit from the healing benefit of trees as spending time in woodland environments has been shown to reduce stress and aid recovery.

2.7 Charitable Fund

Purpose of Bradford Hospitals Charity

Bradford Hospitals Charity ("BHC"), charity registration number 1061753, is operated for the benefit of staff and patients in accordance with the objects of the charity. The name of the charity changed from 'Bradford Teaching Hospitals Charitable Fund' in August 2014, with no change being made to the objects of the charity.

Significant donations during the year

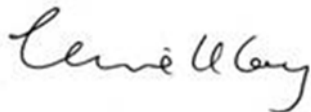
During 2014/15, BHC received a large number of very generous donations from many parts of the community, including £48,785 in general donations, £27,203 'in memory of loved ones' donations and £292,468 in legacies.

Key Benefits Accruing from Bradford Hospitals Charity for 2014/15

During the year, BHC purchased a large number of items of equipment and new fixtures and fittings to enhance the wards and departments within Bradford Teaching Hospitals NHS Foundation Trust.

These items included:

- a bladder scanner and trolley for the Cardiac department;
- a tecotherm neo machine for the Neo natal department;
- a retinoscope for the Eye department; and
- a dinamap machine for the ENT department.



Professor Clive Kay
Chief Executive

28 May 2015

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 regularly 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.

The Board of Directors considers the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

Composition of the Board of Directors

During the year the Board of Directors has comprised of the following members:

Chairman

Mr David Richardson (to 30 June 2014)
Professor Lord Patel of Bradford (from 1 July 2014)

Executive Directors

Mr Bryan Millar – Chief Executive (to 31 August 2014)
Professor Clive Kay – Medical Director / Deputy Chief Executive (to 31 August 2014), Interim Chief Executive (from 1 September 2014 to 10 December 2014), Chief Executive (from 11 December 2014)

Mrs Helen Barker – Chief Operating Officer
Ms Juliette Greenwood – Chief Nurse
Mr Matthew Horner – Director of Finance
Dr Robin Jeffrey – Interim Medical Director (from 1 September 2014)
Ms Pat Campbell, Director of Human Resources
Ms Cindy Fedell, Director of Informatics
Ms Donna Thompson, Interim Director of Governance and Corporate Affairs (from 11 September 2014 to 31 January 2015), Director of Governance and Corporate Affairs (from 1 February 2015)

Non-Executive Directors

Professor Grace Alderson
Dr Trevor Higgins
Dr Mohammed Iqbal (from 1 February 2015)
Mr David Munt
Mr Amjad Pervez (from 1 February 2015)
Mrs Pauline Vickers
Professor James Walker
Mr John Waterhouse (to 31 January 2015)

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 28 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 81) and the Annual Governance Statement (page 194).

The Board of Directors carried out a self- assessment against the requirements of Monitor's Quality Governance Framework in May 2014 and this was reviewed during the year by the Integrated Governance and Risk Committee. The reviews 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 2015/16.

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:

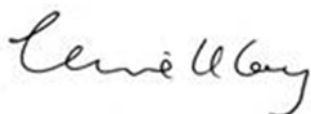
- Goal 1: To continue to conduct high quality applied research in our areas of strength and expand these to new areas of need
- Goal 2: To support and develop new and existing researchers across the Bradford research community
- Goal 3: To ensure our research will translate into benefits for society
- 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

Staff Sickness Disclosure

Staff sickness absence	2014/15 Number	2013/14 Number
Total Days Lost	57,602	63,743
Total Staff Years	4,985	7,957
Average working Days Lost	12	8

Source: HSCIC - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse. Please note these figures are based on the calendar year.



Professor Clive Kay
Chief Executive

28 May 2015

4. Remuneration Report

Annual Statement on Remuneration

The Chairman chairs the Remuneration Committee with all the Non-Executive Directors as members.

The Remuneration Committee agrees the appointments 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 and the award of any salary increases.

The major decision on senior managers' remuneration were made in respect of the Chief Executive's salary.

In respect of the Chief Executive's salary the Committee on the recommendation of the Chairman agreed to mirror the postholders existing salary which included a Clinical Excellence Award. This decision was taken on the basis that the postholder should not be financially penalised for taking up the Chief Executive role and that the Committee wanted to attract him to the post.

The Remuneration Committee also set the salary for the new permanent Medical Director during this period, although he did not commence in post until May. This will be reported in the next Annual Report.

Whilst interim Chief Executive and Medical Director posts were in place no changes were made or agreed by Remuneration Committee in respect of salaries for the postholders.

No other substantial changes were made to the senior managers' remuneration during the year.



Professor Lord Patel of Bradford OBE
Chairman

Senior Managers' Remuneration Policy

With the exception of two Executive Director positions who are on Agenda for Change Executive Directors are appointed on a three point salary scale. If an individual is not appointed on the maximum of that scale any salary increase is based in exceptional performance tied in with the Foundation Trust meeting its regulatory and corporate objectives. The awarding of any increase is based upon delivery of current year objectives. Pay progression where it applies is on the basis of a £5000 increment.

The principles for determining remuneration as outlined in the Policy are:

- The talent market should be taken into account alongside the individuals performance, experience and value to the Foundation Trust over the longer term.
- Market data, peer group data utilised from the AUKUH and FTN Annual Remuneration Survey.
- Affordability within the Foundation Trust's budgetary constraints, internal relativities, public perception and any public sector pay guidance that is in force at the time.
- There are no annual bonuses in place for Executive Directors.
- There are no other components to the Remuneration Policy.

Service Contracts Obligations

The Foundation Trust has no separate obligations contained in contracts of employment for senior managers which would lead to a compensation commitment if a contract was terminated early.

Policy on Payment for Loss of Office

Notice periods under Executive Director Contracts are 3 months.

Either party can waive the right to notice or accept payment in lieu of notice.

There is no separate policy for loss of office of Executive Directors, Trust policy would work within the principles contained in the HM Treasury Guidance on how to manage public funds in respect of 'special payments' and the Code of Governance for NHS Foundation Trusts.

Employment Conditions

A salary scale is agreed for each Executive Director post in line with the principles set out earlier. If an individual is not appointed on the maximum of the scale any salary increase will be on the basis of exceptional performance tied in with the Foundation Trust meeting its

regulatory and corporate objectives. The awarding of any increase is based upon delivery of current year objectives.

All other members of staff are on Agenda for Change terms or medical and dental terms.

All other terms and conditions relating to Executive Directors were aligned to Agenda for Change and in the case of the Medical Director, medical and dental terms and conditions.

Non- Executive Directors

Remuneration of Non-Executive Directors is determined by the Council of Governors. Non-Executive Directors receive a single fee and there are no additional fees payable for other duties and no other items that are considered to be remuneration in nature.

Annual Report on Remuneration

The Board has reviewed the definition of senior managers and in addition to the chairman, Non-Executive Directors and voting Executive Directors believes that this should now include three non-voting Executive Director posts that were previously not included. These posts are the Director of Governance and Corporate Affairs, the Director of Human Resources and Director of Informatics.

Attendance at meetings of the Remuneration Committee 2014/15

Members	28.05.14	30.10.14	27.11.14	26.02.15	Total
David Richardson	√	-	-	-	1 of 1
Kamlesh Patel	-	√	√	√	3 of 3
Grace Alderson	√	√	√	√	4 of 4
Trevor Higgins	√	√	√	√	4 of 4
Mohammed Iqbal	-	-	-	√	1 of 1
David Munt	√	√	√	√	4 of 4
Amjad Pervez	-	-	-	X	0 of 1
Pauline Vickers	√	√	X	√	3 of 4
James Walker	√	√	X	√	3 of 4
John Waterhouse	√	√	√	-	3 of 3
Bryan Millar (in attendance)	√	-	-	-	1 of 1
Clive Kay (in attendance)	-	√	√	√	3 of 3
Pat Campbell (in attendance)	√	√	√	√	4 of 4
√ = attended x = apologies sent					

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	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
2014/15						
Mr David Richardson (Chairman) ¹	10 – 15	-	-	-	-	10 - 15
Professor Lord Patel of Bradford (Chairman) ²	40 – 45	-	-	-	-	40 – 45
Mr Bryan Millar (Chief Executive) ³	75 – 80	-	-	-	-	75 – 80
Professor Clive Kay (Medical Director/Chief Executive) ⁴	100 – 105	-	-	145 – 150	30.0 - 32.5	280 – 285
Mrs Helen Barker (Chief Operating Officer)	115 – 120	-	-	-	15.0 - 17.5	135 – 140
Ms Juliette Greenwood (Chief Nurse)	115 – 120	-	-	-	15.0 - 17.5	135 – 140
Mr Matthew Horner (Director of Finance)	130 – 135	-	-	-	17.5 - 20.0	150 - 155
Dr Robin Jeffrey (Medical Director) ⁵	50 – 55	-	-	60 – 65	-	115 - 120
Ms Pat Campbell (Director of Human Resources)	90 – 95	-	-	-	12.5 – 15.0	105 – 110
Ms Cindy Fedell (Director of Informatics) ⁶	100 – 105	-	-	-	12.5 – 15.0	115 – 120
Ms Donna Thompson (Director of Governance and Corporate Affairs) ⁷	40 – 45	-	-	-	5.0 – 7.5	45 - 50
Professor Grace Alderson (Senior Independent Director)	10 – 15	-	-	-	-	10 – 15
Dr Trevor Higgins (Non-Executive Director)	15 – 20	-	-	-	-	15 – 20
Dr Mohammed Iqbal (Non-Executive Director) ⁸	0 – 5	-	-	-	-	0 – 5
Mr David Munt (Non-Executive Director)	15 – 20	-	-	-	-	15 – 20
Mr Amjad Pervez (Non-Executive Director) ⁹	0 – 5	-	-	-	-	0 – 5
Mrs Pauline Vickers (Non-Executive Director)	10 – 15	-	-	-	-	10 – 15
Professor James Walker (Non-Executive Director)	10 – 15	-	-	-	-	10 – 15
Mr John Waterhouse (Non-Executive Director) ¹⁰	10 – 15	-	-	-	-	10 - 15

1 Mr David Richardson, Chairman to 30 June 2014

2 Prof Lord Patel of Bradford, Chairman from 1 July 2014

3 Mr Bryan Millar, Chief Executive to 31 August 2014

4 Prof Clive Kay, Medical Director to 31 August 2014, Interim Chief Executive from 1 September 2014 to 10 December 2014, Chief Executive from 11 December 2014

5 Dr Robin Jeffrey, Medical Director from 1 September 2014

6 Ms Cindy Fedell, Director of Informatics received £8k non-taxable relocation expenses

7 Ms Donna Thompson, Interim Director of Governance and Corporate Affairs from 10 September 2014 to 31 January 2015, Director of Governance and Corporate Affairs from 1 February 2015

8 Dr Mohammed Iqbal, Non-Executive Director from 1 February 2015

9 Mr Amjad Pervez, Non-Executive Director from 1 February 2015

10 Mr John Waterhouse, Non-Executive Director from 1 February 2015

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
Ms Pat Campbell (Director of Human Resources)	85 - 90	-	-	-	10.0 - 12.5	100 - 105
Ms Cindy Fedell (Director of Informatics) ⁷	50 - 55	-	-	-	5.0 - 7.5	60 - 65
Professor Grace Alderson (Non-Executive Director)	10 - 15	-	-	-	-	10 - 15
Mr Richard Bell (Non-Executive Director) ⁸	5 - 10	-	-	-	-	5 - 10
Dr Trevor Higgins (Non-Executive Director)	10 - 15	-	-	-	-	10 - 15
Mr Chris Jelley (Senior Independent Director) ⁹	5 - 10	-	-	-	-	5 - 10
Mr David Munt (Non-Executive Director) ¹⁰	5 - 10	-	-	-	-	5 - 10
Mrs Pauline Vickers (Non-Executive Director) ¹¹	5 - 10	-	-	-	-	5 - 10
Professor James Walker (Non-Executive Director) ¹²	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 Ms Cindy Fedell, Director of Informatics from 16 September 2013

⁸ Mr Richard Bell, Non-Executive Director, to 31 October 2013

⁹ Mr Chris Jelley, Non-Executive Director, to 31 October 2013

¹⁰ Mr David Munt, Non-Executive Director, from 1 November 2013

¹¹ Mrs Pauline Vickers, Non-Executive Director from 1 November 2013

¹² Professor James Walker, Non-Executive Director, from 1 April 2013

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	Total accrued pension at age 60 at 31 March 2015	Value of automatic lump sums at 31 March 2015	Real increase in pension during the year	Real increase in automatic lump sum during the year	CETV* at 31 March 2015	CETV* at 31 March 2014	Real increase / (decrease) in CETV* during the year
2014/15	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £2,500) £000s	(Bands of £1,000) £000s	(Bands of £1,000) £000s	(Bands of £1,000) £000s
Professor Clive Kay (Chief Executive) ¹	67.5 – 70.0	202.5 – 205.0	2.5 – 5.0	7.5 – 10.0	1,263 – 1,264	1,170 – 1,171	92 - 93
Ms Helen Barker (Chief Operating Officer)	42.5 – 45.0	130.0 – 132.5	7.5 – 10.0	27.5 – 30.0	745 – 746	566 – 567	178 – 179
Ms Juliette Greenwood (Chief Nurse ¹)	47.5 – 50.0	147.5 – 150.0	0.0 – 2.5	5.0 – 7.5	925 – 930	871 – 872	58 – 59
Mr Matthew Horner (Director of Finance)	37.5 – 40.0	112.5 – 115.0	0.0 – 2.5	2.5 – 5.0	575 – 576	541 – 542	33 – 34
Ms Patricia Campbell (Director of Human Resources)	32.5 – 35.0	97.5 – 100.0	0.0 – 2.5	5.0 – 7.5	586 – 587	537 – 538	49 – 50
Ms Cindy Fedell (Director of Informatics)	0.0 – 2.5	0.0	0.0 – 2.5	0.0	26 – 27	9 – 10	17 – 18
Ms Donna Thompson (Director of Governance and Corporate Affairs) ²	32.5 – 35.0	97.5 – 100.0	0.0 – 2.5	5.0 – 7.5	650 – 651	567 – 568	46 – 47

* 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.

Dr Robin Jeffrey, Medical Director, is not a member of the NHS Pension Scheme

¹ Prof Clive Kay, Medical Director to 31 August 2014, Interim Chief Executive from 1 September 2014 to 10 December 2014, Chief Executive from 11 December 2014

² Ms Donna Thompson, Interim Director of Governance and Corporate Affairs from 10 September 2014 to 31 January 2015, Director of Governance and Corporate Affairs from 1 February 2015

Expenses Claimed by Directors

The total number of directors holding office during 2014/15 was nineteen.

During 2014/15 fifteen (2013/14 ten) directors were paid a total of £17,436 (2013/14 £7,616)

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".

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

No. of existing arrangements as of 31 March 2015	10
Of which...	
No. that have existed for less than one year at the time of reporting	8
No. that have existed for between one and two years at the time of reporting	1
No. that have existed for between two and three years at the time of reporting	
No. that have existed for between three and four years at the time of reporting	1
No. that have existed for four or more years at the time of reporting	

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, 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 2014 and 31 March 2015	8
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	8
No. for whom assurance has been requested	4
Of which...	
No. for whom assurance has been received	4
No. for whom assurance has not been received	
No. that have been terminated as a result of assurance not being received.	

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

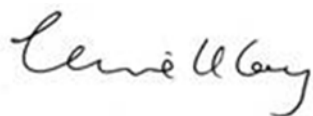
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility during the financial year. This figure includes both off-payroll and on-payroll arrangements.	19

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.

The banded remuneration of the highest paid director in the financial year 2014/15 was £245k-£250k (2013/14, £245k- £250k). This was 9.6 times (2014/15 9.6 times) the median remuneration of the workforce, which was £25,783 (2013/14 £25,783). In 2014/15 Nil (2013/14 Nil) employees received remuneration in excess of the highest paid director.

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 2015. 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 affect the calculation of the median.



Professor Clive Kay
Chief Executive

5. NHS Foundation Trust Code of Governance Disclosures

Council of Governors

The Council of Governors hold 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, auditors 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.
- Approve amendments to the Trust's constitution

The Council of Governors met formally five times in 2014/15:

- 18 June 2014
- 20 August 2014
- 17 September 2014
- 10 December 2014
- 12 February 2015

Engagement between the Council of Governors and Board of Directors formally occurred during May 2014 in line with the established schedule. The development session covered the Foundation Trust's new two-year Operational Plan and five-year Strategic Plan.

Following the appointment of the Chairman, Professor Lord Patel of Bradford OBE, in July 2014 all Governors participated in one-to-one meetings as a pre-cursor to the delivery of the 'Governors Development Day' in October 2014. The outcomes from those one-to-one meetings informed the focus of the Governors Development Day with a bespoke programme developed and then facilitated by the Foundation Trust Network's Governwell training and development team.

The development day involved a thorough review of the delivery of Governor roles and responsibilities – this included focus on their business agenda and the Council of Governors meetings; improving and increasing Governors' role in stakeholder engagement and, increased engagement and dialogue with the Non-Executive members of the Board of Directors. The significant key outcomes from the Governors development day, confirmed at their meeting on 10 December were; changes to the standard agenda of the Council of Governors meetings with key reports to be received from Non-Executive Directors; the establishment of four 'Essential Governor Work Streams' associated with the delivery of Governor's statutory duties and responsibilities and; the establishment of 'Additional Governor Work Streams' based on areas of most importance identified by members and the public between June and August 2014 as part of a consultation / survey undertaken in relation to the Trusts two-year Operational Plan.

Essential work streams	Additional work streams
Stakeholder Engagement	Long Term Conditions
Nominations and Remuneration	Service Developments
Audit Appointment and Reappointment	Workforce
Constitution and Policy Review	Technology and Innovation

The first of the new style Council of Governor meetings took place on 12 February 2015. During the last quarter of the year the work streams have with the support of the Chairman and the Trust focussed on developing their operating structures, work plans and, identifying the support and resource required for the effective delivery of their objectives moving forward.

A new 'Governors Issues Log' has been implemented for Governors to directly share feedback, comments and questions with the Board of Directors. It is expected that over time themes and issues will emerge that will influence the development and focus of the work streams and, focus engagement with the Board of Directors. Membership communications are under review and will be linked with the emerging actions and objectives from the new Governor workstreams.

Although the work streams involve small groups of Governors it is recognised that those involved act as representatives for the full Council of Governors and they provide reports back to the formal Council of Governor meetings on activities undertaken along with any recommendations for action, discussion and agreement. Membership of the work streams has been determined primarily in relation to the interests, skills and knowledge Governors hold.

Formal and informal training and development opportunities have continued to be made available to the Council of Governors with needs and requirements assessed throughout the year.

Four new Governors joined the Council in year and all have taken part in the Trust's internal induction programme as well as participated in individual welcome meetings with the Chairman, Trust Secretary and Corporate Governance Manager.

With regard to their statutory roles and responsibilities Governors have during 2014/15:

- Appointed Professor Lord Patel of Bradford, OBE as Chairman.
- Appointed Dr Mohammed Iqbal and Mr Amjad Pervez as Non-Executive Directors

- Approved the appointment of Professor Clive Kay as Chief Executive
- Considered and commented on the Foundation Trust's forward planning and worked closely with the Trust on the delivery of related membership engagement activities.
- Considered and accepted the Annual Performance Review report on the Non-Executive Directors.
- Approved the appointment of Professor Grace Alderson, Non-Executive Director as the new Senior Independent Director.
- Reappointed the Trust's external auditor, KPMG.
- Selected the local performance indicator, the Dementia Screening CQUIN, for audit - in line with Monitor's requirement.
- Received the Annual Accounts, Auditors Report and Annual Report.
- Considered and approved the agenda for the Annual Members Meeting.

Governors have supported the Trust in maintaining membership levels and have sought to engage meaningfully with members and the public on matters of strategic importance. In June 2014 the Council of Governors with the support of the Foundation Trust launched a consultation and survey with members and the public to seek feedback in relation to the Trust's forward planning. The related engagement programme ran from June until the end of August 2014. The outcomes from the consultation/survey were presented to members and the public as an additional event following on from the Annual Members Meeting in September 2014. As part of this activity the Governors were involved in the development of an easy read version on the Trust's Two year Operational Plan.

The Annual Members Meeting (AMM) took place in September 2014 however attendance was disappointingly low. Governors will, in conjunction with the Trust, be seeking to improve attendance and engagement going forward.

The Governors and the Trust are in the process of reviewing and developing all associated communications with a view to increased stakeholder engagement and development taking account of the needs of our diverse communities alongside the best use of the available resource.

The composition of the Council of Governors from 1 April 2014 to 31 March 2015 is set out below:

Public Governors	
Bradford East	Mr David Robertshaw
Bradford East	Mr Mohammad Yaqoob
Bradford South	Mr Mike Turner (Lead Governor)
Bradford South	Mrs Maureen Sharpe (up to 30/09/14)
Bradford South	Mrs Hilary Meeghan (from 01/12/14)
Bradford West	Mrs Jean Pitts (from 18/07/14)
Bradford West	Ms Judy Wall (up to 19/11/14)
Bradford West	Mr Abdul Ismail (up to 17/07/14) (from 10/12/14*)
Keighley	Mr Philip Turner (up to 31/05/14)
Keighley	Ms Marion Olonade-Taiwo
Keighley	Mr Paul Kitching (from 01/12/14)
Shipley	Mrs Susan Hillas
Shipley	Mr Phillip Moncaster
Patient Governors	
(Out of Bradford) Patients	Mr Philip Hodgson
(Out of Bradford) Patients	Ms Hardev Sohal
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	Ms Ruth Wood

Partner Governors	
Bradford Metropolitan District Council	Cllr Naveeda Ikram
Bradford University	Professor Marina Bloj
Leeds University	Dr Andrew Clegg

**In accordance with the Constitution and following the resignation of Ms Judy Wall; Mr Abdul Ismail, as the next highest polling candidate in the most recent election, was invited to continue in the Governor seat for the remainder of the term.*

Elections to the Council of Governors

Partners Governors are nominated by the body that they represent. All other Governors are elected. The first election process of 2014/15 for two governor vacancies opened on Thursday 24 April in the following membership constituencies.

- Public Governor Bradford South (1 governor vacancy)
- Public Governor Bradford West (1 governor vacancy)

The deadline for receipt of nominations was noon on 23 May 2014. One nomination was received for Bradford South and subsequently withdrawn. Three nominations were received for Bradford West and an election was held. Voting opened on 17 June 2014 and closed on 10 July 2014. Mrs Jean Pitts was duly elected as Governor for Bradford West and commenced her term on 18 July 2014.

The second election process of 2014/15 for two governor vacancies opened on Monday 15 September in the following membership constituencies.

- Public Governor Bradford South (1 governor vacancy)
- Public Governor Keighley (1 governor vacancy)

The deadline for receipt of nominations was noon on 13 October 2014. The Keighley constituency received one nomination. Mr Paul Kitching was duly elected uncontested as Governor for Keighley and commenced his term on 1 December 2014. Four nominations were received for Bradford South and an election was held. Voting opened on 4 November 2014 and closed on 27 November. Mrs Hilary Meeghan was duly elected as Governor for Bradford South and commenced her term on 1 December 2014.

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 2014/15 was 22. The number of Governors receiving expenses in the reporting period was 5 (the number in 2013/14 was 9). The aggregate sum of expenses paid to governors in the reporting period was £367 (2013/14 £790).

Attendance at Meetings of the Council of Governors in 2014/15

Name	Status	Representing	18.6.14	20.8.14	17.9.14(AMM)	10.12.14	12.2.15	Total
Mr David Richardson	Chairman	-	✓					1 of 1
Professor Lord Patel of Bradford	Chairman	-		✓	✓	✓	✓	4 of 4
Professor Marina Bloj	Partner Governor	Bradford University	✓	✓	X	✓	✓	4 of 5
Dr Andrew Clegg	Partner Governor	Leeds University	✓	✓	X	✓	✓	4 of 5
Mrs Alison Haigh	Staff Governor	Allied Health Professionals & Scientists	✓	✓	X	✓	✓	4 of 5
Mrs Susan Hillas	Public Governor	Shipley	X	✓	✓	✓	✓	4 of 5
Mr Philip Hodgson	Patient Governor	Out of Bradford	✓	X	✓	✓	X	3 of 5
Ms Naveeda Ikram	Partner Governor	Bradford Metropolitan District Council	✓	✓	X	✓	X	3 of 5
Mr Abdul Hamid Ismail	Public Governor	Bradford West	✓				✓	2 of 2
Mr Paul Kitching	Public Governor	Keighley				✓	✓	2 of 2
Mr Simon Kirk	Staff Governor	Nursing and Midwifery	✓	✓	✓	✓	✓	5 of 5
Ms Hilary Meeghan	Public Governor	Bradford West				✓	✓	2 of 2
Mr Philip Moncaster	Public Governor	Shipley	X	X	X	X	X	0 of 5
Ms Marian Olonade-Taiwo	Public Governor	Keighley	✓	✓	X	✓	✓	4 of 5
Ms Jean Pitts	Public Governor	Bradford West		✓	✓	✓	✓	4 of 4
Mr David Robertshaw	Public Governor	Bradford East	✓	✓	✓	✓	✓	5 of 5
Mrs Maureen Sharpe	Public Governor	Bradford South	✓	✓	✓			3 of 3
Ms Hardev Sohal	Patient Governor	(Out of Bradford) Patients	✓	✓	X	X	✓	3 of 5
Mr Mark Steward	Staff Governor	Medical and Dental	✓	X	✓	✓	✓	4 of 5
Mr Mike Turner	Public Governor	Bradford South	✓	✓	✓	✓	✓	5 of 5
Ms Judy Wall	Public Governor	Bradford West	x	✓	✓			2 of 3
Ms Ruth Wood	Staff Governor	All Other Staff Groups	✓	✓	✓	✓	X	4 of 5
Mr Mohammad Yaqoob	Public Governor	Bradford East	✓	✓	✓	✓	✓	5 of 5
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 2014/15. 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	1 July 2005 to 30 June 2014
Professor Lord Patel of Bradford Chairman	1 July 2014 to 30 June 2017
Mr Bryan Millar Chief Executive	1 November 2011 to March 2013 April 2013 to 31 August 2014
Professor Clive Kay Medical Director Interim Chief Executive Chief Executive	1 November 2006 to 31 August 2014 1 September 2014 to 10 December 2014 11 December 2014
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
Dr Robin Jeffrey Interim Medical Director	1 September 2014
Ms Pat Campbell Director of Human Resources	1 December 2008
Mr Cindy Fedell Director of Informatics	13 September 2013
Ms Donna Thompson Interim Director of Governance and Corporate Affairs Director of Governance and Corporate Affairs	11 September 2014 to 31 January 2015 1 February 2015
Professor Grace Alderson Non-Executive Director, (Senior Independent Director from November 2013).	1 December 2009 to 30 November 2015
Dr Trevor Higgins Non-Executive Director	21 May 2012 to 20 May 2018
Dr Mohammed Iqbal Non-Executive Director	1 February 2015 to 31 January 2018
Mr David Munt Non-Executive Director, Chair of Audit Committee	1 November 2013 to 31 October 2016
Mr Amjad Pervez Non-Executive Director	1 February 2015 to 31 January 2018
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

Professor Lord Patel of Bradford, OBE

Lord Patel is a social worker by background and moved into academia establishing the Centre for Ethnicity and Health at the University of Central Lancashire and specialising in research connected to the reduction of health inequalities.

Alongside this work he has held a number of public appointments including Chairman of the Mental Health Act Commission, National Strategic Director with the Department of Health (Race Equality and Mental Health), a non-executive director of a number of public bodies in the areas of substance misuse, mental health and social work, including the Care Quality Commission.

He entered the House of Lords in 2006 as an independent peer and was later appointed as a Minister in the Governments Whip's Office in the House of Lords.

Professor Clive Kay, Medical Director (to 31 August 2014), Interim Chief Executive (from 1 September 2014 to 10 December 2014), Chief Executive (from 11 December 2014)

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.

Clive was appointed Interim Chief Executive from 1 September 2014 and substantive Chief Executive from 11 December 2014.

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 Helen Barker, Chief Operating Officer

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 has completed the 'Leading Transformational Change across Yorkshire and the Humber development programme'.

Ms Juliette Greenwood, Chief Nurse

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.

Dr Robin Jeffrey, Interim Medical Director (from September 2014)

Robin was appointed to the position of Interim Medical Director in September 2014. Prior to this he was Deputy Medical Director for Clinical Governance. He has been a Consultant in Nephrology and General Medicine in Bradford since 1994.

He is a member of the Council of the Royal College of Physicians of Edinburgh and Honorary Senior Lecturer at Leeds University.

Ms Pat Campbell

Pat is a Chartered Fellow of the CIPD [Chartered Institute of Personnel and Development] and has worked in the NHS since 1986 primarily in HR roles. She has held the position of Director of HR at the Trust since December 2008 having held previous posts of Personnel Manager and Deputy Director of HR.

Ms Cindy Fedell

Cindy Fedell joined the Foundation Trust in September 2013 as the Director of Informatics, a new role to the Trust. In addition to this role, Cindy has been working with NHS Providers to establish a Directors of Informatics forum and with the University of Bradford to develop an informatics programme.

Cindy previously worked in Canada where she was at Mount Sinai Hospital in Toronto, an academic tertiary hospital in the top 3.5% of clinical automation, and was a member of the Information and Communication Technology Council of Canada's eHealth group. Cindy holds Chief Information Officer and Advanced Leadership certificates from the College of Healthcare Information Management Executives and the University of Toronto respectively, as well as degrees from Ryerson University and Lakehead University in Canada. In addition to her roles in acute care, Cindy worked in the private sector for several years as an Informatics Management Consultant advising hospitals on systems design and implementation.

Ms Donna Thompson

Donna initially trained and practiced as a nuclear medicine technologist and undertook a variety of roles working in clinical and radiation physics. She studied health and social care management and obtained a Masters degree from Leeds University. Donna has worked in both senior operational and corporate management roles and was appointed to her current role in February 2015.

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 lay-member of the Lord Chancellor's Advisory Committee for West Yorkshire and a Governor for Dixon's City Academy. Grace is also a member of the Governing Council of Dixon's Academies Charitable Trust, and chairs their Audit committee. Grace has just completed a four year term as a lay member of the General Dental Council. 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.

Dr Trevor Higgins, Non-Executive Director

Trevor 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 Bradford Breakthrough, Board member of the Airedale Partnership and a Lay Member of the University of Bradford Council.

Dr Mohammed Iqbal, Non-Executive Director (From February 2015)

Mohammed has considerable personal experience of local, regional and national health issues, having worked in the pharmaceutical/healthcare sector for the last 30 years. He currently works for Novartis as a Healthcare Development Manager operating across West Yorkshire.

He is recently served as a Lay Member on the Governing Body of the Bradford City Clinical Commissioning Group (a role from which he will stepped down from following this appointment). He has also previously served as a Non-Executive Director of Bradford Health Authority.

He is very passionate about Bradford is the Founder of "Bradford Matters"- a new Lobbying Group, he is President of Ahmadiyya Muslim Community in Bradford and a host with Sunrise Radio with a weekly programme focused on Bradford and its development.

Mr David Munt, Non-Executive Director

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.

Mr Amjad Pervez, Non-Executive Director (from February 2015)

Amjad founded Seafresh/Adams in Bradford over 30 years ago and it is now one of the largest groups of independent specialist catering food service and cash and carry group in the UK. Alongside building this successful business he has committed a lot of time to education and enterprise in Bradford and the wider West Yorkshire region including establishing Asian Trade Link Yorkshire Limited in 1999 which he chaired until last year.

Until recently he was also a Board member of the Leeds City Region Enterprise Partnership. Amjad is currently a Board member with Bradford Matters, Bradford Breakthrough and The Yorkshire Asian Business Association. He is Chair of the Rainbow Trust through which two new free schools have been opened since 2012.

Mrs Pauline Vickers, Non-Executive Director

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.

Professor James Walker

Professor James Walker is the Professor and Head of Department of Obstetrics and Gynaecology in the University of Leeds since 1984. 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-eclampsia and is the President of the Baby Lifeline training company.

Former Directors

(Directors who resigned or whose term of office ended during the year)

Mr David Richardson, Chairman (to 30 June 2014)

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 he was appointed at the Foundation Trust. The work undertaken in these posts did not interfere with the Chairman's commitments at the Foundation Trust and their overlap with health partners, and many major businesses and city institutions, strengthened his effectiveness in the role as Chairman.

Mr Bryan Millar, Chief Executive (to 31 August 2014)

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.

Bryan was 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).

Mr John Waterhouse, Non-Executive Director (to 31 January 2015)

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.

Attendance at Meetings of the Board of Directors 2014/15

Board Members	30.4.14	28.5.14	30.7.14	24.9.14	30.10.14	27.11.14	29.1.15	26.2.15	26.3.15	TOTAL
David Richardson	✓	✓								2 of 2
Kamlesh Patel			✓	✓	✓	✓	✓	✓	✓	7 of 7
Bryan Millar	✓	✓	✓							3 of 3
Clive Kay	✓	✓	x	✓	✓	✓	✓	✓	✓	8 of 9
Helen Barker	✓	✓	✓	✓	✓	x	✓	✓	✓	8 of 9
Juliette Greenwood	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 of 9
Matthew Horner	✓	✓	✓	x	✓	✓	✓	✓	✓	8 of 9

Board Members	30.4.14	28.5.14	30.7.14	24.9.14	30.10.14	27.11.14	29.1.15	26.2.15	26.3.15	TOTAL
Robin Jeffrey				✓	x	✓	✓	✓	✓	5 of 6
Pat Campbell	✓	✓	✓	x	✓	✓	✓	✓	✓	8 of 9
Cindy Fedell	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 of 9
Donna Thompson				✓	✓	✓	✓	✓	✓	6 of 6
Grace Alderson	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 of 9
Trevor Higgins	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 of 9
Mohammed Iqbal								✓	✓	2 of 2
David Munt	✓	✓	✓	✓	✓	✓	✓	✓	✓	9 of 9
Amjad Pervez								✓	x	1 of 2
Pauline Vickers	✓	✓	✓	✓	✓	x	✓	✓	✓	8 of 9
James Walker	✓	✓	✓	x	✓	x	✓	✓	x	6 of 9
John Waterhouse	x	✓	✓	✓	✓	✓	✓			6 of 7
Denotes period when not a member of the Board										
✓ = Attended x = Apologies sent										

Meetings of the Board of Directors are also attended by 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;
- Approval of the audit plan produced by the Foundation Trust's external auditor, KPMG together with progress reports.
- Review of the effectiveness of the external auditor. The Committee considered a checklist covering the robustness of the audit, the quality of delivery and the quality of people and service. Based on this review a recommendation was made to the Council of Governors for the reappointment of the auditor for the 2014/15 audit;
- Review of the Foundation Trust's annual financial statements and recommendation for their adoption to the Board of Directors. Significant issues considered were:
 - Revaluation of Land and Buildings
During the year a full revaluation of land and buildings had been carried out by the District Valuer. This had been identified by the external auditor as a significant audit risk due to the materiality in value and judgement involved. The work carried out by the external auditor had not identified any matters of concern.
 - Provisions for future liabilities
The external auditor had reviewed the assumptions and judgements underpinning the provisions that had been made and was satisfied that the Trust had overall made a balanced judgement which closer to a cautious approach than an optimistic approach

- Going Concern Status
The Committee discussed going concern status and agreed that it was appropriate to make the recommendation that the financial statements should be prepared on a going concern basis.

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:

- David Munt - Chair
- Grace Alderson
- Trevor Higgins
- John Waterhouse (to January 2015)

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

Attendance at Meetings of the Audit and Assurance Committee 2014/15

MEMBERS	20.5.14	29.7.14	23.9.14	25.11.14	27.1.15	24.3.15	TOTAL
David Munt	✓	✓	✓	✓	✓	✓	6 of 6
Grace Alderson	✓	✓	✓	✓	✓	✓	6 of 6
Trevor Higgins	x	✓	✓	✓	x	✓	4 of 6
John Waterhouse	x	✓	✓	x	✓		3 of 5
Denotes period when not a member of the Committee							
✓ = Attended x = Apologies sent							

Audit and Assurance Committee meetings are also attended by Matthew Horner, Director of Finance, Michael Quinlan, Assistant Director of Finance and Chris Allcock, Trust Secretary. The Chief Executive attends at least one meeting per year. Representatives of both internal and external audit also 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 on a recommendation made by the Audit Committee.

The fee for the year is shown below:

Fee (excluding VAT)	2014/15 £000
Audit Services – Statutory Audit	58.3
Other Services	-
Total	58.3

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. There have been no such engagements during 2014/15.

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 2014/15

Member	30.4.14	28.5.14	25.6.14	30.7.14	27.8.14	24.9.14	16.10.14	13.11.14	18.12.14	15.1.15	12.2.15	12.3.15	Total
James Walker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Grace Alderson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
John Waterhouse	x	✓	✓	✓	✓	✓	✓	✓	✓	✓			9 of 10
Bryan Millar	✓	✓	x	✓	✓								4 of 5
Clive Kay	✓	✓	x	x	✓	✓	✓	✓	✓	✓	x	✓	9 of 12
Helen Barker	✓	✓	✓	✓	x	✓	✓	x	✓	✓	✓	x	9 of 12
Juliette Greenwood	✓	✓	✓	✓	x	✓	✓	x	✓	✓	✓	✓	10 of 12
Robin Jeffrey						✓	✓	x	✓	✓	x	✓	4 of 6
Pat Campbell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Cindy Fedell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	11 of 12
Donna Thompson						✓	✓	✓	✓	✓	x	✓	6 of 7
Denotes period when not a member of the Committee													
✓ = Attended x = Apologies sent													

Committee meetings are also attended by 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 2014/15

Member	30.4.14	28.5.14	25.6.14	30.7.14	27.8.14	24.9.15	30.10.14	27.11.14	18.12.14	29.1.15	26.2.15	26.3.15	Total
Trevor Higgins	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Pauline Vickers	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	11 of 12
James Walker	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	X	9 of 12
Bryan Millar	✓	✓	X	✓	✓								4 of 5
Clive Kay	✓	✓	X	X	✓	✓	✓	✓	✓	X	✓	X	8 of 12
Helen Barker	✓	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓	10 of 12
Juliette Greenwood	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	11 of 12
Matthew Horner	✓	✓	X	✓	✓	X	✓	✓	✓	✓	✓	✓	10 of 12
Robin Jeffrey						✓	X	✓	✓	✓	✓	✓	6 of 7
Pat Campbell	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	11 of 12
Cindy Fedell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Donna Thompson						✓	✓	x	✓	x	✓	X	4 of 7
<i>Denotes period when not a member of the Committee</i>													
✓ = Attended X = Apologies sent													

Committee meetings are also attended by 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 2014/15

MEMBERS	25.6.14	27.8.14	18.12.14	26.3.15 (cancelled)	TOTAL
David Richardson	✓				1 of 1
Kamlesh Patel		✓	✓	-	2 of 2
Bryan Millar	✓	✓			2 of 2
Clive Kay	X	✓	✓	-	2 of 3
Juliette Greenwood	✓	X	✓	-	2 of 3
Matthew Horner	X	✓	✓	-	2 of 3
Trevor Higgins	X	✓	✓	-	2 of 3
David Munt	✓	✓	✓	-	3 of 3

MEMBERS	25.6.14	27.8.14	18.12.14	26.3.15 (cancelled)	TOTAL
Abdulhamid Ismail	✓				1 of 1
David Robertshaw	X	✓			1 of 2
<i>Denotes period when not a member of the Committee</i>					
✓ = Attended X = Apologies sent					

Committee meetings are also attended by Michael Quinlan, Assistant Director of Finance, and Hayley Collis, Charity Fundraiser.

Foundation Trust Membership

Membership Constituencies

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 49,390. 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	9,122	24.3	115,416	21.7
Bradford South	8,878	23.6	103,243	19.4
Bradford West	9,186	24.5	118,007	22.2
Keighley	3,115	8.3	98,321	18.5
Shipley	7,005	18.6	96,345	18.1
Total Public Membership	37,306		531,332	

Total Patient Members	6,634
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Staff Membership Constituency breakdown	FT members	Total eligible staff population	Membership as % of total eligible staff population
Allied Health Professionals and Scientists	596	621	96%
Nursing and Midwifery	1,722	1,776	97%
Medical and Dental	659	687	96%
All Other Staff Groups	2,473	2,577	97%
Total Staff	5,450	5,661	97%

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 set the targets and objectives for membership recruitment. In 2012 the Foundation Trust committed to membership level of at least 40,000. This is the final year for which this strategy applies. The Board of Directors, in conjunction with the Council of Governors will develop a new membership engagement strategy for 2015/16 onwards.

The current 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 continuing to work to develop its use of electronic and digital technologies as well as ensuring that the diverse groups within the membership receive appropriate and accessible communications.

Membership Recruitment, Engagement and Development 2014/15

At the beginning of April 2014 total overall membership stood at 49,939 and this equated to approximately 11% of the eligible local population which is 1% above the baseline set within the current strategy. During the year, membership has declined overall by 549 members which equates to a 1% churn rate. This compares favourably with the churn rate experienced in the previous year of 2%. 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 continues to be monitored 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 was under review during the year. Much of the activity focussed on engagement over a period of three months to support a Governor-led key consultation on the Trust's two-year Operational Plan. This involved;

- Production, publication and dissemination of 'Our Foundation Trust's new Operation Plan'
- Launch of on-line Survey available to members, the public and staff (approximately 300 people accessed the document and 135 people completed the survey)
- Key Membership Meeting held 2 June with presentations and input from the Vice-Chair of Governors and, the Trusts Director of Finance and Chief Operating Officer (approximately 70 people attended)
- On-site information stands placed at St Luke's Hospital and Bradford Royal Infirmary with Governors in attendance to increase awareness of the Trust's Operational Plans and to establish what areas were most important to staff, members, patients. Approximately 700 copies of the document distributed.
- Feature articles in FOCUS on the operational plan as well as an additional special feature on transforming services and the work underway in relation to QIPP (Quality, Innovation, Productivity and Prevention)
- External press coverage received from the local newspaper.
- Special presentation delivered by the Vice-Chair of the Council of Governors highlighting the results in September 2014.

The outcomes from the survey and discussions held with members and the public have informed the development of the Governors work stream programme and will inform Governors engagement with stakeholders going forward.

Members have also been involved in 'patient and public engagement' activities across the Trust including PLACE (patient-led assessments of the care environment).

FOCUS, the membership magazine, included 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. Going forward, the Trust, along with the Governors, are reviewing all communications with members to ensure the best use of the resources available and to support increased engagement and involvement of members and the public.

An increased number of members put themselves forward to stand for election in relation to the governor vacancies.

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, the membership magazine and, the agendas for council of governor meetings and via the Foundation Trust's dedicated membership website pages.

Statement on Compliance with the Code of Governance

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

A review of compliance with the Code of Governance was carried out by the Integrated Governance and Risk Committee in May 2015 and reported to the Board of Directors in May 2015.

This review concluded that the Foundation Trust did not currently comply with:

Provision B.1.2: At least half the Board of Directors, excluding the chairperson, should comprise non-executive directors determined by the Board to be independent.

During the year this provision was not met however arrangements are in place to make additional appointments early in 2015/16 which will result in compliance with this provision.

Provisions B.2.1 and B.2.3: Nominations committee(s)

The Foundation Trust's Constitution does not currently provide for such a committee(s) but describes alternative arrangements for the appointment of Executive and Non-Executive Directors. These arrangements have previously been considered to mirror the functions that a nominations committee(s) would carry out, however it has been decided that the Constitution will be amended during 2015/16 and such Committees would subsequently be established.

6. *Quality Report*

Bradford Teaching Hospitals



NHS Foundation Trust

Quality Report 2014/2015

Contents

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Part 1: Statement on quality

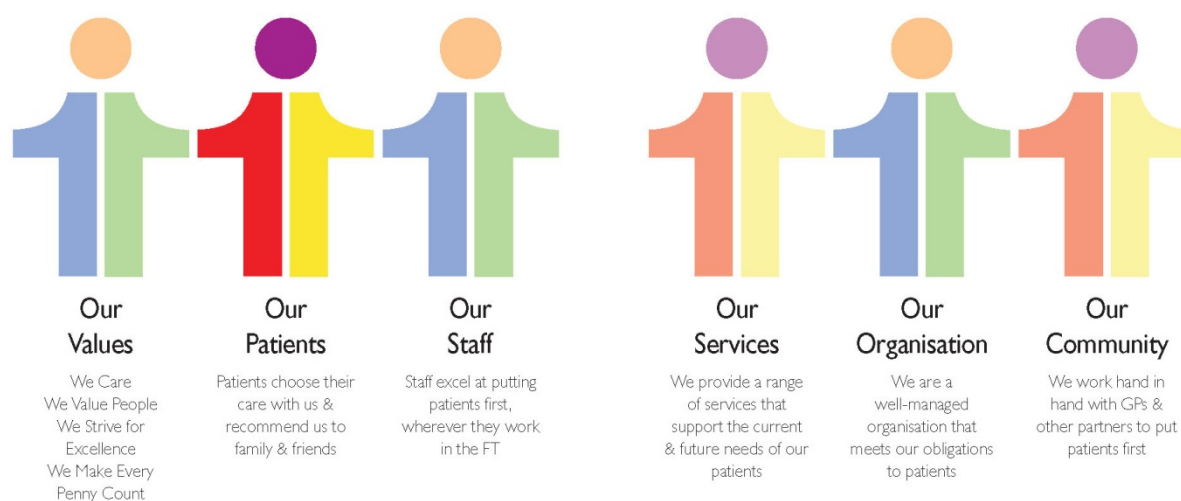
Statement on quality from the Chief Executive

The quality of care Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) provides 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.

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 Trust membership base, an excellent reputation for applied health research as well as 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.

Our five year strategy called 'Together, putting patients first'; sets out our vision and aims to build on our culture of compassionate care and patient safety. It outlines our ambitions and specific commitments to deliver for 2013-18, while recognising the challenging environment which the NHS faces.

The five year strategy has six distinctive sections: our values; our patients; our staff; our services; our organisation and our community.



The Foundation Trust recognises the diversity and specific health needs of our local and regional population, and the strategy is designed to ensure we work both internally and with all our partners to put the needs of our patients first.

A standardised information sharing board ("Read all about us") has been developed and is displayed in wards. The boards include input from patients and the public that brings together and standardises presentation of multiple sources of feedback and data, including Friends and Family Test scores. The boards are updated monthly using a "You Said, We Did" layout. Services are encouraged to take ownership of their own data to use this as a focus for performance discussions and make improvements.

The Care Quality Commission (CQC) published a full report on the 27 April 2015, following CQC inspections of our services in October and November 2014.

Overall the report concludes that the Bradford Teaching Hospitals NHS Foundation Trust requires improvement. Caring was rated as “Good”, Effectiveness, Responsiveness and Leadership were rated as “Requires Improvement”, and Safety was rated as “Inadequate”. Details of the outcomes of the inspection are shown on page 64.

CQC Inspectors found that the Foundation Trust was dealing with the challenge of wide ranging changes within the organisation, which had been introduced over the months prior to the inspection. Changes included new leadership with a new Chair and Chief Executive, new organisational structures and governance arrangements.

The CQC report presents a realistic picture of what further actions we must take alongside the work that is already on-going throughout the Foundation Trust, to accelerate our journey of improvement. The CQC report publication creates an opportunity to be positive and proud about what we do well; be open and honest about what we need to do better; and be clear about how, and by when, we are going to achieve those improvements that remain outstanding.

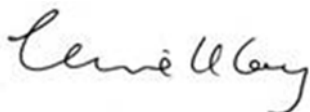
The Foundation Trust provided a detailed action plan to CQC relating to the areas for improvement raised in the report dated 27 April 2015, and submitted this on 27 May 2015. This action plan will also be shared with the staff.

The Leadership Team are committed to making changes to improve services. It is important to stress that where any immediate concerns were raised by CQC, proactive and effective action has already been taken. For example:

- We have adopted the British Thoracic Society best practice guidance in a new model of care for patients requiring immediate Bi-Level Non Invasive Ventilation (NIV).
- We have strengthened the skills and experience of staff in the stabilisation room used for children waiting to be collected for transfer to another hospital for paediatric intensive care.
- We have enacted a Referral to Treatment (RTT) recovery plan to restore the Foundation Trust to a sustainable waiting list position and improved wait times to treatment by the end of Quarter 1 of 2015/16 for both Non Admitted and Admitted.

Other key themes in the inspection report included staffing levels; something that has been highlighted across a number of CQC inspections nationally and our ageing hospital environment. Our investment in both extra staff and new facilities, spearheaded by the new hospital wing being created at the BRI, will create a platform for addressing these concerns.

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



Professor Clive Kay
Chief Executive

Part 2: Priorities for improvement and statements of assurance

Review of progress against quality priorities for 2014/15

This section details each of the priority areas for improvement for 2014/15 and how we identified them in consultation with the Governors and Trust membership.

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

2014/2015 is the fourth year in which the 'membership improvement priorities' have been included within the Foundation Trust's Quality Account. The seven improvement priorities detailed in the 2013/14 Quality Account were reviewed by the Governor Working Group in May 2014 and reduced from 7 to 3 priorities. These three priorities detailed below remain the improvement priorities to focus and report on for 2015/16.

Management of diabetes in the acute environment and meal time experience improvement priorities have rolled over from the previous year; with a new improvement priority added in relation to communication with patients and public whose first language is not English.

Quality Domain(s)	Clinical Effectiveness
	Patient Safety
Improvement priority; 3 Improvement priority; 7	Patient Information Involvement in decisions
Descriptor	Management of diabetes in the acute environment
Aims:	
<ul style="list-style-type: none"> To improve the care of patients with diabetes in the acute hospital setting To improve the knowledge and skills of staff in relation to diabetes To improve care by standardising nursing care plans, and associated documentation to ensure all relevant aspects of care are provided To increase the number of patients with diabetes who are referred to the Diabetes Team To improve information provided to patients To ensure appropriate basic assessment of patients admitted to hospital. 	
Actions undertaken:	
National Initiative	The Foundation Trust has implemented "Think Glucose" which is a national initiative that aims to improve the care, outcomes and experience of people with diabetes admitted to hospital with non-diabetes related problems.
Patient Safety Campaign SAFE	<p>After an earlier pilot project, "Think Glucose" was implemented as part of the Foundation Trust's patient safety campaign SAFE! in 2014. At the same time investment was made in an expanded inpatient diabetes team, to provide expert support and advice for staff and patients.</p> <p>To avoid any delay whilst the new team members were being recruited the roll out was done in two stages. Stage one took place in January 2014, where the following actions were implemented,</p> <ul style="list-style-type: none"> "Think Glucose" Champions were identified on each ward to help to drive the

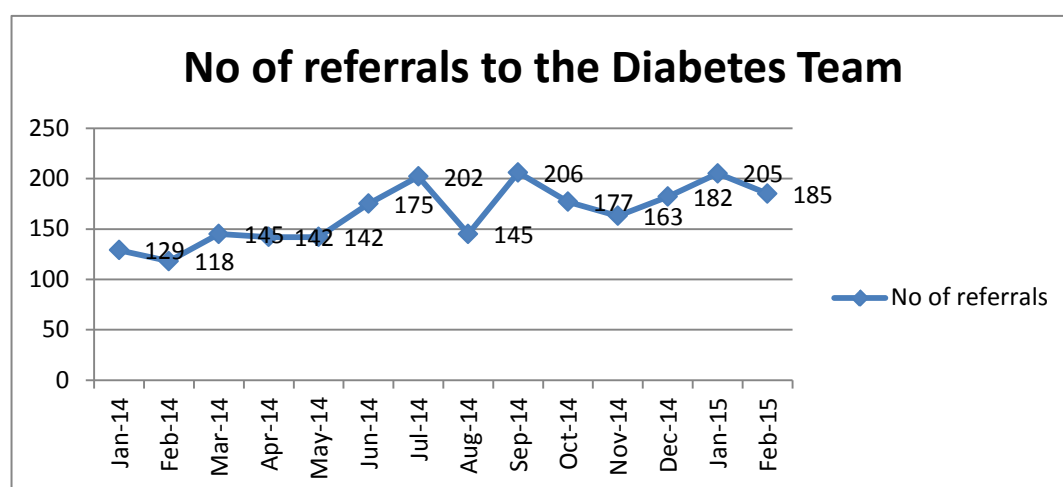
project forward

- “Think Glucose” resource files were produced for staff and provided to all ward areas.
- The diabetes intranet site for staff was updated, with an easier to use format, which included access to the “Think Glucose” educational materials and useful links.
- A new blood glucose monitoring chart was introduced, to improve timing of blood glucose monitoring
- Diabetes specific care plans were introduced
- A standard “Hypo box” was created and provided to each ward, containing all the treatments required, in one easy to carry box, to ensure that patients experiencing a hypoglycaemic event or “hypo” (low blood sugar) can be dealt with promptly.
- An educational programme was developed and introduced for nursing and medical staff and was made available as an e-learning pack or a face-to-face taught session. This covered all aspects of diabetes care, including insulin safety.
- Improvements to the admission assessments were introduced with the following issues to be ascertained for all patients, whether the patient has diabetes, what type of diabetes a patient has, whether their HbA1c (a blood test which gives an indication of how well the diabetes has been controlled) has been recorded in the last 3 months.
- It was agreed these must be documented in medical/nursing notes and on handover documents.

As part of the implementation, briefings were provided for all staff about “Think Glucose” and the changes being introduced. Posters and screen savers were used to promote the “Think Glucose” message with all relevant staff.

Stage two implementation took place in April 2014 and was completed by June 2014, by which time all the diabetes nurse specialists were in post and therefore, able to receive referrals according to the revised (more inclusive) referral criteria. Increasing the number of referrals to the team was seen as a key aim as early intervention from the specialist team promotes early medication review and patient education, with an aim to improve outcomes and patient experience.

The table below shows there has been an overall increase in the number of referrals in the last year:



Total number of referrals to the Inpatient Diabetes Team by month for the period January 2014 - February 2015.

Results:

Each diabetes specialist nurse was allocated a group of wards and worked with the nurses to support the implementation of “Think Glucose”, as well as seeing patients referred from their ward areas. Other elements that were introduced as part of the second phase were as follows:

- Use of “Think Glucose” stickers in patients notes, to identify them as having diabetes, and to act as a prompt for referral, recording essential information such as medication, and completion of blood tests
- Pocket size referral criteria cards and specific referral forms with the new criteria for referral to the team
- Implementation of insulin specific drug charts
- Mandated Diabetes Education, introduction of e-learning package: diabetes inpatient management and safe use of insulin.
- Implementation of bi-monthly “Think Glucose” snap shot audits to be completed by “Think Glucose” Champions.
- Implementation of a new patient information leaflet as illustrated below.



Feedback:

A snap shot patient survey was carried out by the Diabetes Team on 5 September 2014 and again in April 2015, using the same patient satisfaction questionnaire used during the pilot phase of the project, (January 2010), which included some of the questions that appeared in the National Diabetes Inpatient Audit (NaDIA) patient satisfaction questionnaire; as the last NaDIA survey was carried out in 2013, a local survey was used. All in-patients with diabetes on the day of audit were surveyed. Responses to the survey were as follows:

Question	Survey Undertaken	Yes or most of the time:
Were you satisfied with overall care of your diabetes?	Initial project baseline January 2010:	75.3%
	NaDIA 2013	89.1%
	September 2014	89.2 %
	April 2015	100%
Do you feel you've been involved in your diabetes care plan? (not a NaDIA question)	Initial project baseline January 2010:	62.5%
	September 2014:	71.4%
	April 2015	83%
Do staff caring for you know enough about diabetes to meet your needs.	Initial project baseline January 2010:	44%
	NaDIA 2013	59%
	September 2014:	89%
	April 2015	94%

Question	Survey Undertaken	Yes or most of the time:
Correct treatment of any high or low glucose levels:	September 2014:	92.3%
	April 2015	100%
Staff knowing patients had diabetes:	September 2014:	88.2 %
	April 2015	90%
Patients have had their feet examined by a doctor or nurse:	Initial project baseline January 2010:	6%
	Initial project end point	57.5%
	September 2014:	58%
	April 2015	67%

Monitoring progress:

A "Think Glucose" audit was developed, to monitor how well the changes were being implemented on each ward. Audit results have been repeated on a number of occasions; the available results to date are shown in the table below:

Think Glucose Audit Results - by Month/Ward Area																														
Month	3	4	5	6	7	8	9	11	12	14	15	18	19	20	21	22	23	24	26	27	28	29	30	ICU	YS	F3	F5	F6	WWP	EcH
May-14	97	NC	NC	NC	NC	55	85	67	9	NC	NC	100	85	NC	93	NC	NC	NC	NC	66	NC	69	NC	NC	86	NC	98	90	NA	NA
Jul-14	100	NC	66	NC	63	45	94	81	97	86	90	83	98	95	NC	96	NC	NC	NC	69	98	NC	66	NC	88	86	100	79	NC	NA
Sep-14	66	NC	61	100	9	47	30	43	63	67	NC	76	NA	43	27	48	69	91		67	85	64	35	25	72	97	NC	78	95	33
Oct-14	100	76	68	NC	70	94	43	51	77	78	93	NC	NA	72	38	80	77	57	82	92	78	64	83	58	55	94.1	98.6	87	NC	50
Jan-15	97	NC	100	98	NR	85	51	NR	85	100	97	NC	100	69	50	84	81	NR	NR	NR	80	85	33	64	71	98	NR	NR	NR	85
Apr-15	93	NC	100	45	NC	NC	45	NC	84	NC	100	90	85	62	77	86	NC	NC	68	28	65	68	NC	54	NC	100	NC	NC	96	NC

Colour code	
	>90
	>60
	<60
NR	Unable to record
NC/awaited	Not completed,

This has been discussed with ward leaders, many areas report that poor audit results related to reduced staffing levels, use of an increased number of new or temporary staff.

Each ward has a designated Diabetes Specialist Nurse (DSN) who works closely with ward and champions to support improvement of diabetes care at ward level. All ward areas receive daily DSN visits to trouble shoot and offer support and advice. "Think Glucose" champions are encouraged to attend 4 x yearly education events. In addition each DSN uses the audit result spread sheet to target poor performing areas, working together to develop action plans to address areas that require improvement.

Next steps for 2015/16

- Continue aim to increase the number of referrals, monitor progress and take steps to embed all elements into practice and continue to improve compliance in all areas.

Quality Domain(s)	Patient Experience
Improvement priority ; 1 Improvement priority ; 5	Nutrition Dignity and respect
Descriptor	Meal time experience
Aims:	
<ul style="list-style-type: none"> To improve the overall meal time experience for patients To be able to meet the nutritional requirements of patients with specific needs. 	
Actions and results:	
Patients with Dementia	<p>It is well recognised that an important aspect of care for patients with dementia is ensuring that they receive adequate nutrition. To help maximise the independence and well-being of patients with dementia we always strive to adopt a person-centred approach to care, which considers the individual as a whole person. As part of our drive to improve care for this group of patients, we have been trialling a finger food menu for patients with dementia on one of our elderly care wards. This offers patients a range of foods which are easier for patients to manage themselves with support and prompting, and has been particularly well received for patients with more advanced dementia who find difficulty managing a knife and fork.</p> <p>Initial feedback has been very positive, and a formal evaluation is being undertaken with feedback from families, assessment of whether food intake has improved and waste reduced. It is the intention that it will be rolled out to our other elderly care areas if the outcome is positive.</p>
Labour ward	<p>The nature of the activity on labour ward, with babies being born throughout the day and night, means that regular meal times do not always meet the needs of women giving birth. Therefore this year we have introduced a new system for meals that come in single meal portions. These can be regenerated using an i-wave oven, at any time of day or night. This option gives a wider range of meal choices for women, and means they can have a meal at a time that suits them. Qualitative assessment of these initiatives has been undertaken, with responses from patients being very positive</p>
Modified consistency menu (pureed diets)	<p>Modified consistency diets are provided for patients who are unable to manage normal diet for a range of reasons, generally related to difficulty swallowing. Food is provided in a range of consistencies from soft to puree. Following feedback from patients about their dissatisfaction with the quality and choice of modified diets available, work has been undertaken to make improvements. A working group, which involved patient representatives in tasting sessions, has undertaken a review of the range, texture and taste of food being offered. A new menu is now available which offers greater choice. Qualitative assessment of these initiatives has been undertaken, with responses from patients being very positive.</p>
Monitoring progress:	
<p>For the third year in a row, the Foundation Trust has participated in the National Nutrition and Hydration Awareness week, which is run in collaboration between the Hospital Caterers Association and British Dietetic Association. The aim is to share good practice and promote awareness of the importance that food and drink have to the recuperation of our patients. Trust staff took part by running a week of events, including a stand in the main entrance at Bradford Royal Infirmary (BRI) to raise awareness, which on one day offered free samplings of patient meals to visitors and staff.</p> <p>The Foundation Trust also put on a special afternoon tea, where ward hospitality assistants served special cakes along with the hot and cold drinks, to promote the importance of eating and drinking regularly in hospital to aid recovery.</p>	



The Foundation Trust continues to focus on nutrition as a priority and has brought together a specific group of staff to review the Hospital Food Standards Report which was produced in 2014, to ensure that arrangements are in place to meet the recommendations set out in the report.

Next steps 2015/16

- Carry out a formal evaluation of the finger food menu for patients with dementia that is being trialled to assess whether food intake is improved, waste reduced and roll out of this system to ward 29.
- The Foundation Trust will continue to focus on nutrition as a priority; a Task and Finish Group has been formed to review all patient meals across the organisation to ensure that we continue to be able to meet the needs of all patients, and are compliant with the recommendations in the Hospital Food Standards Report.

Quality Domain(s)	Patient Experience
Improvement priority; 3 Improvement priority; 7	Patient Information Involvement in decisions
Descriptor	Communication with patients and public whose first language is not English

Aims:

- To ensure that any barriers to communication are removed for patients whose first language is not English
- To provide information for staff about when to access an interpreter
- To ensure that staff are aware of best practice when working with interpreters to provide the most effective use of the services when required
- To provide a prompt and efficient service which is accessible and equitable to all
- To provide staff with guidance and information about how to access telephone interpreting, video interpreting, BSL interpreting, translation services and to obtain information in different formats.

Actions and results:

There is currently about 24,000 people in Bradford who cannot speak English well or who cannot speak it at all (4.8% of the population). The Foundation Trust provide an interpreting and translation service, and has recently developed a policy to support staff to utilise the service more effectively. The policy was signed off in April 2015 following consultation. We have also improved the quality of the video interpreting providing a wider range of languages.

The policy includes appendices which provide easy to use guidance; these can be kept within wards and departments as a quick reference document. They include:

- telephone interpreting contact details
- guidance about whether an interpreter is needed
- instruction on how to booking an interpreter
- un-approved interpreters, reasons to avoid and why.

The policy and its updated guidance appendices will be available on the staff intranet by the end of May 2015, to replace existing guidance.

Monitoring progress:

The Foundation Trust is in the process of implementing a real time electronic patient feedback solution. This will facilitate us performing audits and surveys. The surveys include patient experience questions which can be translated into different languages, audio or easy read leaflets. This gives the Foundation Trust immediate feedback and increases our capacity to include both patients whose first language is not English and those who have a learning difficulty.

Next steps 2015/16

- Raising awareness with staff that the Medical Illustration department can provide leaflets in easy read format or in other languages as requested.
- Ensuring the new Interpretation and Translation Service Policy is fully embedded. Communication with staff will focus on ensuring that they are aware of their responsibility in recognising if and when an interpreter is needed and how to access an appropriate interpreter.

Priorities for quality improvement in 2015/16

The selection of improvement priorities for inclusion in the 2014/15 Quality Account will 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

We are pleased that our Governors, other local stakeholders, volunteers and the public have played a part in determining our priorities for the future. They have given their ideas and comments so that we can continue to improve the quality of care and patient experience in areas that matter most to patients, to ensure that the indicators provide an overview of performance where feedback and review of services have highlighted the need for improvement. The rationale for the indicators has been set out in the table below.

It is the intention of the Foundation Trust that the 2014/15 improvement priorities will remain in place and be the focus for 2015/16. The rationale for the improvement priorities are listed below:

Quality improvement priorities included 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
		'In-patients with diabetes not having their condition adequately managed' has remained on the Corporate Risk Register throughout 2014/15.
Clinical Effectiveness	Management of Diabetes in the acute environment*	Participation in the National Diabetes Inpatient Audit to ensure: <ul style="list-style-type: none"> ✓ 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
Patient Experience	Meal time experience	Previous compliance actions to meet CQC essential standards in "respecting and involving people who use services" and "care and welfare of people who use services."
		Standardisation and protection of meal times across organisation
		Variability in the patient experience as reported by CQC, PLACE and Healthwatch – providing protected meal times for patients, a system to identify patients who need additional support (red tray) with eating and drinking and focus on delivery of the whole meal experience at ward level.
	Communication with patients and public whose first language is not English	Previous 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 remain two of the most frequently reported complaints and PALS themes.
		2014/15 Corporate Priority is to continue to implement the Equality Delivery System with Bradford District NHS partners and to deliver on equality objectives.
		Recognising if and when an interpreter is needed and how to access this service appropriately.

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

Statements of assurance from the Board

Review of services

During 2014/15 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted relevant health services to a core population of around 525,000 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 2014/15 represents 89% of the total income generated from the provision of relevant services by Bradford Teaching Hospitals NHS Foundation Trust for 2014/15.

Participation in clinical audits and national confidential enquiries

The Foundation Trust is committed to a programme of continuous improvement supporting its' provision of safe, high quality patient care. It understands clinical audit as a professionally led, multi-disciplinary exercise which should be integral to the practice of all clinical teams. The Foundation Trust also believes that clinical audit should not occur in isolation and supports the view that it should be considered both within the context of organisational learning and as a mechanism to provide assurances about the quality of services provided.

The Foundation Trust has a High Priority Clinical Audit Programme that describes both its' involvement in the national clinical audit programme and its management of audits that are prioritised at a local level.

The National Clinical Audit and Patients Outcome Programme (NCAPOP) is managed by the Healthcare Quality Improvement Partnership (HQIP) and funded by the Department of Health. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

During 2014/15, 36 national clinical audits and 5 national confidential enquiries covered NHS services that Bradford Teaching Hospitals NHS Foundation Trust provides. During that period, Bradford Teaching Hospitals NHS Trust participated in 97% of the national clinical audits and 100% of the 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 2014/15 are described in Table 1, Annex 1, page 142.

Action arising from clinical audits and national confidential enquiries

The reports of 37 national clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2014/15. Table 2, Annex 1, page 142 shows the actions Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided and the outcomes achieved in 2014/15.

The reports of 45 local clinical audits were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2014/15. The key actions that Bradford Teaching Hospitals NHS Foundation Trust intends to take to improve the quality of healthcare provided are described in Table 3, Annex 1, page 152 which includes examples of local audits reported in 2014/15. A more detailed review of the outcomes of Bradford Teaching Hospitals NHS Foundation Trust's local audit programme will be published in its Annual Clinical Audit report.

Participation in clinical research to improve the quality of care and the patient experience

The Bradford Institute for Health Research (BIHR) founded in 2007, of which Bradford Teaching Hospitals NHS Foundation Trust is a key player, is a vibrant research institute. 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. They have created a large modern physical infrastructure as part of the Bradford Royal Infirmary site for the conduct of research including; a clinical research facility which provides high quality accommodation to undertake patient-dedicated research. There is also 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 exploring new ways of harnessing electronic health data to improve care for patients and communities.

Bradford Teaching Hospitals NHS Foundation Trust is recruiting patients to 154 National Institute for Health Research (NIHR) portfolio projects (figures correct at January 2015).

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 was 4301 (figures correct at January 2015).

Bradford Teaching Hospitals NHS Foundation Trust is also involved in 80 non-NIHR portfolio projects and has recruited 4531 patients in total (this is a cumulative total as the recruitment to non-portfolio projects is not recorded currently on a yearly basis).

Our Quality and Safety Patient Panel is composed of 20 members from the local community; their 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. Discussions involve new research ideas, support for researchers with different aspects of their projects such as writing patient information sheets for research projects and demonstrations of innovative medical equipment. The Panel has also participated 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. Clinical staff research the latest possible treatment options and actively participate in research leads to ensure 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. The National Institute for Health Research has a new initiative called 'OK to ask' that raises awareness to patients of studies taking place in local hospitals that are relevant to their condition. 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 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between Bradford Teaching Hospitals NHS Foundation Trust and any commissioning partners 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 2014/15 are available online at:

<http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf>

A list of the Foundation Trust performance against the 2014/15 CQUIN indicators can be found in the Review of Quality and Performance section.

The monetary total for the amount of income in 2014/15 conditional upon achieving quality improvement and innovation goals is £6.45m and the monetary total for the associated payment in 2013/14 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

Bradford Teaching Hospitals NHS Foundation Trust is required to publicise CQC ratings. The Foundation Trust was inspected between 21 and 24 October 2014 and inspectors returned unannounced on 4 November 2014, as part of CQC's comprehensive inspection programme. CQC have published their full report following the visits on the 27 April 2015 that includes the following:

Our ratings for Bradford Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for St Luke's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community Health Inpatients Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Our ratings for Bradford Teaching Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

The CQC inspection team found that the Foundation Trust must make a number of improvements at Trust level, including:

- ensure that the significant backlog of outpatient appointments is promptly addressed and prioritised according to clinical need. These were patients who were not on an 18 week Referral to Treatment (RTT) pathway.
- ensure that the governance and monitoring of outpatients' appointment bookings are operated effectively and are able to identify any potential system failures, assess them and take action so as to protect patients from the risks of inappropriate or unsafe care and treatment.
- ensure there is access to sufficient numbers of suitably skilled and experienced staff

At Bradford Royal Infirmary, the Foundation Trust must:

- ensure that the care and treatment of patients undergoing non-invasive ventilation meets the national guidance.
- ensure there is access to sufficient numbers of suitably qualified and skilled staff working in children's services, the recovery areas of the operating theatres and maternity services.
- ensure arrangements for stabilising children waiting for transfer to another hospital for paediatric intensive care is safe.
- ensure that there are appropriate arrangements for the prevention and control of infection including the isolation of patients throughout the hospital, including the urgent and emergency care department; that infection prevention and control practices are adhered to, particularly on Ward 9 and in critical care.
- ensure that there is suitable access to hand wash sinks, particularly on the critical care unit and high dependency unit. Review the number of side rooms available with en suite bathroom facilities for the management of patients with infections.
- ensure the procedures for cleaning and disinfecting endoscopes are consistent with accepted practice.

At St Luke's Hospital the Foundation Trust must:

- ensure there is access on the wards to sufficient numbers of suitably skilled and experienced staff, particularly medical staff, at all times.

For the Community Inpatient Services the Foundation Trust must:

- ensure that staffing levels on the community wards reflect the Foundation Trust's own planned levels and an acuity or dependency tool is used to determine staffing levels

Actions to address CQC findings and requirements

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

Where any immediate concerns were raised about services during the CQC visits (October and November 2014), proactive and effective action has already been swiftly taken. For example:

- We have adopted the British Thoracic Society best practice guidance in a new model of care for patients requiring immediate Bi-Level Non Invasive Ventilation (NIV).
- We have strengthened the skills and experience of staff in the stabilisation room used for children waiting to be collected for transfer to another hospital for paediatric intensive care
- We have enacted a Referral to Treatment (RTT) recovery plan to restore the Foundation Trust to a sustainable waiting list position and improved wait times to treatment by the end of Quarter 1 2015/16 for both Non Admitted and Admitted.

The importance of a clear communication and engagement strategy with staff is vital to ensure that the range of actions and approaches being utilised and the impact they are having is clear. The Chief Executive will be staging a number of 'roadshows' where staff will be able to find out more about our action plan and the important role they will have in delivering these improvements. It is fully recognised that we need to engage with staff far better in the future and this is just one of a number of ways we will listen to staff and give them a bigger say.

The Chief Executive looks forward to meeting as many staff as possible in the days and weeks ahead as we help staff to understand the CQC findings, and discuss how we can best work together to meet the complex challenges that we face, ahead of a return visit by the CQC to ensure that we have done what we say we are going to do.

There will be a detailed action plan submitted to CQC by the 20 May 2015 that will be shared with the staff.

Monitoring and assurance process

Internal hospital inspection process

To support the statutory requirements and comply with the standards of care as set out by external regulatory bodies and to provide a vehicle of assurance to the Board of Directors, an Internal Assurance Group will be commissioned to monitor all compliance regulations. The group will highlight areas of best practice in addition to identifying those areas of concern, required improvements and ensure that the opportunities for learning are shared across the organisation.

It is recognised that it is not possible or practicable to undertake a self-assessment process on the scale of the one conducted by the CQC. However, the methodology adopted by CQC could effectively be applied in a much more concise, targeted manner with a greater emphasis on developing an internal intelligent monitoring process that would identify where the organisation needs to focus in a much more planned and organised way.

A core team will be developed; Internal Assurance Leads Group, who will take the lead in determining a programme of visits, covering all areas of the Foundation Trust, and based on all available data sources

(internal & external), including performance against key quality and performance indicators, complaints, serious incidents, mortality and morbidity reviews, audit reports and workforce information.

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. Better data quality impacts positively patient care and delivers better value for money.

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

- establishing the Data Quality Team and increasing engagement within the organisation on data quality issues and best practice
- continuing to develop and implement a fit for purpose tool to measure daily the data quality for the main administration system which enables near real-time remedial action by system end-users
- strengthening the strategic governance framework on data quality across the organisation by agreeing and starting the implementation of a yearly work programme to provide reassurance around data quality for the Foundation Trust Board
- regular reporting of key data quality metrics

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

- strengthen the data quality governance arrangements within the Information Governance function taking into consideration external and internal audits
- continue to review and enhance data quality reports to monitor data accuracy and completeness levels using in-house and external reports and report triangulation, incorporating external data quality audit findings and benchmarking
- continue to 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 2014/15 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 below. These percentages are equal to, or above, the national averages.

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

Record type	Area	2013/14 (April 2014-January 2015)	2013/14	2012/13	2011/12
Patients Valid NHS number	Admitted Patient Care	99.6%	99.6%	99.6%	99.5%
	Outpatient Care	99.4%	99.4%	99.4%	99.8%
	A&E Care	98.5%	98.6%	98.4%	98.3%
Patients Valid GP registration code	Admitted Patient Care	99.9%	100%	100%	100%
	Outpatient Care	100.0%	100%	100%	100%
	A&E Care	99.9%	100%	100%	100%

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 2014/15 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 2014/15	% incorrect 2013/14	% incorrect 2012/13
Primary Diagnoses Incorrect	9.00%	8.00%	10.45%
Secondary Diagnoses Incorrect	9.47%	5.90%	11.82%
Primary Procedures Incorrect	2.00%	0.70%	6.45%
Secondary Procedures Incorrect	8.02%	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:

1. Training plan to ensure data extraction skills are now refreshed so that all coding staff are aware of the main types of recorded clinical data for co-morbidity recoding, accurate primary diagnosis and secondary procedures
2. Better clinical awareness of the implications of poor coding has improved the information recorded focusing on the specialties audited and then expand further.
3. Review with Clinicians the need for policy documents to aid the Clinical Coders in accurate code assignment e.g. findings at endoscopy.
4. A continued auditing and training cycle is recommended at regular intervals including further routine mini audits.
5. Administration errors and medical record filing problems need reporting to the appropriate managers responsible for registering and recording onto the Patient Administration System and within the health record.

Bradford Teaching Hospitals NHS Foundation Trust's Public Response to the 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' chaired by Robert Francis QC

Background

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

Bradford Teaching Hospitals NHS Foundation Trust put in place a steering group to review the recommendations of the Inquiry. This group, chaired by Dr Robin Jeffrey, Medical Director, has developed the Foundation Trust's public response and action plan against the recommendations.

The action plan was disseminated to the identified leads to begin the implementation of the actions in relation to their areas of expertise and the steering group dispersed. Over the past year, each area has provided a quarterly update report detailing their progress with the recommendations. These progress reports were reviewed by the Boards' Quality and Safety Committee.

The purpose of the Quality and Safety 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.

Discussion

As described above, there have been significant developments in all directorates over the past year. In the fully updated action plan there are other development projects underway to meet our overall aims. The work undertaken by the Executive Directors and their teams thus far has been very positive: policies have been updated, a Personal Responsibility Framework has been developed, and work streams have been agreed under the new SAFE! Programme, for example:

Seventy percent (70%) of actions have now been completed and the majority of outstanding actions have been incorporated into other workstreams. Some actions, such as a trust-wide progressive cultural shift, will be on-going.

The Quality and Safety Committee has agreed that the work streams presented are forthwith subsumed into normal working practice in the Divisions and relevant corporate functions. The monitoring of the work streams and outcomes will be progressed by established routes.

Below is an annual update placed on the Bradford Teaching Hospital Foundation Trust public facing internet site:

Bradford Teaching Hospitals NHS Foundation Trust's Public Response to the 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' chaired by Robert Francis QC

In February 2013, a Public Inquiry was published by Robert Francis QC. He drew attention to the negative culture in the Mid-Staffordshire NHS Foundation Trust at the time with professional disengagement, patients' concerns not being heard, poor governance, lack of focus on standards of service, inadequate risk assessment of staff reduction, poor nursing standards and performance, and wrong priorities as the Foundation Trust sought Foundation status. He made a series of recommendations which were applicable to this Trust. Last year we published our first public response, we now provide you with an update of the work carried out by the Foundation Trust.

Some actions required changes to policies and procedures and these were completed and implemented within the Foundation Trust. We have been determined to embed Trust wide culture change into our Foundation Trust.

Common values – patient first – NHS Constitution

We have applied the values of the NHS Constitution in all our dealings with patients and the public. These sentiments have been captured in our 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. We have ensured that our values are understood and owned by our staff through the introduction of the Personal Responsibility Framework (PRF) which incorporates Foundation Trust Values into the Practice Charter. Values Based Recruitment has been introduced to ensure we recruit staff members who understand and share our values. Our staff are reminded of their own professional obligations through the introduction of new Corporate Induction arrangements. We have developed the Appraisal, Development and Performance Management Policy to ensure NHS values and Constitution is clearly linked between all.

Openness, transparency and candour

We have promoted honesty, openness and truthfulness in our dealings with patients and the public for all staff working in the Foundation Trust. These principles have been highlighted in the Personal Responsibility Framework. We have adhered to a statutory duty of candour to inform patients and family where moderate or severe harm may have occurred in the Foundation Trust. We have revised the Foundation Trust 'Being Open' policy, Raising Concerns policy, Open Door policy and others to ensure that we reflect the requirements and spirit of the Francis report. We remind staff of their obligation to report adverse events through the standard incident reporting mechanism and continuously encourage all staff to have the confidence to report concerns. The 'Raising Concerns' policy details the process and the support mechanisms for staff to raise and escalate concerns. Value Based Recruitment has been introduced to ensure that our values are consistently linked with our appraisal and performance management systems. The Foundation Trust is committed to meeting the standards set in the recently published 'Freedom to Speak Up Review' to ensure that staff working in this hospital feel safe to raise concerns over patient care and treatment without fear of reprisal.

Local public and patient engagement and partnership

Our aim is to ask and then listen carefully to what our patients are telling us. We have developed a Patient and Public Engagement Strategy which aims to ensure effective engagement and participation from users of the service. The Patients First (Experience) Committee has been developed where actions from the Patient Liaison Service (PALS) are identified and monitored. We have launched a webpage on the Foundation Trust website dedicated to Patient Experience. We ensure that the learning from local surveys, the annual in-patient survey, and the Friends and Family Test is embedded into our practice. The Patient Reporting and Action for a Safer Environment (PRASE) project has been established using hospital volunteers to facilitate timely patient reporting of a perceived safety incident. Patient stories are used at Board meetings to gain understanding and facilitate our learning regarding patient care. We co-operate fully and have regular meetings with the Local Healthwatch and CCG Patient and Public Engagement (PPE) Leads.

Caring, compassionate and considerate nursing

The Chief Nurse is working to ensure that the Foundation 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 and aligns all aspects of the report pertinent to nursing and midwifery and this is forming the backdrop for a number of key areas of work across the Foundation Trust. We have shared our PRF and expected values and behaviours with the main education provider, Bradford University, to ensure it is reflected in their curriculum and assessment with particular focus on compassion in practice. Every quarter, the Chief Nurse delivers care and communication workshops which focus on compassionate care. The safer nursing tool has been used to monitor the wards for safe staffing levels. Information regarding nurse staffing levels can be found at NHS Choices.

Care of our elderly patients

We have continued our effective work in the elderly department with a named consultant and daily ward round culture. We have delivered widespread training and awareness in the care of patients with dementia. A finger food menu for patients with dementia was implemented in elderly care with positive feedback. We have promoted the use of Electronic Discharge Summaries for timely and efficient communication with primary care and the community around discharge planning. By 2016 we will have an Electronic Patient Record (EPR) system. The EPR will provide the ability for patients to access their records. In addition, the EPR will provide automated, evidence-based checks and alerts to enhance patient safety and support clinical decision-making.

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

The Board of Directors signed up to the 'Standards for Members of Boards' issued by the Professional Standards Authority. The requirement for Directors to be fit and proper persons is included in the Foundation Trust Licence from Monitor and its Constitution (Health Services Sector Regulator).

The Council of Governors have continued to fulfil their statutory duties and obligations in holding the Foundation Trust to account on behalf of members, service users and the public. A Governors Development Day was undertaken with the new Chairman, Lord Kamlesh Patel, where a review of the roles, responsibilities and the governors work programme was undertaken. The Governors are working to ensure that members and the public continue to receive information on the performance of the Foundation Trust and the work of the Governors. The Council of Governors will continue to work with the Foundation Trust to ensure that there are clearly communicated opportunities for members and the public to provide feedback and, to 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 have reviewed how complaints are managed within our Trust and we have revised our Complaints policy, supporting procedures and Standard Operating Procedures (SOP) to align with good practice methods. Complaints training is now provided to support staff in providing compassionate complaint responses. We have ensured that patients and patients' representatives have straightforward ways to register a concern or complaint without fear of adverse consequences and we support the complainant through the process. We ensure that lessons learnt from complaints are shared with the Board of Directors and Trust-wide to raise awareness. A summary of complaints is published on the Foundation Trust website quarterly. Details of learning from complaints can be found in this report on page 109.

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

We have reviewed our Trust website to provide, in an open and public way, information on performance including outcomes, incidents, complaints and investigations. We ensure that we are compliant with any request for information. We have a Web Development Board in place that ensures the quality of the information on the website is of a high standard. We ensure the information on the Foundation Trust website meets the needs of our patients and their safety.

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 for 2014/15 are reported below:

In order to provide assurance on the quality of the data the Foundation Trust has published an internal Information 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 processes are 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.

Core set of National Quality Indicators

NHS Outcome Framework Domain	Indicator	National Average 2014/15	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
Domain 1 - Preventing people from dying prematurely	Summary Hospital Level Mortality Indicator (SHMI)	Control limits: Upper 1.08 Lower 0.93	0.96	1.00	0.98
	% of patient deaths with palliative care coded at diagnosis	24.9% ¹	18.5%	15.29%	Not applicable
¹ Latest published data from October 2013 – September 2014					
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p><i>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.</i></p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <p><i>The safety of our patients remains 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.</i></p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15	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 the table on page 79.			
<i>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</i> <i>Hip replacement</i> - We are showing improvement in one indicator; the other two are lower than previous year; one is higher than the national average for 2014 and the other less than 5% below. <i>Knee replacement</i> - We are showing improvement in two indicators; the third is above the national average but lower than previous year score. <i>Varicose vein</i> - Two indicator scores have improved in 2014. One indicator remains below the national average but as the questionnaire count is less than 30 the calculations for this may return unrepresentative results. <i>Groin hernia</i> - Both indicator scores have declined in 2014 and are below the national average. <i>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:</i> <i>Further patient level analysis will be reviewed with engagement of the clinicians. This will inform specialty action plans to address areas falling below the national average that will require more detailed analysis and any subsequent review of current clinical practice.</i>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
Domain 3 - Helping people to recover from episodes of ill health or following injury	Emergency readmissions to hospital within 28 days of discharge			11.4%	10.8%
	Ages 0-15	10.26%	8.04%	-	-
	Ages 16+	11.45%	12.38%		
* Indirectly age, sex, method of admission, diagnosis, procedure standardised percent					
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p>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 2011 to March 2012 (latest data available on the HSCIC website May 2015).</p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by:</p> <p>The Foundation Trust has implemented initiatives and pathways in recent years with the aim to reduce admissions and readmissions to hospitals and will continue to review and introduce initiatives.</p> <p>The schemes introduced included Early Supported Discharge schemes for medical and orthopaedic patients, allowing medically well patients to be discharged with a supported package at home.</p> <p>KPMG did not identify any issues that impact on our ability to issue a limited assurance opinion in respect of this indicator.</p> <p>KPMG have not identified any areas for improvement in relation to this indicator and have raised no recommendations.</p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15*	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
Domain 4 - Ensuring that people have a positive experience of care	Responsiveness to inpatients needs (score out of 100)	77	75	57	63
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Our score of 75 and the national average (excluding independent sector providers) is data reported from HSCIC, May 2015</p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services, by: The Patients First Committee has applied robust mechanisms to ensure that the quality improvement work currently being undertaken within the Foundation Trust is captured and shared between the divisions. Standardised templates are completed by the divisions and discussed at the meeting. All methods of patient experience are captured; this might be in the form of existing workstream feedback, survey results, external visits, and patient feedback from a variety of sources, such as cards or letters.</p> <p>Handheld real time data collection devices and audit programme is operational. This ensures patient feedback data is accurate and current, allowing for timely interventions to areas in need of support. Survey questionnaires have been created to include core generic questions, which can be used in any area.</p> <p>A staff newsletter to improve staff understanding of quality care, attitudes and behaviours has been created and circulated.</p> <p>A 'You Said, We Did' board has been established in maternity services, which includes themes taken from 'Tell Us What You Think' Leaflets and comment cards.</p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
Domain 4 - Ensuring that people have a positive experience of care	Staff who would recommend BTHFT to friends or family needing care	3.74	3.75	3.69	3.71
<p>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 Foundation 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 when compared with a Trust of a similar type.</p> <p>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 have been asked to review their results and to agree their priorities to tackle in 2014/15. No measurement of performance has been undertaken to date but recruitment and appointment of a Staff Engagement Manager will take place by June 2015. This person will look at the final results for 2014/2015 and work with Divisions where responses suggest there might be issues to improve. This will be monitored through the Divisional Performance Review cycle. The Friends and Family Test has been rolled out to staff from April 2014; more detail on this can be found on page 93.</p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15*	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
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 2015 data published Apr 2015)	98.0%	96.66%	96.55%
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p>VTE assessment performance remains consistently better than the national target of 96%. 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.</p> <p>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:</p> <p>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.</p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15*	BTHFT 2014/15	BTHFT 2013/14	BTHFT 2012/13
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of <i>Clostridium Difficile</i> (per 100,000 bed days)	14.7 (average based on Apr 13-Mar 14)	22.6	19.3	26
<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p><i>Clostridium Difficile</i> reported 32 cases for the end of year, the target is less than or equal to 35 cases per year. The rate of <i>Clostridium Difficile</i> has reduced from 2013/14 and is better than the nationally set threshold.</p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by:</p> <p>Continuing with the Foundation Trust-wide action plan that is focused on seven key themes: leadership & accountability, source isolation, identifying and reducing risk of at risk patients, antibiotic prescribing and stewardship, environment & cleaning, good infection prevention practice and audit of infection control and prevention practice.</p> <p>Each division continues to update their own detailed action plan based on the areas of work identified by the Foundation Trust Performance Improvement Group and the Foundation Trust-wide action plan. Performance manage progress locally within the Divisions, and monitor via the infection prevention and control committee and steering group.</p>					

NHS Outcome Framework Domain	Indicator	National Average 2014/15*	BTHFT 2014/15 (6 month period)	BTHFT 2013/14	BTHFT 2012-13
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)	3745	7443	6951
	% resulting in severe harm (number of cases)	<1% (taken from NRLS report)	0.1% (n=3)	0.05% (n=4)	0.6% (n=42)
	% resulting in death (number of cases)	<1% (taken from NRLS report)	0.1% (n=5)	0.03% (n=2)	0.14% (n=10)

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 2013/14 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 reported on-line with timely feedback on outcomes. The Foundation Trust increased the overall number of reported incidents so that learning can be applied and shared across the Foundation Trust and patient safety improved. In the last 6 month period there has been just over half the number of reported incidents compared to the previous year total - over 99% of the incidents reported resulted in no harm or low harm to the patient. The Risk Management Department continues working closely with the Divisions to improve the understanding and accuracy of identifying the impact of an incident.

* National averages for full year 2014/15 not known at time of publication of Quality Report

** National Reporting and Learning Service (NRLS)

PROMS outcome summary

Percentage of patients that report an improvement

		April 2012 to March 2013			April 2013 to March 2014*			April 2014 to September 2014*		
		National Average	BTHFT	+/- 11/12	National Average	BTHFT	+/- 12/13	National Average	BTHFT	+/- 13/14
Hip Replacement	EQ-5D Index	88%	82.7%	↑	87.9%	86.9%	↑	90.0%	84.6%	↓
	EQ-VAS	64.4%	65.6%	↑	64.2%	70.2%	↑	66.2%	66.7%	↓
	Oxford Hip Score	95.9%	91.1%	↓	96.0%	94.9%	↑	96.8%	100.0%	↑
Knee Replacement	EQ-5D Index	79.9%	73.6%	↓	80.4%	77.7%	↑	82.2%	84.2%	↑
	EQ-VAS	54.7%	52.3%	↓	54.6%	59.5%	↑	56.7%	58.8%	↓
	Oxford Knee Score	92.4%	90.2%	↑	93.1%	94.5%	↑	94.2%	100%	↑
Varicose Vein	EQ-5D Index	52.6%	48.1%	↓	51.7%	45.2%	↓	53.6%	33.3%	↓
	EQ-VAS	41.1%	40.6%	↑	39.8%	36.9%	↓	40.9%	66.7%	↑
	Aberdeen Score	83%	78.9%	↓	82.9%	80.0%	↑	84.3%	85.7%	↑
Groin Hernia	EQ-5D Index	49.3%	49.6%	↓	49.7%	55.2%	↑	49.9%	35.0%	↓
	EQ-VAS	37.4%	41.5%	↑	37.3%	39.8%	↓	38.3%	28.6%	↓

*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

Part 3: Review of Quality Performance

Quality Management System

The Quality Governance Framework in place at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) is designed to ensure that emerging risks are identified and appropriate remedial actions are taken. Following CQCs visit in October and November 2014, and the report published on the 27 April 2015; the Foundation Trust will take prompt action to reconsider and, where appropriate, revise its governance arrangements.

The Board Assurance Framework was approved in April 2014 and quarterly updates have been reviewed by the Board of Directors since then. Work is underway with input from the Good Governance Institute to develop the framework further for 2015/16.

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.

In response to the Francis Report, the Board and Governors felt strongly that there was a need to increase our transparency and openness with patients and the public. Work is underway to develop a ward quality dashboard. This 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.

National performance measures

The Foundation Trust measures performance against the relevant indicators and performance thresholds set out in Appendix A of Monitor's Risk Assessment Framework (updated March 2015) Publication code: IRG 10/15.

Performance against indicators and targets for 2014/15

The Foundation Trust's performance, against the relevant indicators and performance thresholds are set out in the table below:

Performance against indicators and targets for 2014/15

Area	Indicator	Current Target	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
Access	Total time in A&E: maximum wait time of 4 hours	>=95%	95.05%	96.2%	95.7%	95.9%	96.7%	98.3%
Commentary: The Foundation Trust achieved full year delivery of the Emergency Care Standard despite experiencing many difficult periods throughout the year, with increased volumes of patients and complex cases. An experience which has been reflected nationally Overall attendances increased by 1.6% compared to 2013/14 which is equivalent to an extra 6 patients treated every day.								
Access	All Cancers: two week wait - First Seen	>=93%	95.5%	95.5%	95.1%	94%	96%	94%
	All Cancers: two week wait - First Seen Breast Symptoms	>=93%	95.3%	97.1%	99.8%	94.4%	95.5%	94.4%
	Cancer 31 Day standard - First Treatment	>=96%	98.6%	98.5%	98.8%	96.8%	97.5%	98.2%
	Cancer 31 Day standard - Subsequent Surgical Treatment	>=94%	97.2%	98.1%	96.2%	95.3%	95.4%	95.8%
	Cancer 31 Day standard - Subsequent Drug Treatment	>=98%	99.7%	99.7%	99.9%	99.6%	99.5%	99.7%
	Cancer 62 Day standard - First Treatment	>=85%	86.3%	88.8%	93.3%	83.7%	86.9%	86.6%
	Cancer 62 Day standard - Screening	>=90%	97.0%	97.2%	98.8%	96.2%	96.5%	92.2%
Commentary: All cancer targets have been achieved for year ending 2014/15. Across all Cancer pathways the number of patients seen in 2014/15 rose by 7%. Referrals to the two week wait service saw a particular high increase at 9.7%, which equates to an extra 12 patients seen every week.								
Access	Referral to Treatment Waiting Times <18 weeks- Admitted	>=90%	88.4%	91.7%	84.9%	91.2%	92.6%	93.4%
	Referral to Treatment Waiting Times <18 weeks - Non Admitted	>=95%	96.0%	95.4%	92.3%	98.9%	98.3%	98%
	Referral to Treatment Waiting Times <18 weeks – Incomplete pathway	>=92%	96.5%	97.2%	n/a	n/a	n/a	n/a
Commentary: Performance against the Admitted Referral to Treatment (RTT) targets has deteriorated throughout the year and consequently the Foundation Trust did not achieve the required thresholds in four of the last five months resulting in an increase to the number of patients who were waiting longer than the national standard. For patients who completed their treatment at the Non Admitted (outpatient) stage the threshold was achieved for the year but fell below the required levels in the last two months of the year.								

Area	Indicator	Current Target	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
<p>The Foundation Trust has continued to meet the threshold for patients currently still waiting for Non Admitted or Admitted elective treatment (Incomplete pathway)</p> <p>A recent review by the NHS Intensive Support Team (IST) has also highlighted concerns about the quality of data and systems in place for managing patients who are on an 18 week referral to treatment (RTT) pathway. The review makes a series of recommendations in order to deliver a robust and sustainable system for the management of these patients. Concerns about RTT data quality have also been raised by the external audit limited assurance review of selected indicators in the Quality Report. External audit have been unable to provide an opinion on the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways due to being unable to agree referral dates back to referral letters and also due to patients appearing on the incompletes list when they should have been excluded. An overall action plan for the implementation of the recommendations made by the IST is being developed urgently.</p>								
Outcomes	Incidence of MRSA Bacteraemia	0	7	5	5	2	3	8
	Incidence of <i>Clostridium Difficile</i>	<=35	27	43	58	88	87	99
<p>Commentary: The Foundation Trust achieved the year end trajectory for <i>Clostridium Difficile</i> with 27 cases reported overall which was better than the nationally set threshold. However 7 MRSA's were attributed to the Foundation Trust during the year. This remains a zero tolerance target and the FT continues to apply the associated learning and recommendations from the post infection reviews carried out for all <i>Clostridium Difficile</i> and MRSA cases.</p>								
Outcomes	Data completeness – Community services	50% in 3 areas	Compliant	Compliant	Compliant	n/a	n/a	n/a
<p>Commentary: The Foundation Trust is compliant in data completeness for Community services</p>								
Outcomes	Certification against requirements for people with a learning disability	n/a	Compliant	Compliant	Compliant	Compliant	n/a	n/a
<p>Commentary: The Foundation Trust is currently compliant against the profile for certification against requirements for people with a learning disability.</p>								



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 2014/15 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 Foundation 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 the table below.

National and Local CQUIN Indicators 2014/15 – rationale for selection

Goal Name	Description of Goal	Quality Domain			
		Safety	Effectiveness	Patient Experience	Innovation
Friends and Family Test (FFT)	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	To reduce harm. The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally	Yes			
Dementia and Delirium	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		

		Quality Domain			
Goal Name	Description of Goal	Safety	Effectiveness	Patient Experience	Innovation
Ambulatory Emergency Care	Reduction in avoidable or preventable admissions to hospital for Ambulatory Care Sensitive Conditions (ACSC)		Yes		
NHS Services: seven days a week	Access to senior clinical decision makers in A&E and associated diagnostics	Yes			
Integration	Integrated working between acute and community care to avoid emergency admissions and re-admissions and improve discharges				Yes
Falls	Falls and low impact fractures pathway for older people : Under 75 years	Yes			Yes
Liaison Psychiatry	Acute Psychiatric Liaison in A&E and Acute Wards			Yes	
Information Technology	Innovation: e-care				Yes
Diabetes	Diabetes care: hypoglycaemia; ketoacidosis and staff training		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 2014/15 is outlined in the two tables below.

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 2013/14 Quality Account are also reported in the 2014/15 CQUIN and/or National Targets for year on year comparison of performance where the indicators and the basis of calculation have remained the same.

Performance against CQUIN goals and indicators 2014/15

National or Local Indicator/Quality Domain(s)	Indicator Name	2014/15				2013/14
		Q1	Q2	Q3	Q4	
NATIONAL	Friends and Family Test					
	Friends and Family Test – Implementation of Staff FFT	G	G	N/A	G	N/A
	Friends and Family Test – early implementation	N/A	G	N/A	N/A	N/A
	Friends and Family Test – Increased or Maintained Response Rate	G	N/A	N/A	R	G
	Friends and Family Test – Increased Response Rate in acute inpatient services	G	N/A	N/A	G	G
NATIONAL	NHS Safety Thermometer					
	NHS Safety Thermometer: Pressure Ulcers	R	R	R	R	N/A
NATIONAL	Dementia					
	Dementia: find, assess, investigate & refer	G	G	G	G	G
	Dementia: clinical leadership	G	G	G	G	G
	Dementia: Supporting Carers	G	G	G	G	G
LOCAL	Reduction in Ambulatory Care Sensitive Conditions					
	Reduction in Ambulatory Care Sensitive Conditions (ACSCs)	G	G	G	G	G
LOCAL	NHS Services: 7 day a week					
	NHS Services: 7-days a week: National Early Warning Score	N/A	N/A	N/A	G	N/A
	NHS Services: 7 days a week: Timely Review by Consultant	N/A	G	G	G	N/A
	NHS Services: 7 days a week: Same Day Diagnostic Tests	N/A	N/A	N/A	G	N/A
	NHS Services: 7 days a week: Timely Senior Decision Making	N/A	N/A	N/A	G	N/A
	NHS Services: 7 days a week: Patient Admissions	N/A	N/A	N/A	G	N/A
	NHS Services: 7 days a week: Handover	N/A	N/A	N/A	G	N/A

National or Local Indicator/Quality Domain(s)	Indicator Name	2014/15				2013/14
		Q1	Q2	Q3	Q4	
LOCAL	Integration					
	INTEGRATION: Discharge home before 1pm (daily)	N/A	N/A	N/A	G	N/A
	INTEGRATION: Reduce hospital discharge between midnight and 7am	G	G	G	G	N/A
	INTEGRATION: Reduce permanent residential care admissions	N/A	N/A	N/A	G	N/A
	INTEGRATION: Increase the use of Integrated Care Plans (ICPs)	G	G	G	G	N/A
	INTEGRATION: Community Services referrals	G	G	G	G	N/A
	INTEGRATION: Community Services referrals – including primary reason for referral	G	G	G	G	N/A
	INTEGRATION: Reduction in emergency admissions for patients over 75 years old	R	R	R	R	N/A
LOCAL	Falls and low impact fractures pathway					
	Falls and low impact fractures pathway	N/A	N/A	N/A	G	N/A
LOCAL	Acute Psychiatric Liaison in A&E and Acute Wards					
	Acute Psychiatric Liaison in A&E and Acute Wards	N/A	N/A	N/A	G	N/A
LOCAL	Information Technology					
9	e-communications: electronic discharge letter	G	G	G	G	G
9	e-communications: electronic letter following outpatient appointment	G	G	G	G	G
9	innovation e-care: clinical records viewer within Inpatients	G	G	G	G	G
9	innovation e-care: Death discharge summary	N/A	G	G	G	N/A
LOCAL	Diabetes care					
10	Patients admitted to hospital with hypoglycaemia	G	G	G	G	N/A
10	Patients admitted to hospital with diabetic ketoacidosis	G	G	G	G	N/A
10	Diabetes training for staff	N/A	N/A	N/A	G	N/A

Performance against NHS England CQUIN goals and indicators 2014/15

National or Local Indicator/Quality Domain(s)	Indicator Name	2014/15				2013/14
		Q1	Q2	Q3	Q4	
HIV	Proportion of patients with diagnosed HIV registered with and disclosed to their GP	G	G	G	G	N/A
	Annual communication with GP	G	G	G	G	N/A
Cancer Follow up	Long term follow-up in specialised cancer care	G	N/A	R	R	N/A

Green G	Achieved
Amber A	Partially achieved/Undecided
Red R	Not achieved
N/A	Not applicable

Patient Experience

Patients First is Bradford Teaching Hospitals NHS Foundation Trust 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.

Aims

- increase the number and diversity of patients who give feedback via the real time electronic survey
- ensure that any improvements made are sustained
- improve the results of the National Patients Survey, Friends and Family test etc.

Actions undertaken by the Patients First Committee

Collaborative work

The Foundation Trust works in collaboration with our colleagues at Healthwatch to further support the improvement activity. A number of Enter and View visits have been performed by Healthwatch teams. The results of these are shared with Trust staff and actions required are managed by the divisions and monitored by the Patients First Committee.

A recent example of improvement following Healthwatch support was identified after working with a group of patients from ethnic communities affected by cancer. The patients said they wanted a clear explanation of their treatment in an easy read format. A work stream has been formed to look at this and communication in general for patients with cancer, part of this has been the development of a cancer services website. The Palliative Care Team plan to work in closer collaboration with interpreting services to ensure that communication is robust and provides all information that patients require.

Real time electronic feedback

Implementation of the real time patient feedback and audit programme has commenced. The aim of the programme is to move to an electronic collection for patient feedback, including Friends and Family test and audits. The survey questionnaires have been created to include core generic questions which can be used in any area. Additional ward, outpatient, cancer services and accident and emergency specific questions can then be used to supplement the generic questions.

- the questionnaires can be adapted and further developed over time; this will allow us to focus on qualitative data which will be produced in a timely manner and facilitate appropriate corrective action to be taken.
- easy read, audio and different languages will also be used to ensure we capture and support a diverse spread of patients to complete the surveys.
- key clinical patient safety audits ie Safety Thermometer, Infection Prevention and Control will also be built into the system, with further expansion of other audits added over time.

Newsletter

A Patients First newsletter has been created and is sent out to staff as a further means of communication to raise awareness about quality initiatives which improve the patient experience.

An example of this is shown below:

Patient experience brief
March 2015

Shelley Bailey – Assistant Chief
Nurse



Hello

This is the first newsletter which has been created to focus on the quality work we are performing here at the Foundation Trust. The intention is to highlight some of the work streams so that you are aware of what is happening and promote good practice and experience in your areas. The aim is to make sure that information is shared, so if you have any comments or feedback or would like to become involved in any of the work please do let me know. My contact details are #6290 or 6891, thank you.

Dignity Workstream

- **Recliner chairs:** We have made a successful bid to the Charitable funds for an extra 3 recliner chairs, this brings the total amount of recliner chairs to 6. The chairs can be offered to families of patients who are dying should they wish to stay overnight. To request a chair please contact the porters
- **Noise at night:** A task and finish group has been organised and are going to meet on Thursday 19 March 2015. We will review how we might reduce noise at night, examples are the use of ear plugs, soft close doors etc. If you want to join the group please let me know your details
- **Facilities to talk privately to patients and their families.** The list of available places has been updated and is available on the Intranet under the Privacy and Dignity tab. The list identifies any potential space where it is suitable to have a private conversation
- **Doctors and nurses not introducing themselves and talking over patients as if they are not there** is a common theme from patient feedback. As busy professionals we often forget how such practices affect our patients. Always remember:

- Introduce yourself and who you are i.e. my name is..... I am the nurse who I will be looking after you
- Ask the patient what they would like to be called, make sure this is documented so that other members of the team are aware



- **Care in progress signs** are not being used, a lot of you have complained that the existing signs are not fit for purpose. We are currently looking at other alternatives, and will let you know as soon as we have agreed a supplier. Until this is finalised, please ensure that extra care is taken to maintain the patient's privacy and dignity
- **PLACE (Patient Led Assessment of the Care Environment).** This is yearly assessment which looks at the cleanliness, condition and maintenance of our buildings also privacy and dignity and food services for patients. The assessment will be performed before the end of March 2015 at Bradford Royal Infirmary. Service users attend the inspection process as well as staff members. You may see one of the teams either in a ward or department area or on any of the corridors

I intend to produce similar information every month so want to keep it brief. If you have any comments or suggestions for anything, please let me know, thank you, Shelley

Monitoring progress

Standard templates have been developed for each of the Divisions and the relevant work streams to ensure that there is a consistent approach to the information which is received by the Patients First Committee.

The following is an example of feedback submitted by the Diagnostics & Therapeutic division.

Patients First Committee
Divisional feedback Diagnostics & Therapeutic

Dates/Months for submission to Patients First Committee (The pro-forma should be submitted a week prior to the meeting. Send to Shelley.bailey@bthft.nhs.uk)						
20/11/14	31/12/14	22/1/15	26/2/15	26/3/15	23/4/15	28/5/15
25/6/15	23/7/15	27/8/15	24/9/15	22/10/15	26/11/15	24/12/15

Date: 18/12/14

Friends & Family

178 completed cards for O/P for November 2014

Overall score 96% patients recommend

Comments	<i>Positive</i>	<i>Negative</i>	<i>Positive + Negative</i>	<i>Neither</i>
N= 119	82	23	9	5
%	69	19	8	4

1/ Best practice examples

- ***Kind, friendly and helpful staff***
- ***Well organised clinics***

2/ Areas of development or concern

- ***Waiting times***
- ***Environment issues***
- ***Re-scheduling of appointments.***

3/Action taken

- ***To be agreed***

Complaints /themes (top 3) - as October only 1 additional complaint received.

1/Patient Dignity


Dignity of the patient whilst preparing for a scan or screening not always ensured.

Action taken: Staff requested to reflect on actions and made aware of patient comments. Awareness sessions organised around hearing impaired. Staff also reminded to consider whether elderly patients require additional assistance.

2/Delay in Appointment

Delay in patients receiving appointments and appointments cancelled.

Action Taken: Staff apologised to patients where there had been a breakdown in communication resulting in a delayed appointment. Other clinical specialty wrote to a patient after cancelling the patients' appointment (not CPBS)

Feedback	Themes	Best practice	Areas of development or concern	Action taken
PALS	Appointments Phlebotomy		Delay / changed appointments Waiting Times	Appointments Supervisor expedited appointment. Operational Service Manager preparing Action Plan to address issues.
TUWYT (Tell us what you think)	Patient satisfaction with waiting times / quality and caring nature of staff	Physiotherapy Psychology Medical Physics Dexa and O/P West Phlebotomy	Patient feedback highlighted kind and reassuring staff and excellent service	Feedback compliments to staff.
HW (Healthwatch)				
Other: Core Survey Programme of surveys across all specialties in the Division  Iodine Therapy Core Survey Dec 2014.pdf	Survey of Iodine Therapy Clinic in Medical Physics demonstrated high levels of patient satisfaction. Appointment letter and map not very clear.	Staff all helpful, professional and caring.	Confusing appointment letter, map not very clear.	Survey to be shared with all staff concerned including Endocrine Unit. Review of appointment letter and feedback to estates re map to be completed.

Patient and Public Involvement (PPI)

During 2014-15 it was decided to develop a Patient Experience Strategy, embedding the Patient and Public Involvement Strategy within this. Subsequently, a further decision was made to include these within the new Trust Quality Improvement strategy. This was to show that the voice of and interaction with patients and public in relation to all aspects of the Foundation Trust's business, and the numerous dimensions of patient experience work, are important aspects considered to continually improve quality. This strategy has now been approved and contains the key elements of our plans for both patient and public engagement, involvement, strategic direction and approach to patient experience. The detail of the original draft strategy will be used to lay the foundations of a new work programme for engagement and involvement in 2015–16.

Steady progress has been made in building the database of people registered with us who are willing to be involved, and the diversity of those coming forward for this is improving. The last year has seen patients or patient representatives registered for involvement, and through other established and emerging relationships with communities and organisations, become involved in a wide range of work with the Foundation Trust, for example:

- digital and informatics strategies and website development
- informing and enhancing the design of paediatric facilities
- clinical and patient safety research involvement,
- identifying aspects of patient experience in Diabetes, ENT and Ophthalmology services which need to be improved
- bringing the patient voice directly into arenas such as clinical governance, grand rounds and Board meetings (Patient Stories)
- becoming Patient Assessors for the PLACE programme

There is a significant overlap between patient experience work and the Foundation Trust's patient and public involvement activity; supporting patient experience work has accounted for much of the work undertaken in the last year by the relevant staff. However it is hoped to re-balance this to ensure that we continue to extend and strengthen relationships with the communities we serve. We continue to develop our capacity to undertake meaningful involvement with the full range of people who use our services or, can contribute to our vision to provide excellent care, in the right place at the right time and in ways that will ensure a high quality patient experience for all.

Patient stories

An agenda item for patient stories has been included on the Board of Director's meetings since April 2014, to introduce patient stories as part of a wider exploration of how patient stories can be used for learning, improving 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 specialty level.

Friends and Family Test (FTT)

Background

The Friends and Family Test aims to provide a simple rating which can be used to drive cultural change and continuous improvements in the quality of the care. This measure is produced by asking patients one question: "How likely are you to recommend this service to friends and family?" within 48 hours of discharge, or at another appropriate point in the care pathway. In addition, a 'follow up question' is asked to collect further information and provide reasoning for the rating given. Until now, the use of this 'follow up question' has been optional; however the Foundation Trust has used this from the start, to give added value to this system of collecting patient opinion. In addition, the Foundation Trust collects demographic data from those taking part so we can assess participation levels and compare patient experience of some key sub-categories of patients i.e. gender, age-groups, disability and ethnicity.

This measure provides an additional source of near real-time feedback from the patient perspective and an indication of the areas that have the potential to help improve the quality of care delivered to our patients. Specific comments, and themes which emerge over time, are used to inform improvements to services, as well as to identify and reinforce good practice, so both negative and positive comments have potential value. In the initial period of use, eligible patients were defined as those aged over 16 years who had an overnight stay or attended the Accident and Emergency Department (AED or Medical Admissions Unit).

For maternity services, all women, were asked the question at four separate times in their pregnancy, to reflect key aspects of their care i.e. ante-natal, delivery, hospital post-natal and community post-natal care.

Implementation of the FFT continued to form part of the NHS contract for 2014-15, with on-going roll-out to an increasing range of services and providers. It was also one of the National Commissioning for Quality and Innovation (CQUINs) for 2014- 2015, with targets based on obtaining further increases in response rate, varying according to the type of service, including 20% for AED and 40% for inpatient wards by Quarter 4. Full achievement of the CQUIN was also dependent on achieving the targets in both of these areas.

In October 2014 the Foundation Trust followed up the successful implementation of FFT to inpatient, AED and maternity services by becoming 'early adopters' of the test for day cases, Outpatient and Community Services. The methodology in these contexts, particularly where people receive care for a long-term condition, or attend intensively for a fixed period of time, is, of necessity different, with the emphasis being on the opportunity to take part being available at all times, to all patients. In conjunction with this, services can, proactively promote it to patients at particular times, or to particular categories of patient in order to ensure sufficient participation to produce meaningful findings, encourage feedback at key points in the care pathway, or on specific aspects of a service.

The Friends and Family Test is now operating in all the Foundation Trust's inpatient wards, maternity services, AED, Day Case wards, Outpatients and Community Services.

In addition, the eligible patient base has expanded to include children and young people, and there is a strong emphasis on increasing inclusion of all patients, particularly those who may experience barriers to participation or who form part of a 'seldom heard' part of the population. Work is on-going to address this need in the Foundation Trust and improve access to feedback mechanisms for all who use our services.

Scoring, reporting and publication

From April 2013 results were reported as a Net Promoter Score (NPS), 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 – i.e. a numerical score not a percentage. In addition the numbers of patients taking part, as a percentage of 'eligible patients' was calculated – the 'response rate' element of the test.

In October 2014, in response to feedback from a variety of sources, NHS England announced significant changes to the scoring methodology. The Net Promoter Score formula was replaced with an easier to understand and explain score giving 'would recommend' and 'would not recommend' percentage scores; in addition, responses of 'likely' to recommend, which up until then had been counted as neutral, became part of the positive measure, which was more in accord with how those using perceived giving a 'likely' score.

Results are uploaded monthly to the Department of Health, provided monthly to all participating services, addressed through ward/service level and divisional performance management meetings, and included in regular reports to the Board of Directors and relevant sub-committees.

A key aspect of implementation is the communication of meaningful results locally to patients and the public, in addition to the results being available in the public domain e.g. on NHS Choices and NHS England websites. Wards and services 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. During 2014 -15 we improved how we explained and displayed FFT results after consultation with patient representatives.

In addition to this, a standardised information sharing board ("Read all about us") has been developed, with input from patients and the public, which brings together and standardises presentation of multiple sources of feedback and data, including Friends and Family Test scores. The effect of this is to make it easier for patients, families and others to obtain a consistent, easy to understand and current 'snapshot' of how the service is performing, how patients views have been listened to and acted upon, and other key information about the service. These have been installed in all wards and are now being provided to other areas taking part in FFT.

Services are encouraged to take ownership of their own data and to make good use of it, as well as it being a focus of performance discussions. This is reflected by including a 'You said, we did' style report each month on the 'Read All About Us Board', sharing actions taken as a result of feedback from patients, FFT and other sources. 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 table below shows the percentages of patients, who took part in FFT, who stated they would / would not recommend the service they used to friends and family, during Quarter 4 for 2015, for specific areas of service and for the Foundation Trust Overall.

Percentages of patients who took part in the Friends and Family Test

Area	Jan-15		Feb-15		Mar-15		Quarter 4 2015	
	%		%		%		%	
	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend	Recommend	Not recommend
Wards	99.9	0.1	99.8	0.2	99.7	0.1	99.9	0.1
A&E	77	23	90.9	9.1	79.8	6.1	83.3	16.7
Day Case	100	0	99.7	0.3	99.8	0.2	99.8	0.2
OP	96.6	3.4	98.5	1.5	98.3	1.7	97.6	2.4
Maternity	99	1.3	100.0	0.0	98.4	0.0	99.7	0.3
BTHFT Trust Total	94.5	5.5	98.5	1.5	98.4	0.4	97.2	2.8

The change to the more transparent and meaningful measure i.e. the percentage who would or would not recommend the ward or service has been welcomed, particularly by patients and the public but also by staff. It should be noted that where the percentage does not add up to 100% this is due to the fact that those responding 'don't know' are not shown here.

The figures shown above, with the exception of A&E, suggest a generally good, or better, level of patient experience for the majority of patients, and this is reflected in the nature of many responses to the follow up question. However the Foundation Trust is not complacent about this, and the follow up question responses allow us to identify where patients think we should improve, including those

who give a positive rating, but may still give constructive criticism or ideas in answering the follow up question. Where results for a service suggest a quality of patient experience which is less than excellent, further investigation is undertaken to establish the reasons for this and appropriate actions taken to address these. Any serious issues identified through the comments are speedily investigated and appropriate action taken by the most appropriate Divisional Manager or Matron.

A thematic analysis of responses to the follow up question is being undertaken for Outpatients to inform better understanding of the data the test is producing.

The table below shows the percentage of eligible patients taking part in FFT in each of the months in Quarter 4 2015, by area and for the Foundation Trust overall.

	Q4 2015 % Response Rates		
	Jan	Feb	Mar
BTHFT overall	16.2	17.1	14.1
AED	12.1	7.1	1.8
Inpatients	34.3	40.5	42.1
Maternity	15.1	29.4	22.6
Daycase	32.0	34.3	38.4

Response rates have varied over the year, and across areas; some wards achieved particularly good response rates, and consistently so, others improved over the year, whilst in other areas, often those for which the patient population meant participation presented particular challenges, found it challenging to reach the final target of 40% for wards, despite significant efforts to do so. The response rates in AED have fluctuated considerably; although the introduction of a new method of participation (using token boxes) initially improved participation, this was not sustained, and this method has now been disallowed by NHS England. The Foundation Trust is therefore about to introduce the option of participation by responding to an SMS text, by text or by linking to an online platform, along with the more traditional method of filling in a postcard. It is hoped this will improve participation levels in this department. The introduction of other electronic options for FFT participation across the Foundation Trust, which will improve access and inclusivity, and bring data receipt close to truly being real-time, is in the final stages of planning.

During 2014-15 NHS England have confirmed that they do not recommend the use of FFT scores when doing a comparison with other Trusts, as differences in methodology are permitted which means results may not be directly comparable. Instead, the emphasis is on internal benchmarking and use of the data, along with other metrics, to continually improve the quality of care and patient experience.

Governors and stakeholder engagement

Following the appointment of the Chairman, Professor Lord Kamlesh Patel OBE, in July 2014 the Council of Governors began the process of reviewing their business agenda and stakeholder engagement programme.

In July and August 2014, all Governors participated in individual meetings with the Chairman where the outcomes from these meetings informing the delivery of a key Governors Development Day in October 2014 where the Governors and Chairman revisited the Governors statutory duties, roles

and responsibilities. This included a focus on 'stakeholder engagement' whereby Governors are able to then fulfil their core duty to 'represent the interests of Trust members and of the public' by ensuring sustained feedback to the Board of Directors to support improved patient experience, quality and safety. The outcomes from the Governors Development Day were confirmed at the Council of Governors meeting in December 2014 and included the establishment of four new Governor Work Streams along with the establishment of the Governors Issues Log.

Governors work streams (stakeholder engagement)
Long Term Conditions
Service Developments
Workforce
Technology and Innovation

The work streams are based on the areas of 'most importance' as determined from a governor-led consultation/survey related to the Foundation Trust's new Operational Plan (focussed on the development of integrated care and the transformation of services) which took place between June 2014 and September 2014. Feedback was received from members, the public, staff and volunteers.

During the last quarter of 2014/2015 the work streams have focussed on developing their operating structures, engagement plans, Governors' knowledge and understanding of Trust actions and activities and, identifying the support and resource required to support effective engagement with stakeholders.

The new 'Governors Issues Log' was implemented in January 2014 to support Governors in formally sharing feedback, comments and questions with the Board of Directors. Although this has yet to bed in and become a regular tool that Governors use; it is expected that over time themes and issues will emerge that will influence the development and focus of the work streams and, support more focused engagement with the Board of Directors.

Using patient feedback to improve services

The Foundation Trust actively encourages patients, carers and other service users to give feedback verbally, by post or electronically about their care and experience. A sample of these are given below:

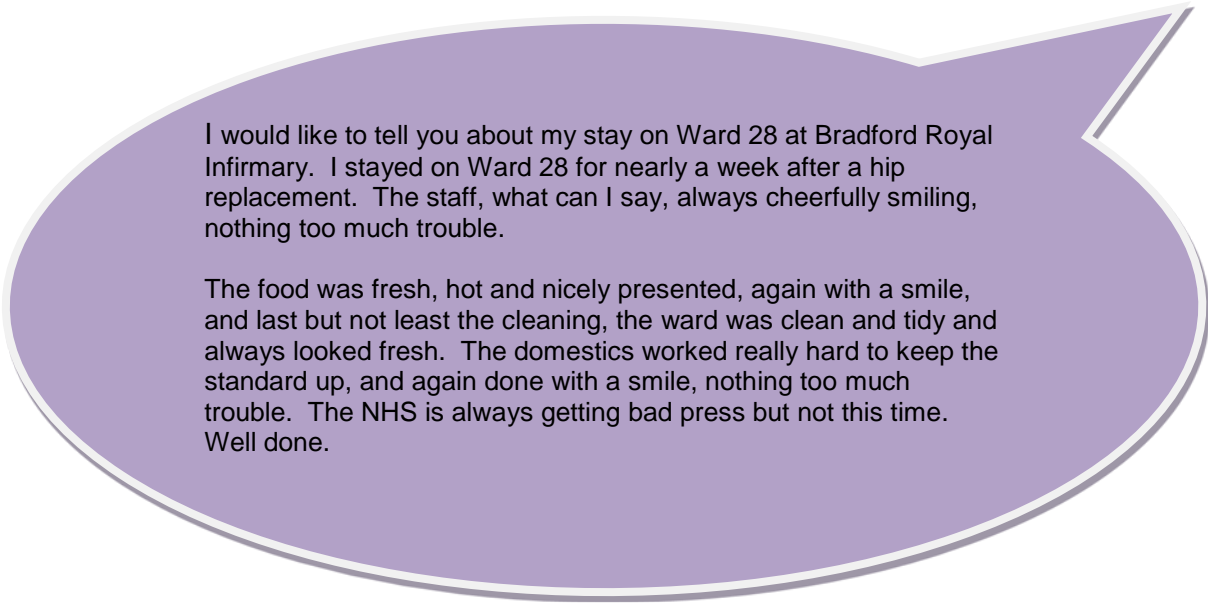
"I would like you to know that the treatment I received in A & E on Sunday 18th January was excellent. I had an Angina attack late Sunday evening which didn't seem to be going, even after my spray medication, so I pressed my emergency button and soon the Paramedics arrived. After an ECG and other checks they suggested I should go to A & E for further checks. By 12.15am I was in A & E, BRI. The staff there couldn't have been better, efficient, cheerful and helpful. I was further examined by a Doctor and pronounced ok and at 2.15am I was on my way home. Thank your Paramedics and A & E staff for their excellent care".

"I thought you would like a copy of the letter I am sending to CQC in Newcastle in praise of Bradford Royal Infirmary. Keep up the good work. Bradford Royal Infirmary ENT, I wish to tell you about my experience over the years at the ENT department. For over twenty years I have had trouble with both ears and I have worn a hearing aid in each ear. Because I have a perforation in each ear, the ears sometimes discharge without warning which necessitates a visit to BRI ENT. I am fortunate to have as my consultant Mr C H Raine, who suctions them for me. Professor Raine has

brought distinction to Bradford with his Learning for Life, where he implants a bionic ear for the totally deaf. I should mention that I am 85 years old. Sometimes my ears need a suction 6 or more times a year but they always see to me. I must mention Sister A O'Connor and her team at the ENT who make sure that things run smoothly and Sister O'Connor helps Mr C Raine. The ENT is always busy. Over the years, waiting to be attended to, I have had plenty of time to observe how the ENT copes with things. They are magnificent. Thank goodness I chose to go there. Bradford is a multi-cultural city and often I have heard Sister O'Connor ask an Asian mother and young child if she would like her to get an interpreter for them. I am now down to real hearing in both ears of 10%. I get my hearing aids at BRI. They give me hearing tests and hearing aids. They, too, are professional in all they do. I am full of praise for Bradford Royal Infirmary”.

“My wife has recently spent 74 days as a patient on Ward 7 at Bradford Royal Infirmary. I write to tell you what a magnificent team of people you have working on that ward. Dr Newton (my wife's consultant), the other doctors, nursing staff and ancillary workers all contributed to making a stressful time bearable for my wife, myself and our two children. I cannot praise highly enough the care she received throughout her stay. This would include the I.C.U. Outreach doctors and nurses, dietician and aromatherapy lady.”

Letters to the local media have expressed patients' views on a breadth of the services provided by the Foundation Trust. A sample of these are given below:



I would like to tell you about my stay on Ward 28 at Bradford Royal Infirmary. I stayed on Ward 28 for nearly a week after a hip replacement. The staff, what can I say, always cheerfully smiling, nothing too much trouble.

The food was fresh, hot and nicely presented, again with a smile, and last but not least the cleaning, the ward was clean and tidy and always looked fresh. The domestics worked really hard to keep the standard up, and again done with a smile, nothing too much trouble. The NHS is always getting bad press but not this time. Well done.

I was admitted to Ward 28 of the BRI on March 16 for a knee replacement operation under the care of Mr Taggart and his team and I would like, through your column, to say a very big thank you for the care, attention and patience shown by all nurses, physios and staff connected with that ward.

Although often rushed off their feet, the nurses were always attentive and extremely caring and physios always had a smile on their faces and this helped when doing painful exercises.

The friendliness and caring nature also extended to the people who did the tea trolley and also the cleaners. I must say the treatment received on Ward 28 was second-to-none.

The only downside to my stay on the ward I regret to say was the food which did not cater for people who don't like curries, chilli and the like. Just one day was roast pork and that was palatable. Well done everyone on Ward 28.

Unfortunately on March 18, at 1.30am I was rushed into the BRI with severe chest pains. Within 30 seconds of going through the door I was attended to by a staff nurse who started to treat me. From that moment I could have had no better care in the world and all the A&E staff, doctors and nurses alike, were excellent.

At 5.30am I was moved up to Ward 4 and again the staff could not do enough for me, in particular the doctor and the staff nurse in charge that day.

In the eight hours trying to find out what the problem was I had numerous blood tests, four times on an ECG machine, X-rays, and a CT scan and had results back from them all in that time. I would like to give a big thank you to all who helped me that night.

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 2014/15:

Feedback from National Inpatient Survey 2014

The National Inpatient Survey 2014, run by the Picker Institute Europe elicited views from a number of our patients treated in the hospital during June, July or August 2014. A total of 1698 patients were

sent a questionnaire, 588 were returned, giving a response rate of 36%, the average response rate for the Picker Trusts surveyed was 45%

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

Comparison with the 2013 survey

A total of 60 questions were used in both the 2013 and 2014 surveys.
Compared to the 2013 survey, the Foundation Trust is:

- significantly better on 2 questions (table 1)
- significantly worse on 2 questions (table 2)
- no significant difference on 56 questions

The Foundation Trust has improved significantly on the following questions - lower scores are better		
	2013	2014
Surgery: what would be done during operation not fully explained	29%	22%
Discharge: Family or home situation not considered	44%	36%

Comparison with other Trusts (Picker users only)

The survey showed that the Foundation Trust is:

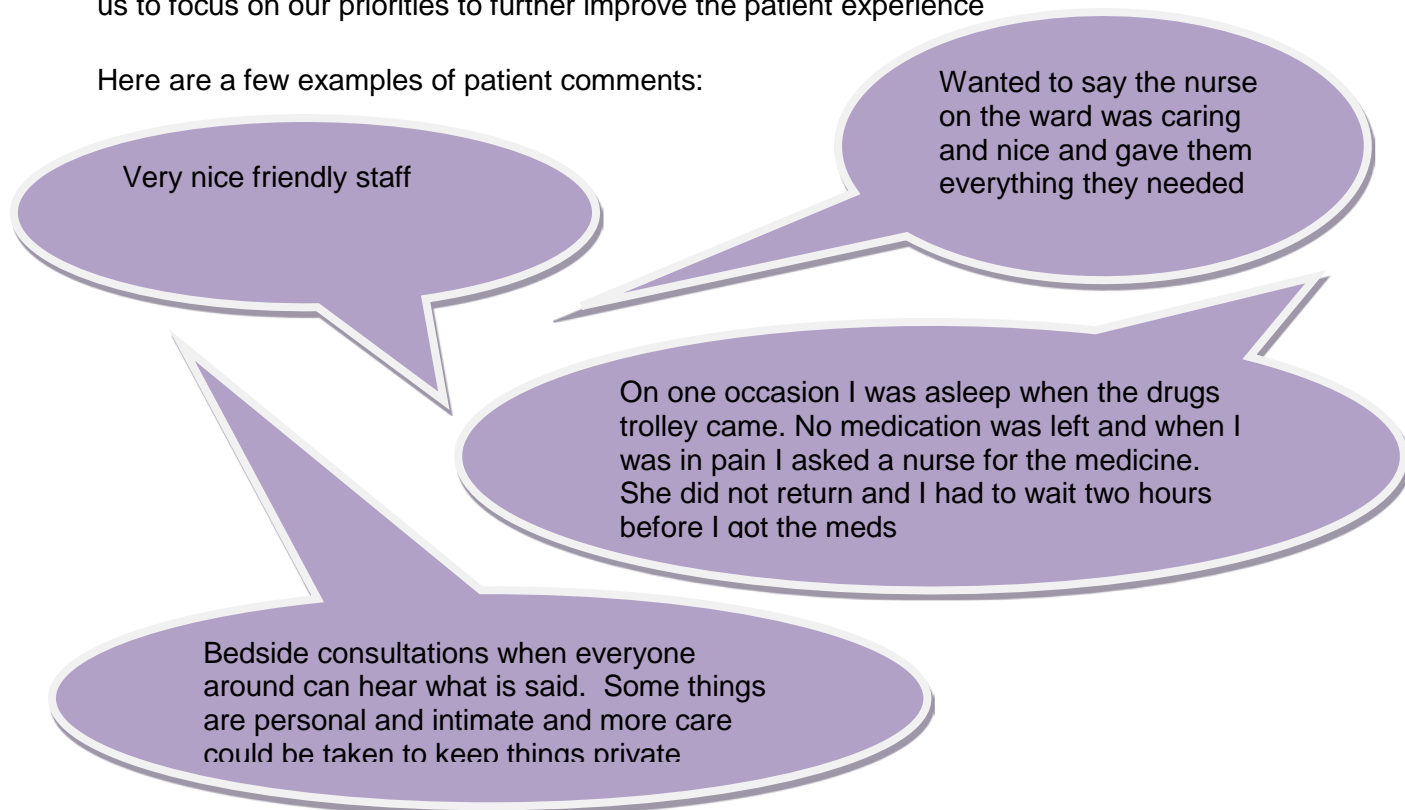
- significantly better than average on 0 questions
- significantly worse than average on 19 questions
- the scores were average on 43 questions

Your results were significantly worse than the average Picker average for the following questions- lower scores are better		
	Trust	Average
AED: not enough/too much information about condition or treatment	28%	23%
Planned admission: not offered a choice of hospitals	80%	69%
Admission: had to wait long time to get to bed on ward	42%	33%
Hospital: shared sleeping area with opposite sex	13%	8%
Hospital: room or ward not very or not at all clean	5%	3%
Hospital: felt threatened by other patients or visitors	5%	3%
Hospital: food was fair or poor	47%	42%
Doctors: talked in front of patients as if they were not there	29%	24%
Nurses: did not always get clear answers to questions	38%	31%
Nurses: sometimes, rarely or never enough on duty	45%	40%
Care: not always enough privacy when discussing condition or treatment	29%	24%
Care: staff did not do everything to help control pain	36%	30%
Care: more than 5 minutes to answer call button	24%	18%
Discharge: did not feel involved in decisions about discharge from hospital	51%	45%
Discharge: was delayed	47%	42%
Discharge: not fully told of danger signals to look for	60%	55%
Overall: not treated with respect or dignity	23%	19%
Overall: did not always feel well looked after by staff	27%	23%
Overall: rated experience as less than 7/10	22%	16%

The CQC comparative analysis is not available until May/June 2015. This will give us a national benchmark against Trusts.

Whilst there has been a significant improvement across a whole range of sources of patient feedback including Friends and Family, Tell Us What You Think cards, the results of the NPS help us to focus on our priorities to further improve the patient experience

Here are a few examples of patient comments:



All comments, compliments and complaints are recorded on a database so that we can build a picture of what our patients are telling us about our services.

Actions undertaken

The results have been cascaded to key personnel within the Foundation Trust and will be discussed at Divisional meetings, and results will be disseminated across all specialties.

An action plan for improvement will be developed; where work streams already exist the actions will be added to current work plans. New work streams will be created for new actions. The actions will be managed by the relevant divisions. Implementation of a real time electronic feedback solution in May 2015 will allow us to capture feedback promptly and therefore act upon the findings in an appropriate manner to ensure we resolve issues quickly. This proactive management should reflect in a positive patient survey in 2016.

Monitoring progress

The actions will be monitored by the Patients First Committee which is the quality assurance committee for the Foundation Trust.

Feedback from National Cancer Survey 2014

Introduction

The Cancer Patient Experience Survey 2014 (CPES) allows us to monitor national progress on cancer care. The survey provides information that can be used to drive local quality improvements. A total of 510 eligible patients from Bradford Teaching Hospitals NHS Foundation Trust were sent a survey, and 283 questionnaires were returned completed. This represents a response rate of 58%.

The Foundation Trust is in the lowest 20% of all Trusts with regards to 5 questions, although this is an improvement on last year when there were 11 questions in the bottom 20%. The questions in the lowest 20% this year were:

- patient given easy to understand written information about test (although the subsequent question given complete explanation of test results in understandable way shows an improvement on the previous year from 77% to 80%)
- patient given the name of the CNS in charge of their care
- patient had confidence and trust in all doctors treating them
- hospital staff did everything to help control pain all of the time
- nurses not talking in front of patients as if they were not there

There were also positive comments in this section such as 'good care', 'outstanding', 'excellent', 'efficient' and 'treated like a person'. There were also a number of positive comments related to the role of the Clinical Nurse Specialist.

The results were disseminated across all cancer MDT Lead Clinicians and Lead Nurses. Clinical Governance Leads were informed of the results for dissemination across all specialties. Dr Race of Quality Health attended the Foundation Trust's Grand Round to discuss the results and all staff was invited to attend. A patient representative provided their cancer story at the event.

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 that 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 Accident and Emergency Department Survey 2014

Introduction

The fifth survey of AED patients involved 142 acute and specialist NHS Trusts with a major Accident and Emergency Department. In total 40,000 patients took part in the survey, giving an overall response rate of 34%. Patients eligible for participation were:

- aged 16 or older
- not staying in hospital at the time patients were sampled, or
- had attended AED in January, February or March 2014, (each Trust chose one month from which to sample patients)

Key findings

The key findings are set out below:-

- the response rate for the Foundation Trust was 24% (197 of patients responded out of a total of 826 sent the survey)
- the majority of the 35 questions (28) show the Foundation Trusts results to be about the same as other Acute Trusts and have remained unchanged from the previous year
- response to Q 1 shows that there was a 6.15% re-attendance to AED within a week of previous attendance (with the same or a related condition)

Areas where the Foundation Trust scored 'worse' than other hospitals in 7 questions, with communication about the care and treatment comprising 3 of the 7 is shown below:

Question	2014 score	Lowest Score Achieved	Highest Score Achieved	2012 BTHFT score	Changes from 2012
Doctors and Nurses took time to Discuss your anxiety and fears	6.2	5.6	7.8	6.1	GREEN
You were provided information about your condition or treatment	7.9	7.9	9.1	8.6	RED
You could get help when needed it whilst in AED	6.7	6.4	8.7	7.1	RED
You were involved in the decision making process for your care and treatment	6.6	6.5	8.5	7.2	RED
There were timely tests results	6.7	6.7	9.1	7.7	RED
You had access to food and drink within the facilities	5.3	4.8	8.2	5.6	RED
You were provided with information about when you could resume usual activities after discharge from AED	4	3.6	6.8	4.6	RED

Areas where scores demonstrate a statistically significant improvement in comparison to the 2012 survey is shown below:

Question	2014 score	Lowest Score Achieved	Highest Score Achieved	2012 BTHFT score	Changes from 2012
If your relative wanted to talk to the doctor, did they have opportunity to do so?	7.2	6.2	8.4	6.7	GREEN
Did you have confidence and trust in the doctors and nurses examining and treating you?	8.4	7.4	9.2	8.1	GREEN
How long did you wait before you first spoke to a doctor or nurse?	5.8	4.2	7.9	5	GREEN
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the AED department?	8.6	8	9.4	8.3	GREEN
While you were in the AED department, did you feel threatened by other patients or visitors?	9.3	8.9	9.9	9.1	GREEN
Did a member of staff tell you about medication side effects to watch for?	4.9	2.9	7.5	3.5	GREEN
Overall experience in AED	7.5	6.6	8.5	7.1	GREEN

Patient communication was seen to be the lowest scoring sub-section of report. Improved areas were that the family members felt they had enough time to contribute and communicate to the medical staff, patients felt they could speak initially within the consultation period and patients felt they trusted the doctors caring for them.

Actions undertaken

- reiterate the importance of supporting patients' emotional needs by talking through their fears and anxiety.
- on-going communication with the patient throughout the entirety of their journey within the AED will be highlighted.
- patients will be advised within the initial consultation how to get a Doctor or Nurses attention should they need it while in AED care.
- patients are to be made a part of the decision process and are included in deciding the management plan for their condition.
- communication with patients will be documented within the patient AED card.
- results will be analysed by doctors promptly on the return to AED from testing area i.e. X-ray/blood labs, and discussed with the patient at the earliest opportunity.
- AED vending machine will be frequently re-stocked and any repairs will take place in a timely manner. In the event of the vending machine is out of order, staff will supply water to patients and relatives.
- staff will communicate with the patient the amount of time they should wait before commencing usual activities, i.e. exercise or driving.

The findings were discussed at the Clinical Governance meeting in March 2015, to reiterate the importance of patient communication and engagement in a busy AED environment.

Bi-monthly staff meetings to include discussions and skill development on patient communication while in AED throughout the patient journey.

This will be monitored by spot checking patient experience by the sisters and consultants and discussed in individual appraisals.

Learning from complaints and PALS issues

The Clwyd /Hart report was published in October 2013. The report reviewed hospitals' complaints systems. The recommendations in the report focussed on four areas for change: improving the quality of care; improving the way complaints are handled; ensuring independence in the complaints procedures; and whistle-blowing. There were a total of 43 recommendations in the report, 26 were applicable to Bradford Teaching Hospitals NHS Foundation Trust. Twenty two of these actions have been completed; the remainder are being actioned and monitored through the Complaints Steering Group.

Recommendations and actions

Bradford Teaching Hospitals NHS Foundation Trust needs to make sure that our patients can understand their care and treatment. While written information is helpful, it is always important to discuss diagnoses, treatments and care with a patient, carer or sometimes where appropriate a friend. If English is not the first language patients will need an interpreter. An interpreting service is available; a policy which highlights when to use an interpreter and how to access an interpreter has been developed. This was launched in April 2015, to ensure that the key information is provided for staff to support patients.

The 'Tell us what you think' leaflet which is our comment, compliment or complaint leaflet is available across the Foundation Trust, with good uptake and return rate. It will be available as an 'easy read' version in May 2015, to ensure that we are providing equitable service to patients. All comments, compliments or complaints are recorded in our central database so that we can monitor progress and review data to look at themes which help us to improve our services.

A carers' involvement plan is being developed. The aim of this is to ensure that family members and/or carers of patients with any cognitive impairment are asked to provide information about the patient's usual functioning. This will support the patient's management to help staff provide care. It will be available in May 2015.

Bradford Teaching Hospitals NHS Foundation Trust should actively encourage volunteers to help support patients who wish to express concerns or complaints. This is particularly important where patients are vulnerable or alone, when they might find it difficult to raise a concern. We have engaged with the local Healthwatch and in collaboration we have developed a weekly outreach service using Healthwatch volunteers. The volunteers access 4 outpatient areas at Bradford Royal Infirmary.

- Ophthalmology
- Orthopaedics
- Physiotherapy
- Outpatients West

The volunteers have all undertaken a robust training programme and are supported by Healthwatch and Trust staff. The aims of the service are to sign post patients and families to either Healthwatch or the PALS department. The service has provided the Foundation Trust with very useful data which is currently being built into the Datix system. Reports have been available for the division at the beginning of March 2015.

The Foundation Trust has a very proactive group of volunteers. Work is progressing to review the possibility of developing a specific volunteers' support role to focus on PALS.

We have taken the first steps to ensuring that our complaint investigations, outcomes and actions are made available on the Foundation Trusts website. We have added the following statement to our letters to ensure we do not publish anything without consent from the patient.

'We want to share the learning from complaints, we produce a summary of all complaints and in some cases we will publish the summary on our website. The summary will not contain your name or address. If you do not want the summary details of your complaint to be published please contact us.'

The next step is to start publishing which will commence in Spring 2015.

The Foundation Trust is happy to meet with complainants at any stage of the complaint process, to understand their issues and provide support and assurance that we are listening.

The Foundation Trust produces a lessons learnt sheet for complaints graded as extreme and high. This is shared across the Foundation Trust so that teams can use the lessons learnt to improve practice in future, we also share the lessons learnt and the action plan with the complainant. The following pages show examples of complaints, inquest and legal claims lessons learnt sheets.

Learning the Lessons from an Extreme Complaint

February 2015

Summary of Key Issues:

The patient did not receive the medication she needed or an explanation and became very anxious.

Action – All staff administering or prescribing medicines must adhere to the Medicines Policy and communicate with the patient if a drug is omitted

The communication between family, nursing staff and therapy staff was poor. Family were not contacted regarding the patients progress. The staff gave poor responses when asked for information about the patient's progress

Action – Effective methods of communication between family, ward and therapy staff must be agreed. All staff have a professional obligation to adhere to the Personal Responsibility Framework

The assessment and documentation did not reflect the complexities of the patients' needs


Action – A thorough assessment must be made of a patient's requirements and clearly documented. Further advice and support must be requested from the appropriate professional team

Learning point: Communicate and document consistently and clearly, specifically when caring for vulnerable adults with limited communication.

Learning the Lessons from an inquest


December 2014

Lessons learned from the inquest:




The patient died whilst a Deprivation of Liberty Safeguard (DoLS) authorisation was in place

Action
All deaths of patients within the Trust whilst a DoLS is in place must be referred to the HM Coroner's Office. The Coroner's Officer must be informed of the DoLS and reasons for the authorisation.




A review of the medical and nursing records identified that post falls checklists were not completed following each fall.

Action
Discussions must take place with all staff around their understanding of the Trust requirements in relation to patient falls including the necessary documentation, post fall actions to be taken and handover information.



There was poor communication on ward X surrounding the number of falls Patient A had actually had. Cumulative details of Patient A's numerous falls were not communicated within the nursing teams; staff were aware of isolated falls only.

Action
It is recommended that the system of recording cumulative patient falls on the electronic handover sheet (i.e. 'falls x2, falls x3') continues, to inform all staff of the number of falls any one patient has suffered.



Although not contributing to the incident, there was a seven day lapse in the continuation of the DoLS authorisation.

Action
The Safeguarding Team must ensure a system is in place to alert ward staff when a DoLS authorisation is due to expire.

Learning the Lessons from an inquest

March 2015

There were no Trust Guidelines on the insertion of chest drains.
The Trust recognised the need for these and therefore enrolled a Chest Physician to produce them.

The Trust Chest Drain Guideline has been developed by the Respiratory Consultant and disseminated Trust wide

Chest drain insertion for fluid to be placed under USS guided control in the Radiology department.

Full instructions are included in the Trust Chest Drain Guideline.

Chest drain insertion for pneumothorax can be placed blind in an emergency situation; however this should be discussed with the on-call SpR/Consultant and where possible with the on call Radiologist.

Full instructions are included in the Trust Chest Drain Guideline.

Chest drains should be inserted by doctors with required competency and under appropriate supervision.

This requires discussion with the on-call SpR/Consultant who must determine that the operator has the required skills and knowledge.

A teaching programme for CMT/SPR trainees will be delivered annually.

This teaching programme is in currently under development. The due date for completion and commencement is August 2015.

Learning the lessons from legal claim Removal of incorrect facial lesion September 2014

Summary of Key Issues:

This claim surrounds alleged negligent removal of incorrect lesion from left cheek resulting in unnecessary scarring.

Action – The female was referred by her GP in April 2013 to Dermatology department. She was then upgraded as a fast track referral due to anxieties regarding a lesion on the face.

In July 2013 the patient attended Dermatology department. On examination lesion (1) was noted to be very small being adjacent to another darker lesion (2). The patient explained it was lesion 1 she was anxious to have removed. However, lesion 2 was marked for removal but this error was noted at the time and the mark was removed with an alcoholic swab and lesion 1 was marked for removal. Unfortunately the surgical doctor working in minor theatre on removed lesion 2 by mistake. Following the procedure the error was noted by the patient.

The excision scar of approximately 15mm in size longitudinal and it appears the purple skin marker was still present about 5mm lateral to this area. The marked lesion was still present.

Negligence Alleged:

Alleged removal of the incorrect skin lesion, resulting in a substantial scar on the Claimant's left cheek.

Expert Opinion:

In-house opinion documents "...Fundamentally I believe that this case was basically down to human error and I believe that no amount of safety checks and guidelines will prevent such occasional incidents as this..... the wound that she had has healed well. The lesion that we should have removed remains and we did say that rather than give her a further scar on her face we would monitor this area and I believe she has another appointment for outpatient review in due course."

Outcome of Claim:

The claim was settled on the best possible terms prior to the issue of proceedings.

Learning point: Following the incident the marking of lesions within the department was slightly altered. The policy now is to put a circle around the lesion with an arrow pointing to it.

Learning the lessons from legal claim Allergic reaction to latex (known allergy) August 2014

Summary of Key Issues:

This claim surrounds allegations that the Claimant suffered an allergic reaction to latex in June 2012.

The Claimant attended the Accident & Emergency Department at Bradford Royal Infirmary in June 2012 at 04.30 complaining of abdominal pain and vomiting and was also documented to be experiencing urine retention.

Action – Following review by the medical staff the Claimant was catheterised by nursing staff and given 20mgs of Morphine and Cyclizine and was admitted to Ward 20 for assessment by the surgical team at 08.30 the same day for consideration for surgery.

It is documented that nursing staff in Ward 20 noted a latex catheter in situ at 16.50 and this was removed and changed immediately and that the Ward Sister notified Accident & Emergency. She was reviewed by medical staff who prescribed anaphylactic medication as a precautionary measure.

The Claimant was reviewed the following morning on the ward round and was documented to have chronic abdominal problems and a CT scan was arranged. No further mention of a reaction to latex is documented.

Following CT scan and referral to the Pain Team the Claimant was discharged home.

Negligence Alleged:

It is alleged that the Foundation Trust failed to properly review the Claimant's medical records and as such inserted a latex catheter when the Claimant has a known allergy.

Expert Opinion: The Foundation Trust's incident form acknowledged that the incident did occur. Expert evidence confirmed that the Claimant suffered an anaphylactic reaction, temporary hypotension and blurred vision.

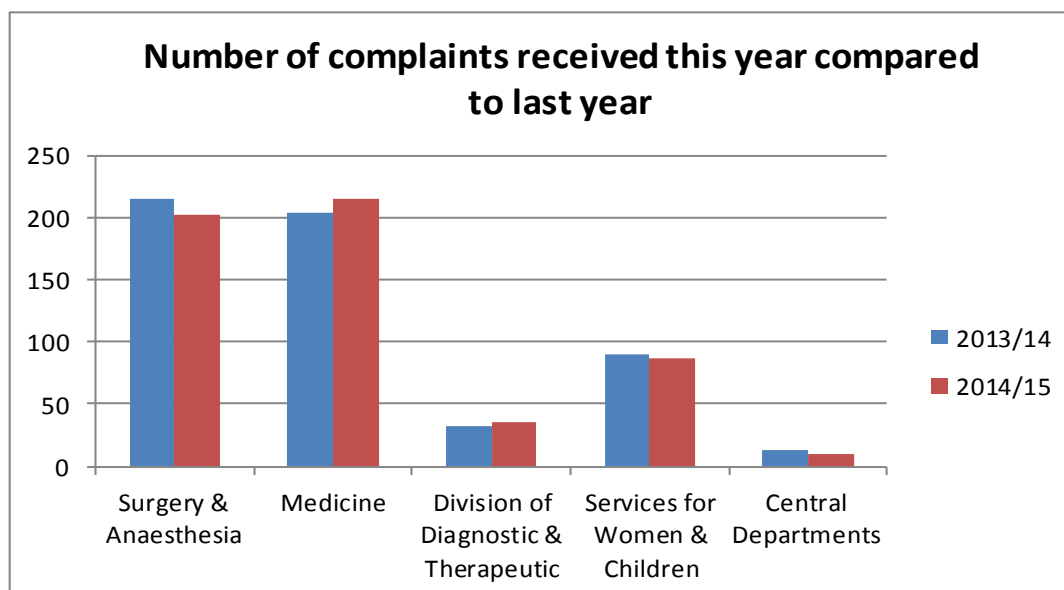
Outcome of Claim:

The claim was settled on the best possible terms prior to the issue of proceedings.

Learning point: Following investigations at initial claim stage it was identified that the packing of the catheters used in the A&E department is unclear and that the boxes would be highlighted to all staff members and discussed in clinical governance.

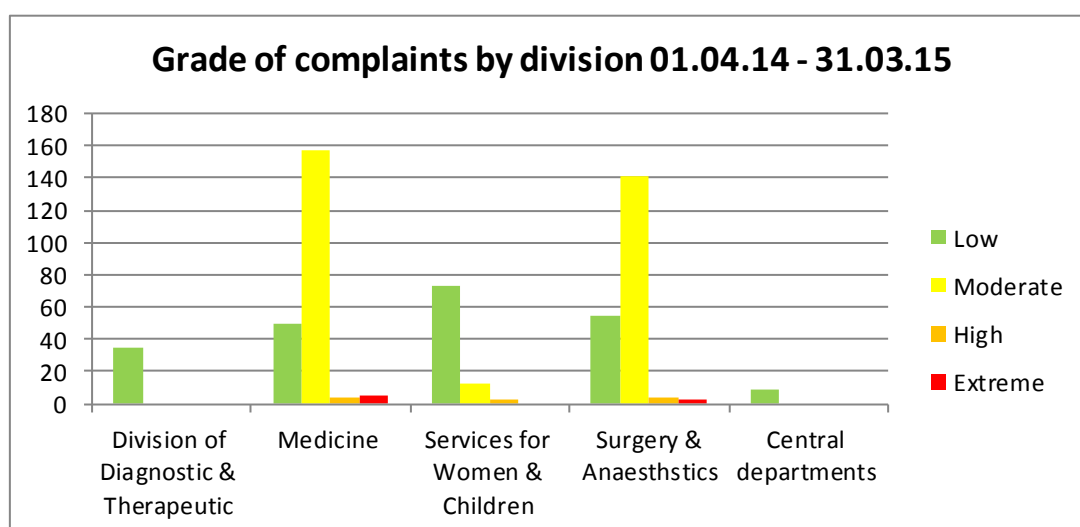
Performance review of complaints

There have been 549 complaints registered for the year. The table below 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 248, 175 not founded and 126 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 Foundation Trust's improved methods to allow this to happen.



Grading of complaints

The table below identifies the grading of complaints by Division for the year.



Themes of complaints

It is important to identify themes to facilitate understanding and learn lessons. The table below identifies the themes from the complaints received for the year. Complaints usually have more than one theme. 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.

	Admission	Appointment	Attitude & behaviour	Care and treatment issues	Communication	Delay in diagnosis	Discharge	Environment issues	Equipment issues	Fall, slip or trip on same level	Fall from height	Food quality issues	Information security breach	Medication	Medical records issues	Patient procedure issues	Theft, loss or damage of personal property	Transfer	Transportation issues	Total
Division of Diagnostic & Therapeutic	0	11	8	2	10	0	1	0	2	0	0	0	0	0	2	0	0	0	0	36
Estates & Facilities	0	0	2	0	1	0	0	3	0	0	0	0	0	0	0	0	0	0	1	7
Informatics	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Medicine	5	35	47	134	28	36	43	8	7	1	5	2	3	9	1	4	1	0	0	369
Services for Women & Children	1	8	23	43	16	15	3	1	1	0	0	0	2	0	3	9	0	1	0	126
Surgery & Anaesthetics	5	39	54	79	22	16	28	1	2	1	1	0	1	10	3	53	1	7	1	324
Total	11	94	134	258	78	67	75	13	12	2	6	2	6	19	9	66	2	8	2	864

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 PALS team deal with issues as they arise, they always aim to resolve issues to prevent them escalating into complaints. If they need further support because of the nature of a particular enquiry they liaise directly with the relevant Matron from the Directorate or Division involved. The table below highlights the top 20 themes reported by Division for the period July 2013 – June 2014. It should be noted that the majority of PALS issues include more than one theme.

Patient Advice and Liaison (PALS) contacts 1 July 2013- 1 June 2014					
	Division of Diagnostic & Therapeutic Sciences	Medicine	Services for Women & Children	Surgery & Anaesthetics	Total
Appointment	25	54	18	177	274
Care and treatment issues	6	68	26	61	161
Communication	10	46	7	47	110
Attitude & behaviour	9	27	6	30	72
Discharge	1	16	3	29	49
Medical records issues	18	5	0	5	28
Delay in diagnosis	2	12	1	9	24
Patient procedure issues	0	0	2	20	22
Theft, loss or damage of personal property	0	15	0	7	22
Environment issues	3	8	1	8	20
Equipment issues	2	0	0	11	13
Medication	1	7	1	3	12
Transportation issues	0	5	1	6	12
Support Needs	0	3	2	5	10
Admission	0	4	1	1	6
Food quality issues	0	1	0	2	3
Transfer	0	3	0	0	3
Information security breach	2	0	0	0	2
Nutrition	0	0	0	2	2
Clinical	0	0	0	1	1
Total	79	274	69	424	846

Divisional teams are responsible for ensuring that any themes identified from either PALS or complaints are investigated and improvement actions are undertaken and where appropriate lessons learnt shared.

Examples of PALS contacts and actions

The table below gives examples of the type of issues raised and the action taken are shown.

Issue	Outcome
Client emailed about his wife who had recently been admitted with severe pancreatitis. She was discharged from ward 20 on 28 September and told she would be fast tracked and sent an appointment for an urgent gastroscopy/ endoscopy in 1-2 weeks. Client has tried unsuccessfully to chase the appointment up and is concerned because his wife is not well.	Discussed with the appropriate secretary and Gastro Unit admin clerk. Patient is on the waiting list for a gastroscopy and has been allocated an appointment for Sunday 12 October. She tried to contact the patient but will send a letter with the date, times and fasting instructions. Client informed of the date, time and special instruction – happy with prompt response.
The client is concerned that her husband's diabetic appointment letters are being sent to the wrong address. She would like to know why the letters are not being sent to the correct address.	The issue was discussed with the administration team. It was ascertained that there was a problem with the central information spine. Amendments have been made. The client was advised and is happy with the outcome.

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

- Continue to use the functionality of the new Datix system to ensure that all areas use it to its maximum benefit to extract data and staff are trained how to use the system
- To provide clarity and improve knowledge of the process for complaints and legal claims. A section on PALS is included in the Management of Complaints and Concerns policy.

Patient Led Assessments of the Care Environment (PLACE)

Background

The Patient-Led Assessments of the Care Environment (PLACE) programme replaced the former Patient Environment Action Team (PEAT) programme from April 2013. The PLACE programme applies to all providers of NHS-funded care in the NHS, independent and private healthcare sectors including NHS Treatment Centres and Hospices.

PLACE self-assessments are undertaken by teams of NHS and private/independent health care providers and trained Patient Assessors. This is perhaps the most significant change from the PEAT assessments which PLACE has replaced.

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.

Previous assessors returned to support this work along with a significant number of new assessors recruited through the local press, community radio, Healthwatch and other voluntary organisations. A very good response resulted in training of over 50 assessors in 2014. This has helped to make the teams more representative of the communities we serve – for example students from health related courses at local colleges were recruited and the number of volunteers from black and minority ethnic (BME) communities or who are disabled has increased.

Each individual team must have a minimum of two patient assessors and patient assessors must form at least 50% of the team, Patient Assessors submit an independent, confidential report to the centre regarding their involvement and experience of the process, and also complete internal evaluation forms. These evaluations were almost universally positive on all aspects of their involvement, and offered insight into ways we could improve the process and experience in future.

Results

Provisional results were issued to PLACE leads in August 2014 and published nationally on 27 August 2014.

The Foundation Trust overall score is shown in the table below.

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Cleanliness	Food	Privacy Dignity & Wellbeing	Condition Appearance & Maintenance
2014	96.35%	80.01%	80.22%	88.09%
2013	90.87%	*77.24%	*83.55%	87.52%
NB: * = Changes to scoring and weighting on the Food and Privacy, Dignity and Wellbeing domains mean that 2013 scores and 2014 scores in these areas are not directly comparable.				

- i) overall, our scores have improved this year
- ii) scores by site and domain show a variable picture, particularly when compared with 2013 or the national average or both.
- iii) in a related Department of Health 'league table' of hospital food published in the wake of the PLACE findings, Bradford Royal Infirmary scored 77.61 per cent for the quality of the meals on its wards ranking 1,177 out of the 1,257 hospitals across England.

The PLACE Report Summary of 2014 Results table on page 124 shows the national average and the Foundation Trust scores on each domain for all four sites assessed this year. The food score in this table is the combined organisational and ward based assessment.

Action plans

The key themes identified from the findings of the PLACE assessments have been drawn together, and this is supplemented by more detailed action plans for food and non-food issues. Many of the areas are already embedded in, or will be embedded in, existing workstreams such as the Estates Strategy, Nutrition Workstream, Patients First Action Plan or the Dignity Action Plan. Progress on these will be monitored through the relevant Committees or Working Groups.

To complement the HSCIC assessment forms, which are not geared for immediate action and limited in their scope to matters within the PLACE framework, action summaries were also completed by a staff member on the teams, identifying issues and actions to be taken and the staff group responsible. These were then circulated to the relevant areas for action. Key themes and issues have subsequently been raised at the relevant forums e.g. Infection Control or CQC.

Many of the issues identified on the assessment days were minor and addressed at the time. Work is being performed to ensure staff have robust processes in place to identify equipment requiring repair and ensure that this is performed in a timely manner with staff having knowledge of the timescales.

Divisions need to continue to maintain the good work already achieved by vigilance on areas that have been highlighted as not being compliant, or at risk of non-compliance.

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.

The Improving Nutrition workstreams will continue to address issues identified by, or confirmed by the PLACE findings through its audit processes and action planning. A number of changes to improve the quality and choice of food, and other aspects of catering provision for patients, have already been implemented which would improve our scores in this area. Divisions and ward staff share the responsibility for the need to maintain a clear focus on nutrition, particularly for patients who may be especially vulnerable or disadvantaged in this regard, and on improving the whole meal experience at ward level.

The key themes for improvement are identified in the PLACE high level action plan on page 118.

PLACE (Patient Led Assessment of the Care Environment) Report 2014 Action Plan

Domain	Area(s)	Issue	Actions	Person Responsible	Timescale	Evidence of Completion /Compliance
Cleanliness	ALL	Wheelchairs across the organisation not clean and ready for use	Review compliance of the cleaning procedure for wheelchairs to ensure they are always left clean for use by patients	Assistant General Manager (Facilities)	October 2014	Improved compliance and scores in 2015 PLACE. Due August 2015.
	Ward /Dept	High and low level dust	Reinforce need for thorough cleaning in identified problem areas e.g. high and low surfaces, curtain rails, window frames, windows, toilets and floors, seating, stairwells, lift contact surfaces	Assistant General Manager (Facilities)	October 2014	1. Compliance sheets completed by cleaning assistants, checked by Senior Nurse on wards and cleaning services. 2. Improved compliance and scores in 2015 PLACE. Due August 2015.
		Cleaning schedules not on display	Ensure all relevant areas displaying up to date cleaning schedules	Assistant General Manager (Facilities)	Sept 2014	Improved compliance and scores in 2015 PLACE assessments. Due August 2015.
		Cleaning equipment not identified ready for use or the right coloured equipment used	Reinforce need for all relevant equipment to have colour coded/clean - ready for use bands	Assistant General Manager (Facilities)	Sept 2014	Improved compliance and scores in 2015 PLACE. Due August 2015.

Domain	Area(s)	Issue	Actions	Person Responsible	Timescale	Evidence of Completion /Compliance
		Empty soap and hand gel dispensers	Check hand gel and soap dispensers not allowed to become empty i.e. top up regularly	Assistant General Manager (Facilities)	Sept 2014	1. Compliance sheets completed by cleaning assistants, checked by Senior Nurse on wards and cleaning services supervisor. 2. Improved compliance and scores in 2015 PLACE. Due August 2015.
Condition / Appearance (Internal Areas)	ALL	Equipment issues/breakages not reported and no-one allocated as responsible person to ensure repairs completed within an appropriate timescale	Remind all staff to be proactive in recording and reporting minor repairs and routine maintenance and responsible staff to follow up to ensure action has been taken within appropriate time-scale	Director of Estates, Estates & Facilities	Sept 2014	Kay Pagan circulated Standard Operating Procedure (SOP) for safety checks which includes equipment checks/reporting Action completed
	ALL	Display boards have out of date, irrelevant and repetitive information in ward and reception areas	Develop guidance on creating effective and accessible display boards and ask all wards/departments to review displays to comply with this	Assistant Chief Nurse, Patient Experience Lead	Nov 2014	Improved compliance and scores in 2015 PLACE. Due August 2015.
	Wards	Storage facilities for patients to securely store belongings is inadequate	Explore options to improve provision of secure storage of personal possessions	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy

Domain	Area(s)	Issue	Actions	Person Responsible	Timescale	Evidence of Completion /Compliance
Privacy, Dignity & Wellbeing	Wards	Ward environments means quiet areas / rooms not always available	Review use of space in locations where no room currently available for patient/family to have quiet space /sensitive conversations to identify potential ways to improve provision, making changes to current use of space accordingly	Assistant Chief Nurse, Patient Experience Lead	On-going	Included in Patients First action plan. Improved compliance and scores in 2015 PLACE. Due August 2015.
		Facilities not always available for relatives to stay overnight	Review facilities for relatives to stay overnight to identify needs and potential improvement	Assistant Chief Nurse, Patient Experience Lead		Included in Patients First action plan
		Dayrooms not available in all areas and if they are décor/environment needs to be updated	Upgrade existing dayrooms to create pleasant, welcoming environment and encourage use of this space by patients.	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy
			Where no dayroom space exists at present, review options to identify potential ways to provide suitable space	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy
		Patient privacy signs not always displayed or in use	Reinforce with all relevant staff that curtains and 'engaged' pegs to be used to screen beds	Assistant Chief Nurse, Patient Experience Lead		Included in Patients First action plan
		Bed area space not consistent in ward areas	Check compliance with required distance between beds	Director of Estates, Estates &	October 2014	Guidance checked see Health Building Note 04-01. The hospital has a range

Domain	Area(s)	Issue	Actions	Person Responsible	Timescale	Evidence of Completion /Compliance
				Facilities		of ward accommodation ranging from recently built wards to older wards. We are restricted to the constraints of the building in most nightingale wards and those pre-1997. Other than losing beds there is very little that can be done.
	Outpatient Areas/AED	Reception areas not big enough and do not afford patient privacy.	Insufficient space /privacy at reception desks: i) Estates strategy includes plans to address this in priority areas e.g. AED	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy
			ii) Review future plans to ensure other areas highlighted by assessment are included in improvement plans	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy
			iii) Review existing patient flow through departments to see if changes to this could improve privacy	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy

Domain	Area(s)	Issue	Actions	Person Responsible	Timescale	Evidence of Completion /Compliance
			Identify if/ where it would be possible to create route for patients to leave consultation rooms without having to return through general waiting area and consider reviewing estates plans accordingly	Director of Estates, Estates & Facilities	On-going	Not compliant as part of on-going Estates Strategy
Food and Hydration	ALL		Monitor all specific issues in detailed action plan to ensure appropriate action has been taken.	General Manager, Facilities		Included in Improving Nutrition action plan
Other		Increase the number and diversity of the patient assessors to reflect the local community	Plan recruitment for additional patient assessors with specific focus on increasing diversity to improve representation of patient base	Patient & Public Involvement Facilitator	January 2015	PLACE Assessors Development Plan
		Training for staff and patient assessors on the process and documentation could be improved	Develop improved training for Patient Assessors	Patient & Public Involvement Facilitator	January 2015	Improved training developed, drawing on evaluation of 2014 training. 2 levels – provided Full and Refresher – and delivered before 2015 PLACE process began.
			Develop training package for staff teams	Patient & Public Involvement Facilitator	January 2015	Staff now trained alongside Patient Assessors.

PLACE Report Summary of 2014 Results														
Site	Year	Cleanliness	Comparison		Food & Hydration (overall) * changes to scoring in 2014 so comparison to 2013 not valid	Comparison		Privacy Dignity & Wellbeing * changes to scoring in 2014 so comparison to 2013 not valid	Comparison		Condition Appearance Maintenance	Comparison		
			Site 2013	Nat Av 2014		Site 2013	Nat Av 2014		Site 2013	Nat Av 2014		Site 2013	Nat Av 2014	Site 2013
National Average	2014	97.25			88.79			87.73			91.97			
National Average	2013	95.75			*85.42			*88.90			88.78			
BRI	2014	96.18	↑	↓	78.59	↓	↓	79.95	↓	87.84	↑	↓		
	2013	90.11			*75.34			*82.78		87.24				
SLH	2014	97.97	↑	↑	87.43			85.22		88.19	↑	↓		
	2013	96.06			89.38			91.24		85.87				
ECH	2014	97.08	↓	↓	99.45			81.86		92.41	↓	↑		
	2013	99.07			98.63			88.00		94.74				
WW - Park	2014	98.31	↓	↑	99.19			↑		76.13	↓	94.23	↓	↑
	2013	98.66			98.97					88.46		94.44		
Trust Overall	2014	96.35	↑		80.0	↑	80.22	↓	88.09	↑				
	2013	90.87			77.24		83.55		87.52					

NB Food score in this table is combined organisational and ward-based assessment.

Organisational assessment national average = 86.09% Ward-based assessment national average = 90.00

PLACE Report Summary of 2014 Results

Domain	Cleanliness		Food		Privacy, Dignity and Wellbeing		Facilities	
Site	Achieved	Available	Achieved	Available	Achieved	Available	Achieved	Available
WESTWOOD PARK	348.00	354.00	210.51	212.22	56.33	74.00	147.00	156.00
BRADFORD ROYAL INFIRMARY	1966.00	2044.00	551.86	702.22	350.17	438.00	650.00	740.00
ST. LUKE'S HOSPITAL (RAE)	578.00	590.00	265.99	304.22	105.67	124.00	224.00	254.00
ECCLESHILL COMMUNITY HOSPITAL	332.00	342.00	312.51	314.22	55.67	68.00	146.00	158.00

Enhancing the healing environment



Lead Nurse for Dementia Danni Woods (left), Cathy Henwood, dementia friendly community co-coordinator and Dementia Action Alliance for Yorkshire & Humber project manager Simon Wallace , in one of the corridors at St Luke's hospital.

Bradford Teaching Hospitals NHS Foundation Trust was fortunate to receive funding from the “Prime Minister’s Challenge” to enhance the environment at St Luke’s Hospital, the part of our Trust that predominantly provides outpatient care. The outpatients are under the care of many different specialty consultants some of which include Elderly Care, Orthopaedics, Stroke and Vascular. During 2013/14 there were approximately 280,000 patients that had visited the specialty services and experienced the poor environment at that time.

The project team comprised of three tier groups:

- Group 1 staff who would project manage
- Group 2 represented staff from St Luke’s
- Group 3 represented patients, carers, general public, voluntary and community services including the Alzheimer’s Society, a South Asian dementia group Meri Yardin and Carers Resource.

The third tier group was the most influential in the whole project design; it was important that they felt this was their hospital and they were representing the population of Bradford district.

It was an exciting opportunity to enhance the environment at St Luke’s, as public spaces of this size within NHS property had not been tackled before. Feedback was collected from people on their thoughts and experience whilst visiting St Luke’s which the project tier groups used when developing objectives for the design.

Yorkshire at its best objectives:

- design and install well contrasting and easy to understand dementia friendly signage
- use colour to support way-finding and enhance mood
- install dynamic lighting solutions to improve colour quality, visibility and reduce glare.
- re-design floor finishes being dementia friendly
- remove clutter and distractions from all areas, e.g. poor fitted furniture and vending machines etc.
- redesign the long featureless corridors to incorporate social spaces, places to rest and points of interest
- develop a therapeutic outdoor garden space within an existing unused existing court yard.
- develop an easily identifiable reception facility
- Re-designed public toilet facilities to be dementia friendly.

The project was completed in May 2014; an open day took place celebrating the success of the project with Marlene Aveyard, a lady living well with dementia officially opening the new refurbished corridors at St Luke's.

It is now policy that any new building projects and refurbishments taking place at the Foundation Trust have to meet the dementia friendly standards showcased at St Luke's. The work design and research obtained from this project, contributed to the recent publication of the Department of Health's Dementia Friendly Health and Social Care Environments document; located on their website:

<https://www.gov.uk/government/policies/dementia>

Patient safety

SAFE! Programme 2014/15



In 2010 the Foundation Trust established its own internal prioritised quality and safety campaign called SAFE!. In 2014 this campaign has been reinvigorated to reflect the new national and local safety priorities which are emerging.

The SAFE! Programme has six domains which cover the main quality and safety priorities within the organisation.

These are:

Management of the deteriorating patient

Safer procedures

Medication safety

Safety culture

Mortality review

Management of long term conditions

Quality and safety improvements are being delivered through projects designed to:

- improve patient safety and quality and reduce the incidents of avoidable harm;
- improve patient outcomes through the provision of clinically effective, reliable care to every patient;
- improve the experience of patients and service users;

- improve the safety culture of the organisation through leadership and engagement of frontline staff. Promoting a culture of openness, learning and transparency.

The SAFE! Programme works on a discreet number of projects that are designed to operationally deliver the aims set out within the quality improvement strategy. The projects are outlined below:



SAFE! Programme Projects

The SAFE! Programme will be maturing the measurements associated with the developing projects and determining baselines for the projects to show where and when improvements are made.



In addition to the SAFE! Programme, the Foundation Trust was exemplified through the Sign Up to Safety Campaign for its Quality Improvement Strategy and the Foundation Trust is adopting their aim of a 50% reduction in avoidable harm by 2018. The SAFE! Programme supports, and will continue to support, this aim.



The Foundation Trust is also a member of NHS Quest which is a network of Foundation Trusts who have joined together to dedicate themselves to continually improving quality and patient safety. The Foundation Trust joined NHS QUEST in June 2014 and is currently participating in the breakthrough series collaborative on the deteriorating patient, focusing on sepsis and cardiac arrest, the medication safety clinical community which is focusing on the medication safety thermometer, and the theatre safety culture clinical community.



In 2013 we were successful in the competitive funded programme 'closing the gap'. This programme focuses on the implementation of PRASE (Patient Reporting and Action for a Safe Environment), an intervention developed by the Bradford Institute for Health Research and the Yorkshire Quality and Safety Research Group.

The intervention is to involve patients in assessing the safety of the care they are receiving. We are leading the implementation of PRASE across our own Trust and also at Barnsley NHS Foundation Trust and Hull and East Yorkshire NHS Trust. In September 2014 we won a further major national award by the Health Foundation. This programme, the measuring and monitoring of safety, is an 18 month programme to develop better measures of patient safety. Bradford Teaching Hospitals NHS Foundation Trust and Bradford District Care Trust are the two test sites for the project. This programme aims to:

- Transform our approach to measurement of safety;
- Promote more reliable measures of safety;
- Establish a strong patient voice in measurement;
- Ensure that measurement is clinically-led and results in improvement;
- Develop a mature understanding at Board level.

Learning from incidents

The Foundation Trust is keen to understand why incidents occur, as this understanding is essential to ensure we take the right steps to improve systems and practice and keep patients safe. Increasingly it is acknowledged that everyone makes mistakes, and that whilst staff come to work with the very best of intentions towards our patients, things will sometimes go wrong. Although it is important for the individuals involved in incidents to reflect and consider what personal learning there might be, it is even more important for the Foundation Trust to continue to improve its systems to help people avoid making mistakes and to provide a safety net when mistakes happen.

Some of the serious incidents reported over recent years have arisen because of communication issues. An example of work being undertaken to improve communication is standardisation of the process for internal specialty to specialty referrals and for referrals to cancer multi-disciplinary teams. It is mandated that these are to be made by email, to a specially designated inbox, and that each specialty and Cancer Multi-disciplinary Team has a standard operating procedure to ensure that the inbox is routinely monitored and that referrals are dealt with efficiently and safely.

Other examples of learning from incidents include improvements made in the care of patients with head injury, falls injury and in the care of patients with chest drains.

There have been incidences of patients not being provided with the best chance of recovery because staff was unaware of NICE guidance about head injury. The Foundation Trust has delivered a programme of education for Accident and Emergency Department staff to ensure that they are aware of, and know how to use, the head injury pathway. This is a document which guides them in assessing and managing patients according to their individual circumstances and level of risk. In addition, a modified head injury pathway has been introduced to guide staff in the care of inpatients with head injury.

To improve the safety of patients with chest drains, a guideline has been published which standardises practice. It describes the safety requirements for the procedure of inserting a chest drain and for the on-going care of the patient. An example of learning lessons can be found on page 107, under the learning from complaints and PALS section.

The Foundation Trust's risk management team continues to review all reported patient safety incidents and to investigate when serious incidents occur, and when themes and trends are identified, to ensure the organisation continues to learn and improve patient safety.

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 supports 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.

The following details progress in this area;

- there is on-going work to develop and promote PRF and the pillars that support the framework (Values based recruitment, Corporate Induction and Appraisal, Development and Performance Management Process)
- PRF Intranet microsite developed (including PRF, Appraisal, Corporate Induction and Values Based Recruitment sections)
- 40 minute PRF awareness sessions regularly provided for teams (NB: 1150 staff attended)
- PRF discussed at Divisional Senior management meetings and further cascade/actions agreed within Divisions and departments
- PRF update/progress article published in Spring 15 version of Trust Today
- new Appraisal, Development and Performance Management Policy approved, Guide to the process written and the values into practice self- assessment and feedback tool included in the process.
- new appraisal process launched and promoted via core briefs, Trust Today, drop in sessions and microsite
- twice monthly Corporate inductions developed and launched in February 2015. EDs session includes importance of FT values and PRF. Separate session on PRF and patient story.

Safe nurse staffing levels

The Foundation Trust has reviewed the nurse staffing levels on inpatient wards in line with the recommendations made by the National Institute for Health and Care Excellence (NICE) using the Safer Nursing Care Toolkit (SNCT) on two occasions during 2014. A review was also undertaken of midwifery staffing levels using the Birthrate Plus (BPT) tool during 2014. Both tools are evidence based tools that help to determine staffing requirements based on the needs of patients and the amount of nursing or midwifery care they require.

The SNCT review identified the need for additional nursing and care staff for a number of inpatient wards, to be achieved through additional investment in extra posts and changes to shift patterns. This was approved by the Board of Directors in July 2014, and work has been underway to recruit additional nurses and make the changes required. The Foundation Trust has experienced the same difficulties recruiting nurses that are being felt by many organisations in the country, and have held recruitment events to attract as many local nurses as possible, as well as recruiting nurses from Spain. To date the Foundation Trust has appointed 40 nurses from Spain.

In February 2015 the Board of Directors approved a proposal to appoint 6.5 additional midwives following the review of midwifery staffing. A specific tool (PANDA) is available to review paediatric staffing levels, and this has recently been purchased by the Foundation Trust and will be used when the next staffing review is due, in May 2015.

In line with national reporting requirements the Foundation Trust has been monitoring the planned staffing levels against the actual number of staff on duty on both days and night shifts. On a shift by shift basis, the nurse in charge of each ward makes an assessment of staffing levels and escalates any shortfall to the Matron. Wherever possible measures are taken to minimise the impact on patient care, this might include moving staff from another area, or booking additional bank or agency staff.

Information about planned and actual staffing levels is reported to the Board of Directors and is published on the Foundation Trust website as well as the NHS choices website on a monthly basis.

Safeguarding Adults

Bradford Teaching Hospitals NHS Foundation Trust

The Foundation Trust has led on updating the Bradford and District Local Health Economy Strategy, Tackling Domestic and Sexual Violence 2015-2020. This strategy is a response to ending violence against women and girls (VAWG), and interpersonal violence against men.

The new Adult Safeguarding Policy and Procedures have been reviewed this year and now incorporate the West Yorkshire Adult Safeguarding Procedures and other linked agendas.

Overall safeguarding activity data for the year ending March 2015, has shown a 50% increase on last year. This is due to new robust systems to analyse and capture activity Trust-wide, through the collection of activity from additional hospital departments and specialities. This does not necessarily mean that there is an increase in abuse, but that mechanisms are in place to collate this and respond effectively to protect patients and families.

As part of the Bradford District Safeguarding Week in 2014, the Adult Safeguarding Team organised an event in the Sovereign Lecture Theatre involving 'Hope for Justice', a charity working towards ending human trafficking and slavery in our generation. This was well attended with attendees from the Foundation Trust and external visitors. 'Hope for Justice' also provided internal education sessions for Hospital staff to raise awareness and respond to concerns. Educational sessions were aimed at ultimately protecting and empowering victims and providing choices.

A new Inpatient Observation and Specialising Patients' Policy has been developed which ensures that the most vulnerable patients who are adults at risk are protected whilst accessing hospital services. Patients with a learning disability are supported with the new 'Closing the Gap' pathway that supports staff in identifying patients' needs and requirements, and provides a catalyst for collaborative work with community partners. It now includes the plan of care as well as the assessment of patient needs.

The hospital based social work team meet regularly with the Foundation Trust Adult Safeguarding Lead to promote partnership working. This forum looks at the preventative aspect of Adult

Safeguarding by empowering staff with information so patients will ultimately benefit, by joint supervision, multiagency working and sharing of good practice. Within this forum the Scams and Frauds Safer initiative and the Working Women's; now 4 Women Service have delivered educational sessions to frontline workers.

The Adult Safeguarding Team has worked closely and collaboratively with the Foundation Trust Children's Safeguarding Team, and both Children's and Adult Safeguarding attend each other's Safeguarding Committee bi-monthly meetings. From 1 September 2014, all NHS Trusts were required to report all cases of Female Genital Mutilation (FGM). Joint work resulted in a pathway for reporting and the facilitation of joint training to raise awareness. Both the Safeguarding Midwife and Children's Safeguarding Team have contributed to the Domestic Violence guidance for health care professionals. This pathway supports staff in providing proportional responses and protection plans whilst responding to disclosures of domestic violence and abuse pathway. Joint work has begun to develop a Domestic Violence and Abuse policy to safeguard victims and families. Further collective work is planned for October 2015 as part of safeguarding week.

The Foundation Trust has contributed to and participated on Domestic Homicide Review Overview Panels this year, and has provided authors to write management reviews, and continues its commitment to the Multiagency Risk Assessment Conference (MARAC) process.

Safeguarding Children

Bradford Teaching Hospitals NHS Foundation Trust

The profile of safeguarding children at Bradford Teaching Hospitals NHS Foundation Trust remains a high priority, with a particular focus in the last year on staff training and supervision; both of which have national recognition of being an essential ingredient for excellent safeguarding practice (Working Together to Safeguard Children 2013). Activity remains high both within Bradford Teaching Hospitals and throughout the Bradford District, with 540 children currently being subject to child protection plans as of March 2015, many of which have frequented our services at both Bradford Royal Infirmary and St Luke's hospital during the last financial year. The categories are 56 children for risk of physical abuse (10.4%), 254 for neglect (47.1%), 206 for emotional abuse (38.1%) and 24 for risk of sexual abuse (4.4%).

Regulation of safeguarding

Joint inspections with the Care Quality Commission and Ofsted previously provided multiagency analysis of children's safeguarding services throughout the District. Since November 2013, safeguarding children ceased to have joint inspections with the local authority. Under the new CQC guidance, Health services currently have a joint health inspection for safeguarding. As of April 2015, the inspectorates agreed that there would be reversion back to jointly working together to examine the impact of professional practice on the lives of our most vulnerable children. Plans for the new inspection process, focus heavily on a well-co-ordinated, multiagency approach with a strong focus on early help and prevention.

In addition, in each local authority area there will be a joint inspection of the effectiveness of the Local Safeguarding Children Board, which will result in a graded judgement of the effectiveness and impact of the Board.

Team structure and development

There were significant concerns raised from the joint CQC inspection for safeguarding services in 2012, where capacity, particularly around the paediatric liaison post being shared was felt to be inadequate for the size of the organisational safeguarding demands. This was further highlighted by the division of women's and children's when they acquired a cluster of staff groups who held complex and high numbers of cases with safeguarding concerns (children's community nursing teams and CASH services). Finally Named Professionals (Dr and Nurse for safeguarding children) declared through the S11 audit and appendix D (of the safeguarding contracts for the CCGs) that as an organisation we were not compliant with training in line with the intercollegiate document.

This was highlighted as an area of risk and in response, the Foundation Trust has provided significant support to develop this team by expanding it to include a Safeguarding Children Administrator, a newly appointed Specialist Practitioner and a Safeguarding Children Trainer and Liaison. This expansion has enabled the team to move from what has previously felt like a reactive position to a proactive and preventative one. Development is still required in the role of the Named Midwife as this position is currently outstanding. The newly appointed Named Doctor is to commence in post in May 2015, with an increased number of sessions for this work.

Training

Challenges remain due to the large number of staff, with a diverse spectrum of roles the organisation is tasked with providing safeguarding training for. Safeguarding children training is now mandatory for all staff at their appropriate level. Whilst the training matrix was updated at the beginning of 2014 to bring training requirements in line with national requirements (Intercollegiate document 2010), there is further work to be done during 2015, in line with the revised 2014 Intercollegiate document and additional interrelated safeguarding areas of work, which include Prevent WRAP training, Domestic Abuse and Female Genital Mutilation (FGM).

The Safeguarding Children's Team were proud to be part of Bradford's Safeguarding week in October 2014, by organising and hosting two conferences on FGM and Trafficking, which attracted around 200 attendees from within the Foundation Trust and throughout the district.

Statutory requirements.

Bradford Teaching Hospitals is required under Section 11 of the Children Act 2004 to discharge its duties with regard to safeguarding and promoting the welfare of children. During 2014 Bradford Safeguarding Children's Board (BSCB) agreed to use the *Virtual Colleges* online tool to collect and audit the data supplied by all organisations. Bradford Teaching Hospitals NHS Foundation Trust received excellent feedback from the Board for supplying well evidenced data as assurance for their safeguarding children's arrangements and activity. For further and on-going assurance the Section 11 audits are overseen by the BSCBs Performance Management Audit and Evaluation Sub-Group. The self-assessment against commission standards (Appendix D) is complete and with the exception of additional resource for training and Named professional vacancies, (which reported some amber areas) the contracts as part of the commissioner's requirements are fully compliant.

Child Sexual Exploitation (CSE)

Significant multiagency developments have been made with the CSE Hub. This is the multiagency team that manages children who are at risk of child sexual exploitation. The team comprises of

police, children's social care and voluntary services and Bradford Teaching Hospitals NHS Foundation Trust have a Sexual Health Nurse who visits one afternoon per week. Pathways are currently being established between sexual health services at Trinity and the Hub Social Care Manager to develop a pathway to ensure that children who have been assessed as being at high risk of CSE have a formal sexual health assessment offered.

Bradford Safeguarding Children Board have set up a dedicated CSE sub group of the Board, which currently meets monthly, to focus on how all partners can improve outcomes for young people considered to be at risk of CSE and help to keep them safe. The Foundation Trust now receives a list of all those children and young people who have been highlighted to be at high risk by the Hub and flags them on the IPM system to highlight further possible vulnerabilities should they attend. If a young person who is flagged in this way attends for any treatment or service, a Named Nurse Notification must be completed. The Safeguarding Team will then share appropriate information regarding the young person's attendance with the CSE Hub

Female Genital Mutilation (FGM)

Since September 2014 the Foundation Trust has been required to report all known cases of FGM to NHS England by completing the FGM notification form found on either the Safeguarding Children or Adult intranet sites. In December 2014 the Department of Health and NHS England released a statement also making it **mandatory** to record FGM in a patients' healthcare record. During 2015 there are plans for an increase in the amount of information required to be reported (by June 2015 for Acute Trusts) and further specific guidance on referring to children's social care has been called for by professionals.

Serious Case Reviews (SCRs)

During the past year there are a number of cases which have been discussed as part of a multiagency discussion and the decision made to carry out a serious case review. There is currently one SCR being carried out, two further cases are due to commence and one is waiting further information, prior to a final decision. In addition to this there has been a number of safeguarding serious incidents (SIs), 6 in total identified from Bradford Teaching Hospitals NHS Foundation Trust, which have been reported formally to the Designated Safeguarding Children Professionals and NHS England and highlighted to the Foundation Trusts' risk department. All SCR and lessons learnt events from SIs produce action plans and learning for each organisation. The Foundation Trusts' Safeguarding Group oversees the implementation and recommended learning from SCR in the Foundation Trust. There are currently no outstanding actions for Bradford Teaching Hospitals NHS Foundation Trust and actions from previous cases are re-visited for assurance.

Safeguarding Children Webpage

The safeguarding children intranet site was launched during 2014 under the Chief Nurse section of the Foundation Trust intranet. This is a practical resource for all safeguarding policy and procedures information for Trust staff to access for guidance. Key pieces of documentation can be viewed and downloaded from here, including the Named Nurse Notification and the Social Care Common Referral Form. Other information is detailed here to help staff in their role, including caution codes for ward staff, to highlight trust flagging and alert systems.

Staff Experience

National Staff Survey 2014

Staff engagement

The Foundation Trust makes every effort to ensure that our staff are engaged and involved. During the last year we have:

- held listening events
- used screensaver for key messages
- carried out leadership walk rounds
- had informal departmental visits by Executive Team
- provided Chief Operating Officer briefings
- involved staff in strategy development days

We appreciate there are still improvements we can make and are undertaking a full review of our Engagement and Communications Strategy. Within the HR department we have appointed a Staff Engagement and Equality Manager; from June 2015 who will ensure this area of work has much greater focus going forward.

Summary of performance

The Foundation Trusts' score for overall staff engagement is 3.75 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 Trusts' score was average when compared with a Trust of a similar type.

The overall indicator of staff engagement is calculated using the key findings of:

- perceived ability to contribute to improvements at work
- willingness to recommend the Foundation Trust as a place to work or receive treatment
- the extent to which staff is motivated and engaged with their work.

Response Rate	2014	2013	2012
Trust	36%	43%	37%
National Average	42%	49%	50%

The 2014 response rate is below average compared to Acute Trusts in England.

The 5 key findings:

Top 5 Ranking Scores – 2014	Trust	National Average	Ranking
1. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	91%	91%	Average
2. Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months.	8%	14%	Lowest (best) 20%
3. Fairness and effectiveness of incident reporting procedures.	3.67%	3.54%	Highest (best) 20%
4. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice.	73%	67%	Highest (best) 20%
5. Percentage of staff receiving job-relevant training, learning or development in the last 12 months.	83%	81%	Highest (best) 20%

The 5 key findings for which Bradford Teaching Hospitals NHS Foundation Trust compared least favourably with other Acute Trusts in England are:

Bottom 5 ranking scores – 2014	Trust	National Average	Ranking
1. Percentage of staff suffering work-related stress in the last 12 months.	44%	37%	Highest (worst) 20%
2. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	87%	90%	Lowest (worst) 20%
3. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell.	29%	26%	Highest (worst) 20%
4. Percentage of staff receiving health and safety training in the last 12 months.	71%	77%	Below (worse than) average
5. Percentage of staff working extra hours.	74%	71%	Above (worse than) average

The largest local changes were that staff experience has improved:

- % of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months
- % of staff having equality and diversity training in the last 12 months.

Future priorities and targets

A key priority is the four indicators that will be measured going forward under the Workforce Race Equality Standard (WRES) which will form part of the NHS Standard Contract in 2015/16. The Diversity Workstream in the Foundation Trust and the Black and Minority Ethnic (BME) Network will be instrumental in developing our strategy and action plan around improving our performance in this area. The indicators are around harassment and bullying, equal opportunities and discrimination.

We will be taking key corporate pieces of work forward which will tackle the following areas:

- dignity at work
- stress, work pressure and staff working extra hours tied in with attendance management generally
- staff engagement and communications, building on the work that has already commenced.

Divisions will be asked to review their results and develop action plans alongside the pieces of work which will be led corporately.

Service transformation

The Foundation Trust strengthened its resource for internally reviewing, developing and improving services linked to the QIPP agenda in summer 2014. The Transformation Team developed a Programme Management Office, in line with national and international best practice. This included systems and processes to assist the Foundation Trust in addressing a £15 million funding gap, with increased focus to ensure all elements of quality, safety and performance are met.

The QIPP agenda – Quality, Innovation, Productivity and Prevention – is designed to ensure the Foundation Trust balances priorities and reaches all required targets, in line with the Corporate Strategy. Opportunities are continually explored through several channels, including the Foundation Trust's 'Quality Ideas' scheme, where colleagues communicate their ideas for QIPP based opportunities – allowing more to be done, with less. For example, ideas have included reducing the length of stay for patients, when clinically appropriate and therefore improving flow through the hospital and saving resources.

QIPP programme includes:

Ambulatory Care Unit (ACU)

The Foundation Trust took part in the national Ambulatory Care Network as part of our membership of NHS Elect and opened an interim Ambulatory Care Unit (ACU) on 9 February 2015. The unit takes direct referrals from GPs and from Accident and Emergency Department (AED). The unit currently accepts medical patients who are unlikely to require an overnight stay. Patients are clinically assessed to ensure they are suitable for a referral, as safety and patient experience continues to be a priority. This has enabled the closure of an unsuitable trolley area on our Acute Medical Unit.

A full business case has been approved for a purpose built ACU which is due to open in mid-May 2015. The medium term plan for the unit is for medical, surgical and gynaecology patients to be seen in this facility.

The ACU improves the quality of care, outcomes and environment for these patients and reduces the number of patients being seen in acute inpatient facilities.

Accident & Emergency Department (AED)

The Foundation Trust has secured funding of £2m from the CCG to re-design the physical space of Accident and Emergency to improve patient flow, increase resuscitation facilities, provide a purpose built ambulance handover area at the front of the unit and mean more capacity for babies and children in the department. We have worked with an experienced design company to agree a new floor plan and increased patient capacity. The work will commence in Summer 2015 with an aim to complete by early 2016.

This will enable better streaming of patients and an improved environment for all patients in particular, children.

Pre-operative Assessment and Theatres Project (PATP)

The Pre-operative Assessment and Theatres Project was developed in order to improve theatre utilisation and streamline the current pre-operative assessment service offered by the Foundation Trust. This project also involved the standardisation and centralisation of theatre consumables purchased and used.

Improving both utilisation of theatre sessions and in-session utilisation means that any inefficient use of theatre time was reduced. The improvements resulted in the Foundation Trust being able to close ten unnecessary theatre sessions at the end of November 2014, without impacting on quality or patient experience: The same level of service and patient experience is still being offered to patients through the efficient use of the remaining theatre sessions.

Moving forward into 2015/16 the Foundation Trust will be setting up service level agreements (SLAs) between theatres and specialities. These SLAs will be used to review and note exceptional performance as well as identify any areas for improvement through regular performance meetings and enable the Foundation Trust to close a further 10 theatre sessions at the end of May 2015

Theatre consumables are also an area of focus for this project. Through an extensive review of consumables used and purchased across all theatre areas, it was established that a number of surplus items were being purchased but not always used. The Surgery and Anaesthesia division worked closely with the Procurement Team to standardise the procurement of theatre consumables resulting in savings of £100k. Further work is being carried out moving forward in 2015/16 to reduce the current number of theatre stores and centralise in one location.

The pre-operative assessment service at the Foundation Trust is spread across two sites – St Luke's Hospital and Bradford Royal Infirmary and the service worked differently in different areas and there was no standard practice across the service. The Pre-operative Assessment Group have reviewed all of the current processes and created a pre-operative assessment pathway for day and short stay surgery patients. The new booklet and pathway is dramatically reducing the number of

care pathways used, simplifying the pre-assessment process and reducing paperwork for both patients and staff. On-going work will continue to review all other aspects of pre-operative pre-assessment and the development of a clear pre-operative assessment strategy at the Foundation Trust.

Central Patient Booking Services (CPBS) and Patient Administration

The outpatient booking services continue to be transferred from Divisions into the Central Patient Booking Service. The majority of outpatient services have now transferred. This has been a significant change for the organisation involving the review of patient booking process across the majority of our speciality services and impacting on almost 400 administrative staff.

The bringing together of all booking services will enable the Trust to focus on improving all booking processes, ensuring consistency of approach across specialties, visibility of current demand and improved utilisation of our clinic capacity. We are currently undertaking a review of the service to ensure learning from the implementation is shared before the final specialties are moved across.

Outpatients

The utilisation of outpatient clinics across the hospitals is being reviewed to strive for more efficiency and provide a better service for patients. With more efficiencies being put into existing clinics, more patients will be able to be seen, reducing waiting times. We are also looking at how we reduce the number of patients that do not attend (DNA) their appointments, as this is on the increase.

People, Places & Procurement Programme (PPPP)

This programme has delivered £3.8m of financial savings during the last 12 months by challenging the status quo to identify and deliver improved efficiencies, including 'back office' staffing models; alternative, value for money consumables and other products and equipment, improved control of nursing rosters, improved space utilisation and changes to catering arrangements.

The Foundation Trust offers quality core services, and is also proud to offer many specialised services. The majority of referrals into the Foundation Trust are received from GPs who play a key role in advising patients of their choices, particularly in regard to available providers. In order to increase referrals, a strategy is being developed to ensure GPs are up-to-date with service developments and improvements. Action plans are being implemented to adopt further suggestions made by GPs to improve the experience of all of our patients, and a Directory of Services has also been created on the Foundation Trust website which can be accessed by patients directly.

The values of the Foundation Trust are very important to its staff, a Personal Responsibility Framework (detailed on page 130) has been developed to ensure that all of our staff continue to build upon them. This also links to a new Performance Development Framework for staff to ensure that these values are translated into action.

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 Foundation Trust appointed a Director of

Informatics in 2013 to develop and deliver a clear informatics strategy aimed at addressing the Foundation Trust's needs to support the provision of responsive, high quality and integrated care.

Subsequently a clinician-led Clinical Informatics Strategy was developed and approved by the Board in 30 July 2014. The Clinical Informatics Strategy defines the focus and the priorities for the next three to five years around an Electronic Patient Record (EPR). The purchase of the EPR was approved by the Board in February 2015. The Foundation Trust has secured a market-leading EPR that has a track record of making care safer across all care settings. The development of information and technical strategies are now in progress to support clinical areas in the achievement of their quality and performance plans. The EPR is the foundation of our programme and a high level of clinical engagement will be crucial to its success.

Improved communication

In the past year the Foundation Trust successfully completed several projects to improve communications with primary care. These included the full roll out of electronic communication of Discharge Summaries and Death Notifications. In addition we continue to work with the Bradford, Airedale, Wharfedale, and Craven Integrated Digital Care Record Board to ensure integrated care is supported with technology, in particular health records. Following extensive discussions with Bradford and Airedale GPs the parallel paper flow of Discharge Summaries and Outpatient Clinic Letters being sent to GPs is being stopped, providing efficiencies at both the Foundation Trust and GP Practices.

The Foundation Trust has also completed the work started last year implementing a system to allow more effective management of admissions, discharges and transfers (ADT). This system will ensure that the Foundation 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 improves patient flow and will provide a better care experience for patients.

The Foundation Trusts' public-facing website has been completely revamped. The new site is a reflection of patient and public input, gathered through several workshops, to ensure that it is easy to navigate and find key items for which people are searching.

Making information easier to use

The Foundation Trust is moving towards the use of interactive dashboards to monitor performance and ward quality. The dashboards will provide an easy to understand method of interacting with information that was not available previously.

To support improved information, the Foundation Trust is also working towards implementing an industry-standard datawarehouse. The datawarehouse will underpin the dashboards and will connect with the new Electronic Patient Records (EPR) so that we will have a comprehensive set of information for clinical and management use.

Keeping our technology current for clinical care

The Foundation Trust also updated technical infrastructures to ensure that we do not interrupt clinical care. This included upgrading a number of information systems; more will be done in this

financial year and will include a rolling wave of integration of patient demographic information between key clinical systems.

The Foundation Trust was a leader this past year in adopting a 'Vendor Neutral Archive' (VNA) as part of its Picture Archiving and Communications System (PACS) project. This VNA provides the Foundation Trust with the ability to store any image on the same technology. This means that we can now provide a broad wealth of images easily to clinicians and are not tied to a proprietary technology, which gives us flexibility for the future. In 2015, this project will see a resilient PACS system so that any unplanned downtimes for PACS will not impact care.

In 2015/2016, the Foundation Trust will be deploying a chemotherapy e-prescribing solution to harness technology in making chemotherapy safer alongside the Electronic Patient Record with completion scheduled for 2016. We will also be implementing a system in the summer of 2015 that will allow us to capture patient feedback in real time in a way that is easy for patients, as well as streamlining portering processes through the implementation of a portering management system.

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:

Major investment in Electronic Patient Record

Jeremy Hunt, Secretary of State for Health, has set a clear expectation of a paperless NHS by 2018, stating that technology will be the saviour of the NHS. Only with world class information systems will the NHS deliver world class care.

It is now time for us to really embrace this technology. The Foundation Trust announced in February 2015 that we have taken a major step forward, working with Calderdale and Huddersfield NHS Foundation Trust, we have signed a contract for a leading electronic patient record (EPR) – Cerner Millennium. Over 500 staff attended the demonstration of this system held in November 2014 and highly praised the system. The NHS Integrated Digital Care fund has provided some funding to support this initiative. The system is expected to go live during 2016.

Electronic patient records have a proven track record of improving patient care, with advantages such as:

- being able to access clinical information anytime, anywhere. This can include vital signs and automatic alerts informing you when a patient's condition deteriorates
- reducing the number of adverse patient drug events with automatic alerting
- preventing duplicate tests being performed
- faster turn-around times for diagnostics with electronic ordering
- faster handovers with the right information at your fingertips
- electronic reconciliation of medications so nothing is missed and there are no miscommunications.
- ultimately, a reduction in harm.

The electronic patient record project is a key foundation to our Transformation Programme, introducing a standardised IT system across the Foundation Trust providing instant access to patients' digital records. This will allow the Foundation Trust to review our current processes against best-practice, improve patient care and safety, prevent duplication and reduce costs.

Annex 1: National Clinical Audits for Inclusion in Quality Accounts 2014/15

Table 1: National Clinical Audits for inclusion in Quality Accounts 2014/15

Name of audit / Clinical Outcome Review Programme	NCAPOP 2014/15	Quality Accounts 2014/15	Participating	% case submission
Adult community acquired pneumonia	No	Yes	Yes	Awaiting publication
Case Mix Programme (CMP)	No	Yes	Yes	100%
National emergency laparotomy audit (NELA)	Yes	Yes	Yes	80%
National Joint Registry (NJR)	Yes	Yes	Yes	100%
Pleural procedure	No	Yes	No	Did not participate
Severe trauma (Trauma Audit & Research Network, TARN)	No	Yes	Yes	(average April-Sept 2014 68%)
National Comparative Audit of Blood Transfusion programme	No	Yes	Yes	100%
Bowel cancer (NBOCAP)	Yes	Yes	Yes	Near 100%
Head and neck oncology (DAHNO)	Yes	Yes	Yes	100%
Lung cancer (NLCA)	Yes	Yes	Yes	100%
Oesophago-gastric cancer (NAOGC)	Yes	Yes	Yes	>90%
Prostate Cancer	yes	Yes	Yes	100%
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	Yes	Yes	100% of patients admitted to CCU
Cardiac Rhythm Management (CRM)	Yes	Yes	Yes	100%
National Cardiac Arrest Audit (NCAA)	No	Yes	Yes	100%
National Heart Failure Audit	Yes	Yes	Yes	<70%
National Vascular Registry	Yes	Yes	Yes	Previously 90% - 100% Data not yet available
Diabetes (Adult), diabetes care in pregnancy, diabetes footcare	Yes	Yes	Yes	65% (NDIP)
Diabetes (Paediatric) (NPDA)	Yes	Yes	Yes	100% of included cases
Inflammatory bowel disease (IBD)	Yes	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes	Yes	Yes	53%
Renal replacement therapy (Renal Registry)	No	Yes	Yes	100%
Rheumatoid and early inflammatory arthritis	Yes	Yes	Yes	73%
Mental health (care in emergency departments)	No	Yes	Yes	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Yes	Yes	340 cases recorded
National Audit of Dementia (care in general hospitals)	Yes	Yes	Yes	No data collection in year
Older people (care in emergency departments)	No	Yes	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	yes	Yes	Yes	100%
Elective surgery (National PROMs Programme)	No	Yes	Yes	64.5% (all procedures)

Name of audit / Clinical Outcome Review Programme	NCAPOP 2014/15	Quality Accounts 2014/15	Participating	% case submission	
National Audit of Intermediate Care	no	Yes	Yes	Community hospitals	84%
				Early supported discharge (ESD)	53%
				ESD (Home)	0%
				Virtual Ward Team	77%
Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	No	Yes	Yes	100%	
Ophthalmology	No	TBC	Yes	No data collection in year	
Specialist rehabilitation for patients with complex needs	No	TBC	Yes	No data collection in year	
Epilepsy 12 audit (Childhood Epilepsy)	Yes	Yes	Yes	27 cases 100%	
Fitting child (care in emergency departments)	No	Yes	Yes	Report not available to the organisation	
Neonatal intensive and special care (NNAP)	Yes	Yes	Yes	39 recorded	
Medical and surgical clinical outcome review programme: National confidential enquiry into patient outcome and death	Yes	Yes	Yes		
• Sepsis				Study still open	
• Upper GI bleeding				100% of included cases	
• Tracheostomy care				100% of included cases	
• Lower limb amputation				100% of included cases	
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes	Yes	Yes	100%	

The table above shows 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 2014/15 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 reports of 36 national clinical audits were reviewed by the provider during 2014/15 and that actions that the Foundation Trust intends to take to improve the quality of healthcare provided are described in Table 2.

The reports of 45 local clinical audits were reviewed by the Foundation Trust in 2014/15. The key actions that the Foundation Trust intends to take to improve the quality of healthcare provided are described in Table 3 which includes examples of local audits reported in 2014/15. A more detailed review of the outcomes of the Foundation Trust's local audit programme will be published in its Annual Clinical Audit report.

Table 2 Bradford Teaching Hospitals NHS Foundation Trust's intended actions following review of the recommendations from national audits published during 2014/15

Name of audit / Clinical Outcome Review Programme	Report received	Actions
Medical and surgical clinical outcome review programme: National confidential enquiry into patient outcome and death	Tracheostomy Care: On the Right Trach? (June 2014)	The Foundation Trust is implementing a detailed action plan developed from the NCEPOD self-assessment tool involving the production of a new Trust-Wide policy for the management of patients with a tracheostomy. In addition, following the implementation phase of the policy the team plan to undertake a confirmatory audit using the NCEPOD tools to benchmark the Foundation Trust's performance against the recommendations.
	Lower limb Amputation; working Together (October 2014)	The Foundation Trust has completed the NCEPOD self-assessment tool and is currently developing a suite of actions designed to ensure compliance with the recommendations from the study. The Foundation Trust will undertake a confirmatory audit using the NCEPOD tools to benchmark its performance against the recommendations once the actions have been implemented.
National Audit of Seizures in Hospitals (NASH)	April 2014	The Foundation Trust has put in place a number of mechanisms to improve care and meet the standards within the audit. These include the implementation of an Emergency Department (ED) Seizure Guideline, ED Take Home Advice Sheet, process for onward referral to the first fit clinic and process for onward referral to the community epilepsy service. The Foundation Trust demonstrated several improvements from the first NASH audit and is keen to ensure the momentum is maintained. The Long Term Conditions work-stream within the Foundation Trusts' SAFE! Program will be reviewing the success of the implementation of the recommendations from this audit and supporting this work from a quality improvement perspective during 2015/16.
National emergency laparotomy audit (NELA)	May 2014	The Foundation Trust has engaged with the Enhanced Peri-operative Care for surgical patients (EPOCH) Trial (a national trial of a quality improvement intervention) which is running alongside the NELA, to implement an integrated care pathway for those scheduled for emergency laparotomy surgery. The implementation of this integrated care pathway is designed to support improvements in care to ensure compliance with the audit standards
National Joint Registry (NJR)	September 2014	The Foundation Trust has identified a number of actions following publication of this audit report. Key to the response is a proactive review and consideration of knee replacement revision surgery and current performance (as the audit includes data from 2003 onwards) The comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust.

Name of audit / Clinical Outcome Review Programme	Report received	Actions
National Audit of Intermediate Care	November 2014	The Foundation Trust recognises that this audit largely relates to the commissioning of intermediate care services, however that there are a number of opportunities for change and improvement that can be drawn from the recommendations in relation to integration and the review of need. These areas are subject to local action planning in collaboration with commissioners and social care.
Paracetamol overdose (care provided in emergency departments)*		The Foundation Trust is awaiting the report of this audit.
Severe sepsis & septic shock		The Foundation Trust has not yet received this report. The findings and recommendations of this audit will be considered in relation to the Foundation Trusts' quality improvement work as part of the SAFE! Programme, and also contextualised in terms of the NCEPOD Sepsis study when it is published during 2015/16.
Severe trauma (Trauma Audit & Research Network, TARN)	Reports sent quarterly direct to the Foundation Trusts.	The Foundation Trust has systems in place to review the outcomes and any associated actions with this audit. There are key actions being undertaken to improve the case ascertainment rate and the quality of data submitted to this national audit.
National Comparative Audit of Blood Transfusion programme	Audit of patient information and consent December 2014	In response to the recommendations of this audit the Foundation Trust is reviewing its policy for patient information and consent for transfusion, planning engagement with audits of transfusion in the emergency setting and with paediatric patients and reviewing blood transfusion training provided to all health care professionals prescribing blood.
Bowel cancer (NBOCAP)	December 2014	Whilst the report demonstrates a low level of emergency surgery, the concurrent NELA audit is participated in within the Foundation Trust, along with EPOCH, to enhance the outcome for emergency surgical patients, this work will help maintain and improve the care of these patients. The Foundation Trust is a national laparoscopic training centre and has a specific laparoscopic colorectal surgery fellowship programme, and as such demonstrates the highest laparoscopic rate in the network and one of the highest nationally. The Foundation Trust is also the regional centre for the treatment of early rectal cancer, and whilst it recognises that there is no robust programme for organ preservation there is a clear focus in the specialty on reducing stoma rates in high risk patients. Reducing the length of stay for this group of patients remains a challenge. The Foundation Trust has implemented an enhanced recovery program and has high laparoscopic rates, despite this the length of stay remains higher than

Name of audit / Clinical Outcome Review Programme	Report received	Actions
		the national average. The Foundation Trust will continue to audit length of stay to try to identify further factors that can be improved upon. In addition, the Foundation Trust also reviewed the comparative consultant outcomes presented in addition to this audit which focused in the adjusted 90 day mortality rate. No specific actions were identified.
Lung cancer (NLCA)	National audit report September 2014	In response to the recommendations of this national audit the Foundation Trust has undertaken a local audit in relation to the presence of histological diagnosis to determine whether best practice has been followed, which has been subsequently confirmed to the satisfaction of the multidisciplinary team. In addition, a further audit will be undertaken in relation to early surgical resection on non-small cell lung cancer (NSCLC)/low stage NSCLC to enable a more localised and detailed review of the performance of the Foundation Trust. The comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no specific further actions were identified.
Oesophago-gastric cancer (NAOGC)	February 2015	The Foundation Trust systematically reviews lymph node yield, resection margin status, length of stay and complication rates within the multi-disciplinary team approach to care management for these patients. The Foundation Trust is working with local stakeholders to promote the Be Clear on Cancer Campaign and has fast track/open access systems in place to support the recognition and diagnosis of cancers at an earlier stage. The comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no specific further actions were identified.
Care of dying in hospital (NCDH)	May 2014	<p>The Foundation Trust intends to take a number of actions following the publication of this audit including</p> <ul style="list-style-type: none"> • business case development for increased staffing in the hospital palliative care team to support a seven day service • agreement of options for education • development of a local audit programme for the assessment of views of bereaved carers • on-going snapshot auditing of the care of dying patients • annual audit of care of the dying to be performed once new documentation has been implemented • to identify designated Board member (Chief Nurse) and Lay member with a responsibility for care of the dying

Name of audit / Clinical Outcome Review Programme	Report received	Actions
		<ul style="list-style-type: none"> to ensure that the Foundation Trust Board of Directors to discuss the local audit report annually to ensure that the multidisciplinary decision that patient is in last hours/days of life should be formally recorded in medical notes. to ensure that discussions with patients wherever possible and appropriate, and with family/carers should be recorded in medical notes new symptom management guidelines for end of life care have been developed have been disseminated across the organisation.
Acute coronary syndrome or Acute myocardial infarction (MINAP)	December 2014	This report presented individual provider outcome data for the first time and a preliminary analysis of hospital specific 30 day death rates for one particular type of heart attack. The Foundation Trust intends to continue with its' focus on outcomes for patients who have had a myocardial infarction (e.g. length of stay, care bundles of secondary prevention and mortality). In addition the Foundation Trust intends to continue its' focus on data completeness, supporting the quality of the audit itself.
Cardiac Rhythm Management (CRM)	December 2014	This report details implant rates for pacemakers, implantable cardioverter defibrillators and data associated with the provision of cardiac resynchronisation therapy, for the first time at hospital level and also analyses performance against NICE Technology Appraisals. The report does not make recommendations and the Foundation Trust performs well in relation to the quality indicators reported upon.
National Cardiac Arrest Audit (NCAA)	Quarterly reports direct to the Foundation Trust, annual report June 2014	Reducing the number of cardiac arrests is a key goal of the organisation and there are work-streams within the Foundation Trust's SAFE! Campaign and NHS Quest to improve the quality of care and management of deteriorating patients. In addition the Foundation Trust is undertaking work to improve the completion of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms to reduce the number of inappropriate resuscitation. The audit also provides specific details of patients where the resuscitation attempt should be reviewed in more detail to ensure and assure the quality of care provided. These individual reviews are undertaken by the Resuscitation Committee as and when they are identified.
National Vascular Registry		The Annual Report was not published in 2014, however the publication associated with the consultant outcome programme was reviewed and reported upon within the Foundation Trust.

Name of audit / Clinical Outcome Review Programme	Report received	Actions
Diabetes (Adult), includes diabetes care in pregnancy,	Diabetes care in pregnancy audit 2014	The Foundation Trust recognises that the findings of this audit largely focus on the care outside pregnancy and acute care, however the Foundation Trust can promote pre-conceptual services further, and the plan is to highlight this requirement to commissioners and public health.
Diabetes (Paediatric) (NPDA)	October 2014	The third report of the NPDA presented new data in relation to care processes as well as outcome data, and a median HbA1c for the audit year. The Foundation Trust has implemented a number of actions to sustain the improvements from previous years audit results, to address findings of a recent Peer Review and to support achievement of the best practice tariff. Actions being implemented include the establishment of a steering group, recruitment of specialist nursing staff, specialist training for nursing staff, the publication of an 'optimising glycaemic control policy' and review of consultant job plans.
Inflammatory bowel disease (IBD)*	Inpatient care and experience June 2014 Biological therapies June 2014	The Foundation Trust has responded to the findings of this audit by ensuring that it has implemented a treatment pathway that is readily available to aid timely decision making. In addition a business case is being completed to promote the need for further specialist nurse resource and dietetic support for inpatients. The Foundation Trust is also reviewing its local protocol to ensure that all patients started on steroids are prescribed bone protection agents, prescribed heparin (unless contraindicated) and any patient on long term steroids are under regular review and considered for a steroid-sparing agent if indicated.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme*	November 2014 Further report due February 2015	The Foundation Trust has reviewed the recommendations from this audit and its findings have been reviewed by the specialty clinical governance. The key improvements in care provision relate to the establishment of a respiratory high dependency unit. The unit was established in February 2015 and provides specialist care for patients requiring non-invasive ventilation. The unit is subject to a rigorous quality assurance and performance reviewing process. In addition the Foundation Trust is ensuring that all other recommendations from the audit are considered within specialty clinical governance.
Paediatric bronchiectasis	September 2014	The Foundation Trust participated in this specialised audit, the report provided two areas for consideration for quality improvement and these have been highlighted to the consultants who manage the care of these children. They include the support of a respiratory physiotherapist and comprehensive investigations for all children for underlying causes.

Name of audit / Clinical Outcome Review Programme	Report received	Actions
Falls and Fragility Fractures Audit Programme (FFFAP)	Due January 2015	The report for this audit has recently been received and actions already being undertaken to improve compliance with associated NICE guidance (CG146) are being reviewed for consistency with the outcome and recommendations of this audit.
Sentinel Stroke National Audit Programme (SSNAP)*	Organisational report December 2014	The report makes ten national key recommendations, the Foundation Trust is implementing actions to ensure that these are addressed, but with a clear focus on areas where performance concerns have been identified in relation to specialist roles and interdisciplinary services. The lack of psychology input within these domains is reflected in the issues the Foundation Trust is facing in relation to the implementation of NICE Guidance (CG162) and is currently subject to corporate review.
	Clinical audit October 2014/January 2015	The Foundation Trust is demonstrating an improvement in achievement in this audit, with improvement activities focusing on, access to thrombolysis, access to specialist assessment and access to the multi-disciplinary team. Access to scanning remains a concern and as a result the Foundation Trust has taken steps to improve scanning times within one hour of presentation with a new pathway for A&E/radiology.
Elective surgery (National PROMs Programme)	August 2014	<p>The Foundation Trust is taking a number of actions in response to the publication of the Patient Reported Outcome Measures (PROMs). It intends to:</p> <ul style="list-style-type: none"> • Consider participation and response rate review, particularly for varicose veins to see if there are any actions possible to improve them • Consider any other factors that may explain the results other than a variation in performance • Consider undertaking peer benchmarking to compare, for instance, pre- operative scoring or patient characteristics • Review actions associated with primary hip replacements.
Children's head injury project	Due quarter 4 2014/15	Whilst the report of this national project has not yet been published the areas that have been investigated in the project have been included in the work being undertaken by the Foundation Trust to implement NICE Guidance (CG176) and to influence the high priority audit programme. The Foundation Trust intends to incorporate the recommendations into the current Trust improvement work associated with head injury.
Epilepsy 12 audit (Childhood Epilepsy)	November 2014	The Foundation Trust is an outlier in relation to the access of all children at first assessment to a paediatrician with expertise in epilepsy. The Foundation Trust recognises that this is an

Name of audit / Clinical Outcome Review Programme	Report received	Actions
		important area for consideration as this is a basic principle within the relevant NICE guidance (CG137) and is being managed in the action plans to support the implementation of that guidance. In addition, as described in the context of the NASH audit, the Long Term Conditions work-stream within the Foundation Trust's SAFE! Program will be reviewing the success of the implementation of the recommendations from this audit and supporting this work from a quality improvement perspective during 2015/16.
Heavy menstrual bleeding (HMB)	Advice to Providers November 2014	Overall the Foundation Trust found that it was difficult to recruit to this audit as women who could not speak/understand English and required an interpreter were excluded. The response rate of those included in the audit was good and showed a general satisfaction with the service provided by the Foundation Trust. NICE guidance associated with heavy menstrual bleeding does not however appear to be embedded in primary care. The referral pathways for these women will therefore be reviewed, as will the care provided to women of non-white ethnicity and more socio-economically deprived backgrounds.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	December 2014	This publication has been reviewed and a baseline assessment completed. Whilst no specific performance concerns were identified, a number of areas are subject to further internal review/action planning, including a review of scenario teaching for amniotic fluid embolism and activating the massive obstetric haemorrhage protocol. In addition a review of the anaesthetic provision will be undertaken including conduct of training drills, assessment of compliance with standards for recovering women from a general anaesthetic, a review of operating department staffing and the involvement of an anaesthetic consultant in the review of obstetric serious incidents. Linked to the findings of the National Diabetes in Pregnancy Audit the Foundation Trust also intends to promote an increase in preconception referrals for women with medical co-morbidity and poor obstetric history from primary care.
Neonatal intensive and special care (NNAP)	October 2014	In terms of clinical quality standards the Foundation Trust performs well in this audit and no specific actions were identified. Data completeness however is an issue for many sites contributing, including the Foundation Trust. Therefore it is intended to take actions to ensure data completeness and quality for the 2015/16 audit.
Paediatric asthma	April 2014	The Foundation Trust has implemented an action plan to address the findings of the audit which focuses on the appropriate use of chest x-ray, the excessive use of antibiotics when children are admitted with a wheeze, encouraging the checking and documenting of inhaler technique and improvements in the use of peak flow measurements. The Foundation Trust

Name of audit / Clinical Outcome Review Programme	Report received	Actions
		will participate in future British Thoracic Society Audit to confirm implementation of the action plan. The Foundation Trust also intends to audit the timing of steroid administration (a standard not included in the national audit).
National Bariatric Surgery Register	October 2014	The outcome of this audit was reviewed within the relevant directorate, the comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and actions in relation to ensuring data completeness have been identified.
National Head and Neck Cancer Audit (DAHNO)	October 2014	The outcome of this audit was reviewed within the relevant directorate, the comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no further actions were identified.
Adult Coronary Interventions	November 2014	The outcome of this audit was reviewed within the relevant directorate, the comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no further actions were identified.
BAETS national audit (thyroid and endocrine surgery)	November 2014	The outcome of this audit was reviewed within the relevant directorate, the comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no specific further actions were identified.
BAUS cancer registry (urological surgery)	November 2014	The outcome of this audit was reviewed within the relevant directorate, the comparative consultant outcomes published from the data within in the audit were reviewed by the Foundation Trust and no specific further actions were identified.

Table 3 Bradford Teaching Hospitals NHS Foundation Trust's intended actions following review of the recommendations from local audits completed during 2014/15

Name of audit / Audit Programme	Report completed	Actions
Audits undertaken to assure the implementation of action plans developed from the result of serious incident investigations	This is a responsive audit programme that runs throughout the year	Eight audits have been undertaken to assure the implementation of action plans developed from the result of serious incident investigations. Seven of the audits demonstrated full compliance with the action plans specified. One of the audit required further actions and review. It was also recommended following the review of one of the audits that although it identified compliance with the action plan, the SAFE! Programme Board should consider whether a Quality Improvement project would benefit the service.
Audits to assure compliance with CQC Essential Standards	This is a planned audit programme that runs throughout the year	The Foundation Trust manages a program of 52 audits, as described in its high priority audit plan, which is designed to provide assurance in relation to CQC Essential Standards. The actions associated with each audit are managed at local workstream level but with a corporate overview of the outcomes and actions. The Foundation Trust is actively reviewing this programme of audits in relation to the publication and application of the CQC's Fundamental Standards to the regulated activities provided.
SAFE! Programme	This is a planned audit programme that runs throughout the year	The Foundation Trust has undertaken 7 audits within the SAFE! Programme, the actions of which are managed within the governance structure of the programme. Clinical audit has predominantly been used to confirm implementation of quality improvement initiatives. Any patient safety incidents that are identified during the audit process are reported to the risk management team and investigated as appropriate.
Radiation Protection Adviser Audit of the Foundation Trust compliance with Ionising Radiation Regulations 1999	May 2014	<p>The audit found that compliance with IRR99 was good across the Foundation Trust and that staff, patients and the general public are well protected from ionising radiation at the Foundation Trust, however a number of general actions are being implemented to ensure full compliance with legislation</p> <ul style="list-style-type: none"> • risk assessments to be reviewed by Radiation Physics and issued • updated Trust X-ray Local Rules to be issued and read and signed by all staff working in controlled areas • all modalities to perform and formally document audits of systems of work <p>In addition some specific actions were identified for specific areas.</p>

Name of audit / Audit Programme	Report completed	Actions
Dietetic Documentation Audit	January 2015	<p>The audit found that documentation compliance had deteriorated from the previous audit as a result of the different clinical systems (electronic and paper) that the staff were having to use, as a result the following actions are being taken:</p> <ul style="list-style-type: none"> • development of new department record keeping policy incorporating mandatory standards and best practice guidance • development of new audit tool for documentation audit • change in the annual audit process to enable Dietitians to have individualised results to feed into their annual appraisals in addition to a departmental report.
Evaluation of an Introductory Group Session for Pain Patients: A Service Transformation	January 2015	A service transformation project was carried out between December 2013 and April 2014, the aim of this audit was to formally review the revised service model from a patient experience and performance perspective. The audit demonstrated the effectiveness of the introductory group methodology and as a result it is now being considered in relation to other services.
Audit of the use of the paediatric pelvic XR protocol	August 2014	<p>The actions that are being taken to address the findings and recommendations of this audit are to:</p> <ul style="list-style-type: none"> • expand the protocol to cover a wider range of indications: Infection (osteomyelitis, TB) Malignancy Pain? Cause • cascade information to clinicians in respect of the need for clarity on request forms and the provision of a differential diagnosis • re-audit.
Audit of level A Quality Assurance checks on Reporting Monitors	May 2014	An audit of the recently implemented QA programme for primary image display monitors at the Foundation Trust was performed. It was found that the programme has started well but is not yet entirely compliant with national guidelines. An action plan is currently being implemented to ensure compliance, including ensuring up to date details of IDD tests in the QA programme and the provision of guidance associated with several of the required tests.
Patient experience in fluoroscopic guided joint injections	April 2014	<p>Actions were identified associated with communication with patients, including</p> <ul style="list-style-type: none"> • a review of appointment letters and leaflets, • including waiting time in written information • re-label map or name of department

Name of audit / Audit Programme	Report completed	Actions
		<ul style="list-style-type: none"> improving information provision (verbal and written) providing estimates of waiting times especially for arthrograms providing information about what to expect pre, peri and post fluoroscopy <p>Actions were also identified in relation to estates, including</p> <ul style="list-style-type: none"> improve access points for patients with disabilities potential for a park and ride scheme drop off point.
Third / Fourth Degree Tears (2008 onwards)	June 2014	This is an on-going audit which is undertaken as and when cases occur. Actions include the establishment of teaching & education sessions and feedback to the university in relation to doctor training.
Transient Ischaemic Attack. What causes delay in attendance at high risk clinic following referral?	January 2015	Whilst this audit was small in scale, and did not answer the specific audit question, delays in presentation to primary care of patients with symptoms of a Transient Ischaemic attack were identified that highlighted the importance of timely access to secondary care clinics.
ARC Notes Review	October 2014	Actions to address record keeping, including complete documentation of examination findings have been initiated.
Accident and Emergency Handover	March 2015	<p>A number of actions are planned to address the findings of this audit including</p> <ul style="list-style-type: none"> the addition of a handover section within the standard clerking pro-forma used in the department the inclusion of training and education in relation to handover in the departmental induction for junior doctors.
CQC follow up audit: Medway and coding data comparison	December 2014	The positive results of this audit were fed back to relevant staff to reinforce the need to ensure accurate coding, In addition two cases were identified for specific review and the results fed back to the specialty.
Sedation use in Endobronchial Ultrasound (EBUS) Procedures	May 2014	The audit demonstrated compliance with the audit standards in patients under 75 years (over the audit period) and over 75 years (in the last 6 months) This is due to increased levels of skill and familiarity with the procedure as the service has become established. The authors intend to liaise with other EBUS providers in the region to determine the average Midazolam and Fentanyl doses used.
The value of referral for DXA in patients with incidental findings of	December 2014	The audit found that there are clear benefits in highlighting the possibility of osteoporotic fractures in radiological reports and thus the implementation of a departmental short code to

Name of audit / Audit Programme	Report completed	Actions
Vertebral fracture		identify and treat cases early. The use of the short code in Radiology Reports will continue for cases where the reporter feels there has been a low trauma fracture in order to facilitate a referral for a Dual-energy X-ray absorptiometry (DEXA) scan. This audit has been accepted for oral presentation at European Congress of Radiology in Vienna for March 2015.
Investigation and treatment of women in pregnancy with anaemia	October 2014	The actions taken following this audit was a review of the current Trust guideline, focusing on any differences between Local and National guidance, a review of risk factors, and consideration of schedule of clinical review. In addition reminders in relation to the prescription of folate have been planned and criteria for a more specific audit identified.
Adolescent documentation audit (Safeguarding Children)	August 2014	The key recommendation from this audit related to the need to adapt current documentation to support safeguarding children and young people including: <ul style="list-style-type: none"> • the design of a new pro-forma to enable consideration and escalation of any safeguarding concerns by staff. • to audit referrals to the Safeguarding Children's team to assure effectiveness of this pro-forma • to evaluate staff opinion on the new documentation • to use learning from this audit to support divisional and Trust-wide documentation associated with safeguarding children and young people.
An Audit into the eDischarge Summaries on the MAU	July 2014	Many of the actions associated with this audit relate to the implementation of the eDischarge system, identifying strategies <ul style="list-style-type: none"> • to ensure that completed clinical discharges were verified in a timely way • to maximise the benefits of the electronic system In addition it was identified that staff should be reminded that it is mandatory to complete discharge summaries for all patients before they are discharge, and to complete summaries for patients if they self-discharge.
Endocrine Specialist Nurse Questionnaire - Improving The Service	January 2015	This audit demonstrated that the service that the Endocrine Specialist Nurses offer is efficient and effective. No specific actions were identified.
Assessment of urine sample follow-ups following the introduction of a urine diary	August 2014	This audit was designed to analyse the impact of the introduction of a quality improvement technique in relation to the management of urine samples in paediatric patients. The intervention was found to have a positive impact on the processes of care in relation to urine sampling and

Name of audit / Audit Programme	Report completed	Actions
		the Foundation Trust intends to ensure that rotating junior medical staff are educated about its use.
Management of Anaphylaxis and Allergy in Paediatric Patients	July 2014	As a result of the audit the Foundation Trust has reviewed its care of paediatric patients who attend A&E with anaphylaxis and confirmed compliance with NICE Guidance (CG134). The audit proposes a discharge checklist for these patients that have been presented to the divisional governance meeting for consideration.
Head injury - Current Management and Outcomes	July 2014	The outcome of this audit has been used to inform discussions to support the Foundation Trust's implementation of NICE Head Injury Guidance (CG176).
Head injury pathway in adults	April 2014	The outcome of this audit, together with the publication of the NICE Head Injury Guidance (CG176) resulted in the development and implementation of a new head injury pathway in A&E. Assurance in relation to compliance with this guidance and associated pathway will be part of the Foundation Trust's High Priority Audit Programme for 2015/16.
Outcomes of patients with food allergy in relation to food challenge and examination of pre-challenge allergy testing	August 2014	As a result of this audit an allergy clinic pro-forma was introduced as an aide-memoir to facilitate appropriate testing at diagnosis and prior to challenge. Referral process for challenges was a re-evaluated and as a result clinicians will make sure that both tests are done prior to food challenges.
Efficacy of stroke prevention in AF: A way of improvement	June 2014	The Foundation Trust evaluated performance in relation to INR control, Stroke prevention, patients' interest, clinic load and cost-saving and made recommendations about working with primary care to transition eligible and appropriate patients to a Novel Oral Anti-Coagulant (NOAC).
Adolescent admissions (Safeguarding)	August 2014	As a result of this the audit the Foundation Trust intends to: <ul style="list-style-type: none"> • continue to offer level 2 training to meet the safeguarding children training needs of all adult staff • continue to target ward staff to ensure they are aware of available training to attend • continue to review training figures and target specific areas that are showing a reduced compliance in training • continue to liaise with Ward Managers, Matron's and Operational and Divisional Managers to ensure staff have access to the training.

Name of audit / Audit Programme	Report completed	Actions
A Service User Evaluation of Psychology Services in Palliative Care	June 2014	The findings from this evaluation were shared across the hospital sites, in order to develop a more comprehensive audit sample the audit will be repeated regularly to enable further understanding of the effectiveness of the service.
Audit of Radiographer Quality Assurance Testing for Pennine Breast Screening	August 2014	The results of the audit were shared within the division to ensure that training was provided to address the need for radiographers performing tests to be more vigilant about noticing remedial results as they occur and repeating tests when necessary and to improve the consistency of measuring compression force.
Audit of the Medical Assessment Unit Clerking booklet	July 2014	As a result of this audit the Foundation Trust has redesigned the clerking sheet used in the Medical Assessment Unit. The impact of this change in practice and associated quality improvement methodology will be evaluated in a further audit during 2015.
Case finding in spinal fractures	June 2014	The outcome of this audit revealed a huge scope for improvement in the detection rate of osteoporotic spine fracture. The Foundation Trust is therefore encouraging the use of sagittal 3D reconstruction on CT thorax/abdo/pelvis and the use of standard terminology to support communication and handover.
Place of birth choice audit	June 2014	As a result of this audit the Foundation Trust is working to ensure that all women have a discussion with a midwife at their booking visit around choice of place of birth, including the provision of evidence based information in an appropriate and accessible format, and that this discussion is fully documented in the patient's electronic record.
Audit of readmissions within care of elderly department	July 2014	Three areas of causes of avoidable re-admissions were identified and actions are being implemented to address these, for instance in optimising treatment during the admission, focusing on communication and future care planning (especially with regards to end of life care) and additional support for fallers with cognitive impairment.

Name of audit / Audit Programme	Report completed	Actions
Financial implications of drugs prescribed by the endocrine specialist nurses	June 2014	<p>This audit demonstrated the effectiveness of the current service model and resulted in a number of recommendations that could further enhance the service including:</p> <ul style="list-style-type: none"> • patients should obtain prescriptions from their GP's wherever possible (Metyrapone) • ensure that pharmacy claims back the cost of drugs specified in our shared care protocol from the clinical commissioning group by instructing pharmacy on the prescription (Growth Hormone & Lanreotide).
Outpatient venous thromboembolic prophylaxis - assessment and prescribing	June 2014	<p>Designed to evaluate the Foundation Trust compliance with NICE guidance associated with VTE in relation to patients with an acute lower limb injury, the audit resulted in the implementation of a formal trust guideline for the assessment for VTE risk and prescribing of pharmacological VTE prophylaxis is recommended.</p>
Yorkshire Paediatric Dieticians Network Group Coeliac Audit	July 2014	<p>The result of this audit required consultation the Paediatric Diabetes Team, with the need for consensus in relation to screening children and young people, the testing of first-degree relatives and access to paediatric gastro-enterology for children who have both coeliac disease and Type I diabetes. In addition changes in monitoring micronutrient status and revisions of local policy on the inclusion of oats within the diets of children and young people with coeliac disease.</p>
Audit of the management of patients with neutropenic sepsis	July 2014	<p>As a result of the findings of this audit the Foundation Trust intends to ensure that:</p> <ul style="list-style-type: none"> • junior doctors are educated regarding importance of prompt assessment and treatment and the guidelines re: antibiotic use • A&E staff are also educated about the importance of prompt assessment and treatment and the guidelines re: antibiotic use • prompt sheets are available on ward 7/day unit and A&E • all first doses are prescribed 'stat' on front of chart, as per guidelines.
Acute Kidney Injury	September 2014	<p>In response to the outcome of this audit and in order to ensure that the prevention and management of acute kidney injury is improved in the Foundation Trust it is now included in the Core Medical Training curriculum, there have been teaching sessions for Senior House Officers and new Trust clinical guidance is being implemented.</p>

Name of audit / Audit Programme	Report completed	Actions
GP PSA Requests: follow up of raised results	September 2014	There were no actions required following completion of this audit.
Audit to Assess the grading of (Perfect, Good, Moderate, Imperfect) P.G.M.I subjectivity	June 2014	The results of the audit were used to develop an action plan which focused on teamwork, peer support and time being allocated on a regular basis at staff meetings for groups of mammographers to view images alongside a 'Gold Standard' PGMI practitioner.
Last year of Life project (AMBER care bundle) pre and post implementation	June 2014	<p>This audit resulted in a number of planned actions including:</p> <ul style="list-style-type: none"> • in order to continue to demonstrate improvements in end of life care the Palliative care team plan to submit a bid for a substantive 1 WTE band 7 CNS post • following the withdrawal of the Liverpool Care Pathway in July 2014 the Foundation Trust plans to implement new guidance alongside an education package is in place • review and develop action plans in relation to the National Care of the Dying Audit for Hospitals • further investigation needs to be undertaken to understand why there has not been a sustained improvement in the speed of Fast Track discharges • the End of life communication skills training sessions have required a considerable time commitment from the palliative care team • a telehealth service has been set up based at Airedale General Hospital to provide support for patients on the GSF/End of Life Register. Patients are given access to a Goldline telephone number for advice and signposting out of hours. This Goldline service has now been extended to all patients in the Last Year of Life in Bradford, and this has now superseded the Foundation Trust End of Life Information Hub.
Follow up of consolidation on GP and A&E chest radiographs.		<p>The audit report led to the development of an action plan covering two key elements:</p> <ul style="list-style-type: none"> • targeting of patients who have not been offered follow up and those who require follow up but do not attend (DNA) or cancel follow up imaging • further education, especially of rotating trainees regarding use of follow up codes to achieve 100% compliance with audit standards.
An audit on MAU handover system	April 2014	<p>A number of actions were identified from the results of this audit including:</p> <ul style="list-style-type: none"> • consultants to lead handover, emphasising its importance to juniors • handover induction for all junior doctors

Name of audit / Audit Programme	Report completed	Actions
		<ul style="list-style-type: none"> • Night Nurse Practitioner to attend night handover • develop an electronic handover system • re-audit after the above recommendations have been implemented.
Dalteparin prescribing in high risk patients		<p>The elderly care directorate reviewed the results of the audit and agreed and are implementing the following actions:</p> <ul style="list-style-type: none"> • education of medical staff in relation to the use of Low Molecular Weight Heparin and the following: <ul style="list-style-type: none"> - if prescribing reducing dose ensure the drug chart is annotated when monitoring required - if intentionally omitting Dalteparin to sign the box on the drug chart with the reason - VTE risk assessment to be attached to all drug charts - care should be taken when transcribing drug charts • nursing staff to alert medical team if patient weighs less than 45kg.
Use of platelets in haematology patients		<p>The Foundation Trust intends to take a number of actions following review of the results of this audit. These include:</p> <ul style="list-style-type: none"> • medical staff must be reminded of the importance of documenting rationale for transfusion of any blood / blood component in patient notes • all patients receiving platelet transfusions should have a post transfusion platelet count taken. • all staff to be reminded that only 1 adult dose of platelets should be given prophylactically then review patient with post transfusion FBC. Further doses then given as appropriate.

Annex 2: Statements on Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2014/15

Bradford Teaching Hospitals NHS Foundation Trust has fulfilled its duty in providing a copy of their 2014/15 Quality Account to the relevant Clinical Commissioning Groups, Bradford and District Healthwatch Group and the Health Overview and Scrutiny Committee. The Foundation Trust has received the following statements in response; the Healthwatch Group advised they would not be reviewing quality accounts this year:



**NHS Bradford City CCG
NHS Bradford Districts CCG**
Douglas Mill
Bowling Old Lane
Bradford BD5 7JR

Tel: 01274 237290
Fax: 01274 237453

Bradford City and Bradford Districts Clinical Commissioning Group Feedback on: Bradford Teaching Hospitals NHS Foundation Trust Quality Account 2014/15

Bradford City and Bradford Districts (BC and BD) CCGs welcome the opportunity to review and feedback on the Quality Account presented by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) for 2014-2015.

As commissioners of healthcare services on behalf of the local population we believe this account to be a clearly articulated and properly evidenced document demonstrating commitment to the quality and safety of care for patients. It provides a fair reflection of the provider's achievements. BTHFT has continued to present a realistic picture of what further action is required to continue on its "journey" of improvement within its services and has demonstrated and evidenced significant improvements over the past twelve months.

BTHFT has evidently engaged with appropriate 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.

The required statements of assurance have been provided demonstrating achievement against essential standards.

It is noted that within the Quality Account the Trust has taken the recommendations from the CQC inspections report (published in April 2015 and which categorised the Trust as Requires Improvement) extremely seriously and has acknowledged the requirement for significant improvement. The Trust has implemented immediate actions including adopting the British Thoracic Society best practice guidance for patients requiring non-invasive ventilation and strengthened the skills and experience of staff in the paediatric stabilisation room for children awaiting transfer to intensive care. Additional funding will be made available to address the concern regarding safe staffing levels to ensure access to sufficient numbers of suitably qualified and skilled staff at all times throughout the organisation. BTHFT has made a clear commitment from the leadership team that there will be further investment to ensure that all recommendations are acted upon.

Bradford City and Bradford District Clinical Commissioning Groups acknowledge that the majority of quality priorities for 2014-15 were met, with subsequent improvements to services. In particular the following areas of achievement were noted:

- Under the management of diabetes priority the Trust has implemented the “think glucose” national initiative which aims to improve the care, outcomes and experience of people with diabetes admitted to hospital. This has resulted in increasing the number of referrals to the team to enable early intervention and the introduction of “champions” for each ward. BTHFT undertook a snap-shot patient survey which clearly articulated the improvement to the service as a whole. (However, the Trust did not participate in the National Diabetes Audit which is a requirement, it is a recommendation this audit is conducted in 2015/16 and outcomes presented in the Quality Account for 2015/16.)
- BTHFT has taken part in the “National Nutrition and Hydration Awareness” week for 3 consecutive years, a key facet of patient experience. Other initiatives have included trialling a finger food menu for patients with dementia offering patients a range of foods which are easier to manage themselves, a new system of meals in the labour ward to ensure that meals are available when required and modified consistency meals for patients unable to manage a normal diet across the organisation.
- BTHFT has demonstrated improvements for patients and the public whose first language is not English by introducing a policy and guidance for all wards and services. They have also improved the quality of the video interpreting service providing a wider range of languages. A real-time electronic patient feedback solution is being developed and will be able to be translated into different languages swiftly and accurately.

Continued engagement with National Confidential Enquiries and clinical audits and subsequent action plans have demonstrated commitment to improving clinical effectiveness. There have been significant developments in response to the Francis report with 70% of actions being completed.

The achievements, challenges and actions taken to improve outcomes of the national quality indicators are noted and that further end of year data is awaited. Key achievements and areas for improvement are noted below:

- Local performance indicators includes the CQUIN to ensure coverage of locally agreed quality and innovation goals, however the quality account is lacking the detail around outcomes, projections and any areas of concern.
- BTHFT is commended for its Patient and Public Involvement strategy, these initiatives are now included within the new Trust Quality Improvement Strategy. BTHFT took part in the National Cancer Survey 2014 and the Accident and Emergency Department Survey, the outcomes have resulted in numerous actions and it is a recommendation that the outcomes of these actions are included in the 2015/16 Quality Account for assurance.
- BTHFT has acknowledged the Clwyd/Hart recommendations and has implemented numerous work streams to address the 26 recommendations that were applicable to them and there is good evidence of learning from complaints.

- Evidence has been provided to ensure continued commitment to clinical research in order to improve quality of care.

It is acknowledged that the Trust is rolling its priorities forward into 2015-16 and the rationale for doing so as follows:

- Management of diabetes, to continue to increase the number of referrals, monitor progress and embed all initiatives into practice and improve compliance in all areas.
- Meal time experience, to evaluate the finger food menu for patients with dementia and access to meals on the labour wards. In addition to review all patient meals across the organisation to ensure the needs of patients are met and to comply with the Hospital Food Standards Report.
- Communication with patients and public whose first language is not English, to fully embed the recently endorsed policy and guidance at ward and departmental level.

Bradford City and Bradford District Clinical Commissioning Groups acknowledge that the information within this Quality Account reflects the continued commitment and intention of BTHFT to provide safe, quality services, commend its proactive approach and support its continued steps towards quality improvement.



Helen Hirst
Chief Officer
NHS Bradford City CCG and NHS Bradford Districts CCG

Bradford Teaching Hospitals NHS Foundation Trust
Trust HQ, Chestnut House
Bradford Royal Infirmary
Duckworth Lane
Bradford BD9 6RJ

**Department of Legal and Democratic
Services**

c/o Overview & Scrutiny Team
Bradford Metropolitan District Council
Room 21, City Hall
Bradford BD1 1HY

Tel: (01274) 432313
Email: caroline.coombes@bradford.gov.uk

Date: 20 May 2015

BTHFT Quality Account 2014/15

Thank you for asking me for comments on your 2014/15 Quality Account.

As you will be aware, the Health and Social Care Overview and Scrutiny Committee (the Committee) has been scrutinising the performance of your Trust since the Care Quality Commission (CQC) inspection report published in January 2014. Following the publication of the CQC's latest inspection report in April 2015, the findings of which are highlighted by your Chief Executive in his opening statement, the Committee will again be seeking assurance that adequate and, wherever possible, swift action has and will be taken to address the significant issues identified by that report.

The Committee will therefore be expecting to receive your Trust's latest action plan at the earliest opportunity. Of particular concern is the backlog of patients waiting for a review of their outpatient care pathway and I also note the CQC's finding that 'at Bradford Royal Infirmary, the hospital building and estates were old and many areas were no longer suitable to meet the needs of patients or staff'. Both of these issues will therefore be the subject of scrutiny over the coming twelve months.

In addition, while the Committee has welcomed progress made by your Trust over the last twelve months, most recently at a meeting held in April 2015, it remains concerned about your ongoing staffing issues and has already requested a report back.

Finally, I am pleased to note your continued focus on patient experience and also your decision to prioritise the management of diabetes, an area of particular concern to many Bradford residents. I have also noted the performance against the CQUIN indicator on emergency admissions of patients over 75 years old and this is something I will be raising as part of the Committee's ongoing scrutiny of the integration of health and social care.

I look forward to working with you over the next year.

Yours sincerely

Cllr Vanda Greenwood
Chair – Health and Social Care Overview and Scrutiny Committee



Annex 3: Directors' Responsibilities in Respect of the Quality Report 2014/15

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 2014/15;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2014 to May 2015
 - Papers relating to Quality reported to the Board over the period April 2014 to May 2015
 - Feedback from the commissioners dated 15/05/2015
 - Feedback from governors dated 14/05/2015
 - Feedback from the local Healthwatch organisation dated 24/04/2015
 - Feedback from the Overview and Scrutiny Committee dated 20/05/2015
 - The Foundation Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 28/May/2015
 - The latest national patient survey dated 31/August/2014
 - The latest national staff survey dated 30/November/2014
 - The Head of Internal Audit's annual opinion over the Foundation Trust's control environment dated 19/May/2015
 - Care Quality Commission Intelligent Monitoring Report dated 27/April/2015
- the Quality Report presents a balanced picture of Bradford Teaching Hospitals NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual)

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

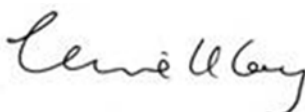
By order of the Board



28/05/2015

Chairman

Professor Lord Patel of Bradford OBE



28/05/2015

Chief Executive

Professor Clive Kay

Annex 4: Independent Auditor's Report to the Council of Governors of Bradford Teaching Hospital 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicator for the year ended 31 March 2015 subject to limited assurance is:

- emergency re-admissions within 28 days of discharge from hospital.

We refer to this national priority indicator as "the indicator".

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 2014/15 ('the Guidance'); 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 Guidance.

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 and papers for the period April 2014 to May 2015
- Papers relating to Quality reported to the Board over the period April 2014 to May 2015
- Feedback from the commissioners dated 15/05/2015
- Feedback from governors dated 14/05/2015
- Feedback from the local Healthwatch organisation dated 24/04/2015
- Feedback from the Overview and Scrutiny Committee dated 20/05/2015
- The Foundation Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2015
- The latest national patient survey dated 31/08/2014
- The latest national staff survey dated 30/11/2014
- The Head of Internal Audit's annual opinion over the Foundation Trust's control environment dated 19/05/2015

- Care Quality Commission Intelligent Monitoring Report dated 27/04/2015

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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, except 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; and
- 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.

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 affect 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 of these criteria, 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 2015:

- 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 listed above; and
- the indicator in the Quality Report subject to limited assurance has not been 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 Guidance.

KPMG LLP

28 May 2015

KPMG LLP
Chartered Accountants
One St Peter's Square
Manchester
M2 3AE

Annex 5: List of Abbreviations

List of Abbreviations	
ACU	Ambulatory Care Unit
ADT	Admission discharges and transfers
AED	Accident & Emergency Department
BME	Black and minority ethnic
BPT	Birthrate Plus Tool
C. diff	<i>Clostridium difficile</i> - 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
CPBS	Central Patient Records
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
CT	Computed Tomography
DH	Department of Health
DNA	Did not attend appointment
DVT	Deep Vein Thrombosis
EPR	Electronic Patient Records
FFT	Friends and Family Test
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
MARAC	Multiagency Risk Assessment Conference
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

List of Abbreviations	
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
NPS	Net Provider Score
PALS	Patient Advice and Liaison Service
PATP	Pre-operative Assessment and Theatres Project
PICANet	Paediatric Intensive Care Audit Network
POMH	Prescribing in Mental Health Services
PPE	Patient and Public Engagement
PPPP	People, Places and Procurement Programme
PROMS	Patient Reported Outcome Measures
QA	Quality Account
QIPP	Quality, Innovation, Productivity and Prevention
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
SLA	Service Level Agreement
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Systems
TIA	Transient Ischaemic attack
VAWG	Violence against women and girls
VTE	Venous Thromboembolism
WRES	Workforce Race Equality Standard

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
Referral to Treatment (RTT) 18 week wait	The NHS Constitution provides patients with the legal right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.	The Referral to Treatment (RTT) operational standards are that 90 per cent of admitted and 95 percent of non-admitted patients should start consultant-led treatment within 18 weeks of referral. In order to sustain delivery of these standards, 92 per cent of patients who have not yet started treatment should have been waiting no more than 18 weeks.	Data is submitted monthly to NHS England by all providers of NHS-funded, consultant-led services, via Unify2. Unify2 is the online tool used by NHS England for the collection and sharing of NHS performance data. NHS commissioners review and sign off the data and NHS England performs central validation checks to ensure good data quality.
Emergency re-admissions within 28 days of discharge from hospital	Percentage of emergency admissions to a hospital that forms part of the Foundation Trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the Foundation Trust.	<p><i>Numerator:</i> 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 specialty upon re-admission coded under obstetric; and those where the re-admitting spell has a diagnosis of cancer (other than benign or <i>in situ</i>) or chemotherapy for cancer coded anywhere in the spell.</p> <p><i>Denominator:</i> 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.</p>	

7. Staff Survey

Statement of approach to staff engagement

We make every effort to ensure that our staff are engaged and involved.

During the last year we have held:

- Listening Events
- Use of screensaver for key messages
- Leadership Walkrounds
- Informal departmental visits by Executive team
- Chief Operating Officer briefings
- Involved staff in strategy development days

We appreciate there are still improvements we can make and will be undertaking a full review of our engagement and communications strategy. Within the HR department we are appointing a Staff Engagement and Equality Manager to ensure this area of work has much greater focus going forward.

National Staff Survey 2014 - Summary of performance

The Foundation Trust's score for overall staff engagement is 3.75 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 average when compared with a Trust of a similar type.

The overall indicator of staff engagement is calculated using the key findings of:

- Perceived ability to contribute to improvements at work
- Willingness to recommend the Trust as a place to work or receive treatment
- The extent to which staff are motivated and engaged with their work.

Response Rate	2014	2013	2012
Trust	36%	43%	37%
National Average	42%	49%	50%

The 2014 response rate is below average compared to Acute Trusts in England.

The 5 key findings

Top 5 Ranking Scores – 2014	Trust	National Average	Ranking
1. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	91%	91%	Average
2. Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months.	8%	14%	Lowest (best) 20%
3. Fairness and effectiveness of incident reporting procedures.	3.67%	3.54%	Highest (best) 20%

4. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice.	73%	67%	Highest (best) 20%
5. Percentage of staff receiving job-relevant training, learning or development in the last 12 months.	83%	81%	Highest (best) 20%

The 5 key findings for which Bradford Teaching Hospitals NHS Foundation Trust compared least favourably with other Acute Trusts in England are:

Bottom 5 ranking scores – 2014	Trust	National Average	Ranking
1. Percentage of staff suffering work-related stress in the last 12 months.	44%	37%	Highest (worst) 20%
2. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.	87%	90%	Lowest (worst) 20%
3. Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell.	29%	26%	Highest (worst) 20%
4. Percentage of staff receiving health and safety training in the last 12 months.	71%	77%	Below (worse than) average
5. Percentage of staff working extra hours.	74%	71%	Above (worse than) average

The largest local changes where staff experience has improved is:

- % of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months
- % of staff having equality and diversity training in the last 12 months.

Future Priorities and Targets

A key priority is the four indicators that will be measured going forward under the Workforce Race Equality Standard (WRES) which will form part of the NHS Standard Contract in 2015/16. The Diversity Workstream in the Foundation Trust and the BME Network will be instrumental in developing our strategy and action plan around improving our performance in this area. The indicators are around harassment and bullying, equal opportunities and discrimination.

We will be taking key corporate pieces of work forward which will tackle the following areas:

- Dignity at work
- Stress, work pressure and staff working extra hours tied in with attendance management generally
- Staff engagement and communications, building on the work that has already commenced.

Divisions will be asked to review their results and develop action plans alongside work which will be led corporately.

8. Regulatory Ratings

Monitor's Regulatory Regime

From the third quarter of 2013/14 onwards, Monitor rated Foundation Trusts under its Risk Assessment Framework using two ratings which replaced those previously used under the Compliance Framework. The ratings are:

- 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).

Prior to this, up to the end of the second quarter of 2013/14, the ratings used under its Compliance Framework were:

- 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.

Summary and Analysis of Rating Performance

The Foundation Trust's performance in 2014/15 and 2013/14 was as follows:

2014/15					
	Annual Plan	Q1	Q2	Q3	Q4
<i>Under the Risk Assessment Framework</i>					
Continuity of Service Rating	4	4	4	4	*
Governance Rating	Green	Green	Green	Green	*

* Ratings not available at the time of preparing this report

2013/14					
	Annual Plan	Q1	Q2	Q3	Q4
<i>Under the Compliance Framework</i>					
Financial Risk Rating	3	3	3		
Governance Risk Rating	Green	Green	Green		
<i>Under the Risk Assessment Framework</i>					
Continuity of service rating				4	4
Governance rating				Description of Issues	Description of Issues

Continuity of Services Risk Rating / Financial Risk Rating

- **2014/15**

The Continuity of Services Risk Rating has remained at 4, the lowest level of risk, for the first three quarters of 2014/15.

- **2013/14**

The Financial Risk Rating stood at 3 for the first two quarters of 2013/14, and would have remained at this level for the remainder of 2013/14 if it had not been replaced by the Continuity of Services Risk Rating. The higher rating of 4 for the Continuity of Services Risk Rating is a result of the different metrics involved in its calculation.

Governance Rating / Governance Risk Rating

- **2014/15**

The Governance rating remained green for the first three quarters of 2014/15.

- **2013/14**

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 in respect of staffing, 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 to Description of Issues accordingly. As a result of the action taken by the Foundation Trust and the results of a review of governance arrangements carried out by PwC, Monitor closed its investigation in May 2014 and the Governance rating reverted to Green.

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.

Achievements

Below are some of the achievements in 2014-15.

Project SEARCH Bradford

Project SEARCH began 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 work rotations to the young people (interns), immersing them into 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.

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.

We are now in our second year of Project SEARCH. We provide:

- a Base Room (where the Interns, Tutor, Coach and Project Assistant are based),
- internship opportunities and mentors
- Business Liaison (the Head of Equality and Diversity).

11 young people started Project SEARCH Bradford in September 2014, with eight still on the programme. They are receiving varied work experience in jobs such as administration, IT support services, 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 had significant achievements with Project SEARCH in 2014-15 which included:

- **Radio 4 Today Programme** showcased Bradford Project SEARCH in response to media reports of a minister stating that people with learning difficulties are “not worth the minimum wage”. As a result of the exposure, seven new projects are being established in the UK. This will mean that over time, hundreds of other young people with learning difficulties in the UK will have much improved chances of employment as a result of the exposure given to the initiative through the Today Programme.
- **Launch of the Business Advisor Committee** by the Chair and Chief Executive of BTHFT. Local businesses and employers are helping us with finding jobs for this year's interns on Project SEARCH. Those involved include:
 - Barclays Bank
 - Bradford District Care Trust
 - Midland Hotel
 - Morrisons
 - Puddle Digital
 - University of Bradford
- **Visit by HRH the Princess Royal** who is the Patron of the Hft, the first royal visit to any Project SEARCH site. The event was an opportunity for HRH to hear about the project and thank the many mentors and managers in the Foundation Trust for their part in making Bradford Project SEARCH a success.

Collaborative working through 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.

We are currently reviewing the work of the group to ensure there is no duplication with the Voluntary Sector Equality Forum and are working with the forum to identify ways of working jointly on health matters.

BME Employment Targets

An outcome of the collaborative working has resulted in BTHFT mirroring the employment target of 35% BME staff which Bradford District Care Trust committed itself to. In February 2015, BTHFT Board of Directors set itself a target date of 2025 to achieve a workforce reflective of the local BME working age population of 35%. This is a challenging but achievable target which would require a year on year increase of 1% BME staff to reach the target (current BME people make up 24.3% of the workforce).

Workforce Race Equality Standard (WRES)

NHS England has agreed a set of Standards to be included in the NHS standard Contract for 2015/16. It is intended that the WRES forms the first stage in a process of addressing workforce equality issues.

We are making preparations to comply with the WRES and demonstrate our progress against workforce equality indicators.

Implementing the Equality Delivery System (EDS)

The Heads of Equality across the NHS health economy in Bradford district reviewed our performance against the four goals as set out in EDS2. In December 2014 Equality Panels, made up of members of the Bradford and Airedale NHS Equality Group and VCS, considered our evidence and reassessed the grades for BTHFT. The performance against the EDS2 is centred around our Equality Objectives.

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. 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.
2.	Improve Equality Delivery System (EDS) process, year on year	We redesigned the Panel process in 2013 and carried out four Panels in December 2014. We recognise that we need to ensure that panel representation and scrutiny reflects the issues of concerns to the local communities and organisations representing protected characteristics.
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. Knowledge of our policy by the CQC in a visit in 2014. Staff knew of the policy and how to ensure that Trans patients are treated with dignity and respect. It is understood that Care Quality Commission now use our policy as part of their inspection regime as an example of good practice in relation to 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 Head of Equality and Diversity or the Patient Experience Lead attend the Accessible Information Group of the Strategic Disability Partnership. Preparations are underway to implement the Accessible Information Standard, which will help make information more accessible. Bradford Association of Visually Impaired People Advice Sheet 1 has been distributed widely throughout BTHFT several times including emails to all managers, sisters etc asked to disseminate to staff

No	Objective	Progress
		and discuss in team meetings and item in global email with link to documents
5.	Improve the access and experience of BME patients and service users	<p>Healthwatch and Macmillan produced a report the views of some people from the eastern European, South Asian and African / African-Caribbean communities in Bradford affected by cancer. Macmillan wanted the support of Healthwatch to gather views from minority ethnic communities which are under-represented in their 'Cancer Voices' engagement work. They identified three particular communities to focus on:</p> <ul style="list-style-type: none"> ○ South Asian ○ Central and Eastern European ○ African and African-Caribbean <p>Some specific issues did emerge from each community, but most experiences reported by people affected by cancer could be grouped together under four broad themes, which were common among the three different communities:</p> <ul style="list-style-type: none"> ○ Diagnosis ○ Treatment and Care ○ Communication and Staff Attitude ○ Support <p>The Head of Equality and Diversity and the Patient Experience Team have met with Healthwatch and are awaiting a steer from them with regard to the priorities for actions that they think the Foundation Trust needs to take to address the issues contained in the report.</p> <p>Our Interpreting Service continues to innovate around improving access to services for people unable to communicate in English.</p> <p>We are continuing to work across West Yorkshire on addressing the poor experience reported by BME patients in some specific areas, identified through the Patient Survey work.</p>
6.	Reduce inequality experienced by BME staff and applicants	<p>The work that we did around Band 8&9 recruitment was highlighted in a Foundation Trust Network document "Leading by Example" which focused on case studies which aim to address inequality experienced by BME staff and applicants, supporting the implementation of the Workforce Race Equality Standard (WRES).</p> <p>As part of Implementing the WRES, we have set a target to increase our staff to 35% BME by 2025. Although challenging, this target translates to 1% increase per annum. The targets will cover:</p> <ul style="list-style-type: none"> ● Overall % of staff ● % recruited ● % recruited at Band 8+ ● % promoted (to be confirmed by Simon whether possible) ● % turnover <p>We will also analyse other workforce data to analyse BME staff experience rates and hope that BME rates of the overall workforce are close to the overall rates in relation to:</p> <ul style="list-style-type: none"> ● Staff survey ● Staff Friends and Family Test ● Disciplinary Rates ● Grievance

No	Objective	Progress
		<ul style="list-style-type: none"> Dignity at work.
7.	Increase the diversity of Trust Board / Council of Governors and their understanding of equality issues	<p>The job description and person specification for Non-Executive Director posts were equality proofed and the Board of Directors showed commitment to increase the diversity of the Board of Directors. The BME diversity of the Board has increased from 0% pre-July 2014 to 23% by February 2015. All Board papers have been updated and require papers to the Board to demonstrate how they meet these equality objectives.</p> <p>The Board of Directors receive a six monthly equality on our internal activity to achieve our equality objectives and comply with equality legislation.</p> <p>At equality panel meetings in December 2014, the Chair and Chief Executive were commended for their leadership in disability equality through their commitment to supporting and championing Bradford Project SEARCH.</p>

The Equality Objectives will be formally reviewed and updated in January 2016 (in line with Equality 2010 requirements), following consultation on what the community think our priorities should be for 2016-2020.

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. Equality Impact Assessment has also been incorporated in to the QIPP programme to ensure that any new initiatives or service redesign have taken account of protected characteristics. The Equality Impact Assessment 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 or action taken to mitigate against disadvantage where there is evidence that protected groups might be affected by the policy or QIPP initiative.

Equality and Diversity Training

- **Training for Senior Managers** – over 300 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 is mandatory for all senior Managers.
- **E-Learning for all staff** – a 20 minute e-learning package 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 Survey Results** – the 2014 staff survey results reported an increase from 49% to 62% in the percentage of staff having equality and diversity training in the last 12 months. This was one of two largest local changes since the 2013 survey. The national average for acute trusts is 63%.

Staff Engagement and Equality Manager

A post has been created to employ a lead for staff engagement work. The person appointed will develop action plans with the Divisions as appropriate on activity to improve staff experience. The person appointed will also be the Dignity at Work lead for the Foundation Trust. An additional role will be to assist the Head of Equality and Diversity in project work linked to equality and staffing issues.

Staff survey results by protected characteristic

In 2013, disabled staff reported the worst experience of all staff groups in 14 key findings. Male staff reported poorer experience in nine key finding areas in 2013.

The Diversity Workstream decided to delve deeper in to the experience of these two groups of staff. Two electronic surveys were set up and advertised through core brief and weekly global emails in 2014. 39

responses were received from disabled people. 144 responses were received from men. Both sets of survey results reflect the findings from the 2013 staff surveys. An action plan has been devised and will be a key part of the workplan for the newly appointed Staff Engagement and Equality Manager.

Staff Friends and Family

We have taken the decision to include an equality monitoring form as part of the data collection. This will form a key part of the dataset that the Staff Engagement and Equality Manager will work with.

Staff Networks

Staff networks for black and minority ethnic staff, disabled staff and lesbian, gay bisexual and Trans (LGBT) 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 and wherever possible, staff should be given approval to attend meetings during work time.

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.

Interpreting Services (Spoken Languages)

The demand for interpreting services is continuing to increase. The range of languages in which interpreting services are provided is also increasing, with interpreting services provided in over 50 different languages. Hungarian, Romanian and Latvian languages have seen demand increase.

2014/15 – Top 10 languages requested

Language	No. of Sessions
Urdu/Punjabi	16,345
Czech/Slovak	5,798
Polish	3,635
Bengali	1,779
Hungarian	962
Arabic	713
Pushto	604
Gujerati	509
Russian	490
Latvian	338

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 bank 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.

Interpreting and Translation Policy

An Interpreting and Translation Policy is in the process of being developed for 2015/16. The policy will ensure staff and service users are fully aware of the interpreting and translation services available to them and how to access them appropriately.

Health and Safety

There has been a review of the governance arrangements for health and safety within the Trust following new guidance from the Health & Safety Executive for Board members on 'Leading health & safety at work' (INDG417 06/13). Following the review a number of recommendations were agreed by the Board of Directors.

Generally, awareness of health and safety has been raised through the health and safety awareness training, risk management meetings and governance meetings.

The Foundation Trust's risk assessment programme continues and is incorporated within relevant Divisional Risk Registers and where appropriate, onto the Corporate Risk Register.

2214 health and safety risk incidents were reported in the last 12 months, 1074 of these incidents related to staff. The following areas continue to be our highest reported health and safety incidents:

- incidents of physical abuse by patients or visitors;
- incidents of verbal abuse by patients or visitors;
- incidents of threatening behaviour by patients or visitors;
- incidents of service provision
- injuries caused by contamination, for example sharps injuries.

Effort continues to be focused on the most prevalent health and safety risks. Specific groups have been set up to concentrate on reducing the impact of incidents and putting in place robust mitigation. Within the last 12 months safety needles have been introduced within the Trust, further work is on-going looking at other safety devices.

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.

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.

	2014/15	
	Number	£
Total Non-NHS trade invoices paid in the year	61,748	123,500
Total Non-NHS trade invoices paid within target	52,339	103,834
Percentage of Non-NHS trade invoices paid within target	84%	86%
Total NHS trade invoices paid in the year	2,293	20,890
Total NHS trade invoices paid within target	1,677	14,324
Percentage of NHS trade invoices paid within target	72%	71%

	2013/14	
	Number	£
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%

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 table 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. Fourteen such incidents were reported however one of these was downgraded to lower risk as the loss was only a potential loss of personal data. The table details the other thirteen incidents.

The second table details the incidents classified at lower level severity.

Summary of Serious Incidents Requiring Investigations Involving Personal Data as reported to the Information Commissioner's Office in 2014-15				
Date of incident (month)	Nature of Incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
April	Unsecure email	Patient's first name, surname, hospital number, date of birth, address, clinical history, diagnosis	Number not known	Reported to the Information Governance Reporting Tool
June	Loss of handover sheet	Patient's name, age	8	Reported to the Information Governance Reporting Tool
September	Unencrypted DVD	The DVD relates to a child protection case and contains patient identifiers and a recording of a patient examination.	1	Reported to the Information Governance Reporting Tool
October	Child Protection Report sent to the wrong address	Child Protection Report	1	Reported to the Information Governance Reporting Tool
December	Loss of handover sheet	Name, age, DoB, diagnosis, care plan and discharge details for 19 patients and name only for 3 other patients	22	Reported to the Information Governance Reporting Tool

Summary of Serious Incidents Requiring Investigations Involving Personal Data as reported to the Information Commissioner's Office in 2014-15

Date of incident (month)	Nature of Incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
December	Delay in delivering	Patient medical records	16	Reported to the Information Governance Reporting Tool
January	Verbal	Limited clinical information about a baby	1	Reported to the Information Governance Reporting Tool
January	Loss of document	Patients' names, dates of birth, ages, hospital numbers, NHS numbers, fast track column completed for some patients with date of cut-off, Consultants' names, a column showing which test patient is to have	20	Reported to the Information Governance Reporting Tool
January	Unsecure email	Patients' names, diagnosis, hospital number, infection status, past medical history and age	22	Reported to the Information Governance Reporting Tool
January	Loss of handover sheet	20 patients (18 patient name with hospital number and 2 patient name only)	20	Reported to the Information Governance Reporting Tool
February	Disposal of confidential waste	Confidential waste	341 approx	Reported to the Information Governance Reporting Tool
February	Disclosure of another patient's medical records	Health records (Access to Health Records request)	2	Reported to the Information Governance Reporting Tool
February	Letter placed incorrectly in envelope so confidential information visible	Letter	1	Reported to the Information Governance Reporting Tool

Summary of Other Personal Data Related Incidents in 2014-15

Category	Breach Type	Total Number of Incidents in this category
A	Corruption or inability to recover data	0
B	Disclosed in error	35
C	Lost in transit	12
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	1

Summary of Other Personal Data Related Incidents in 2014-15		
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)	1
J	Unauthorised access/disclosure	10
K	Other	104

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.

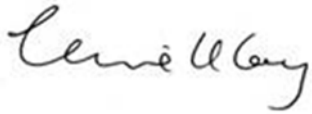
Under the NHS Act 2006, Monitor has directed Bradford Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of 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.

A handwritten signature in black ink, appearing to read 'Clive Kay', written in a cursive style.

Professor Clive Kay
Chief Executive

28 May 2015

12. Annual Governance Statement 2014/15

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 2015 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 Director of Governance and Corporate Affairs 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 Director of Governance and Corporate Affairs 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

An updated Risk Management Policy, incorporating the risk management framework was approved by the Board of Directors in January 2015. The Policy is intended to provide an overarching framework for the

management of risk within the Foundation Trust and applies to both clinical and non-clinical risk management. The overall aim of the Policy is to achieve a culture where risk management and safety is everyone's business, there is open and honest reporting of incidents, a culture that encourages Trust-wide learning and risks are continuously identified, assessed and minimised.

The policy details responsibilities for risk management at all levels throughout the Foundation Trust. It also includes guidelines for the identification, assessment and monitoring of risks together with guidelines for the use of risk registers and clear escalation processes.

The Risk Management Policy also sets out the relationship between the risk register and the Board Assurance Framework. During the year the Board Assurance Framework that was developed in early 2014 has been regularly reviewed and updated. External support from the Good Governance Institute has been obtained to assist in the further development of the Framework.

A proposal to develop an overarching Quality Improvement Strategy to replace the existing Quality and Safety Strategy was approved by the Quality and Safety Committee in March 2014. The Strategy was developed during the course of the year and was approved by the Board of Directors in March 2015.

The Quality Improvement Strategy sets out the Foundation Trust's strategic direction for improving quality across the three nationally defined components throughout the organisation and in its role across the wider health and social care environment.

It provides a framework for the development and delivery of quality improvement initiatives (patient safety and experience) within the Foundation Trust and ensures that they are developed across and throughout patient pathways involving the multidisciplinary team.

This strategy supports the need for and value of both organisation wide programmes and local initiatives. Integral to the strategy is the need to work with local multidisciplinary teams in the delivery of programmes.

This strategy will help develop a culture firmly rooted in the principles of continual learning and improvement. It states that 'We will listen to, enquire, collaborate, adopt and embrace all the available initiatives and information we can to help improve the quality of the care we can give'.

This strategy sets out the overarching objectives for the next three years. It will be supported by detailed annual Safety Improvement Plans which will give information on the priorities for the year. The Safety Improvement Plan will provide information on individual projects and how they support the overall aim of this strategy: a 50% reduction in avoidable harm through the delivery of safe healthcare, of the highest quality, at all times. In addition the strategy will be supported by plans detailing how we are to engage and involve patients in everything we do and how we ensure that people who use our services have a positive experience.

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 Risk Assessment Framework;
- 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 reports highlight 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 Annual Governance statement.

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.

Information Governance

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.

Dr Robin Jeffrey, Medical Director, Consultant Nephrologist and Caldicott Guardian, works closely with the SIRO; particularly where any identified information risks include patient confidentiality or information sharing issues. The SIRO or the Caldicott Guardian chair the Information Governance Group which reports monthly to the Quality and Safety Committee which reports to the Board of Directors.

During the last financial year, the organisation has reported 14 high risks (Level 2) information governance incidents to the Information Governance Incident Reporting Tool. The Information Commissioner (ICO) is reviewing ten of these in more details. A strong emphasis is put on staff awareness around information governance and training to avoid these risks. A brief description of the incidents is given at page 185 of the Annual Report.

The Foundation Trust's Serious Incident Policy incorporates incidents including data loss or breach of confidentiality.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. 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.

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.

Review of economy, efficiency and effectiveness of the use of resources

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 an 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.

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's financial plan for 2014/15, which was submitted to Monitor in April 2014, included a planned surplus of £3.5 million. The plan included a savings target of £14.5 million which was to be delivered using the national Quality, Innovation, Productivity and Prevention (QIPP) framework. The actual QIPP savings for the year were £9.7m. This shortfall was offset by underspends elsewhere in the financial plan and the deployment of corporate contingency funds resulting in an overall surplus of £1.8 million.

The plan for 2015/16 will reflect the deteriorating financial environment that the Foundation Trust operates within together with the need to continue to achieve substantial QIPP targets. As such delivery of the plan represents a significant challenge to the Foundation Trust.

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 Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of Annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Reporting Manual*.

- **Governance and Leadership**

The Chief Nurse led on matters relating to the preparation of the Foundation Trust's Annual Quality Report until September 2014. From October 2014 onwards the Director of Governance and Corporate Affairs led on these matters.

The Quality and Safety Committee, which is chaired by a Non-Executive Director, 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.

The effectiveness of the systems of internal control in relation to data in the Quality Report are subject to be review by of internal audit.

Consultation has been carried out with Governors and members of the Foundation Trust to collate the priorities in the Quality Report. Information about the progress against these priorities will be fed back to governors and members.

- **Assurance on the quality and accuracy of data**

The Foundation Trust has an internal data quality team and reviews of data quality are also carried out regularly by internal audit.

A review of Referral to Treatment data quality was carried by the data quality team during the year and the results of this were reported to the Quality and Safety Committee in April 2015. This review concluded that the data was of high quality and was available in a timely manner, however a number of recommendations were made in order to improve the systems in place.

However, major shortcomings have been identified in data quality for patients on non – Referral to Treatment pathways and this matter is described further in the Review of Effectiveness below.

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 who have responsibility for the development and maintenance of the internal control framework. 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, and Quality and Safety Committee, and plan to address weaknesses and ensure continuous improvement of the system is in place.

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 19 May 2015. 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 the following reports were issued with limited assurance opinions:

- Budgets and Cost Improvement Plans
- Data Quality Team
- Pharmacy Stock
- IT Business Continuity
- IT Contract Management
- IT Follow Up
- Short Notice Cancellations

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 April 2015 the CQC published the report on the inspection that took place between 21 and 24 October 2014 which was followed by an unannounced visit on 4 November 2014. Overall the report concluded that the Foundation Trust required improvement. Safety was rated as Inadequate, effectiveness, responsiveness and leadership were rated as Requires Improvement, and caring was rated as Good.

The CQC inspection team found that the Foundation Trust must make a number of improvements at trust level, including:

- Ensuring that the significant backlog of outpatient appointments is promptly addressed and prioritised according to clinical need. These were patients who were not on an 18 week RTT pathway.
- Ensuring that the governance and monitoring of outpatients' appointment bookings are operated effectively and are able to identify any potential system failures, assess them and take action so as to protect patients from the risks of inappropriate or unsafe care and treatment.
- Ensuring there is access to sufficient numbers of suitably skilled and experienced staff
- Ensuring that the care and treatment of patients undergoing non-invasive ventilation meets the national guidance.
- Ensure that the arrangements for stabilising children waiting for transfer to another hospital for paediatric intensive care were safe.

The Foundation Trust has taken the concerns raised in CQC report extremely seriously and acknowledged that there are areas for significant improvement. A detailed action plan was submitted to the CQC on 27 May 2015.

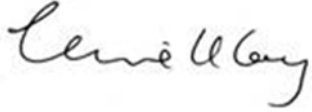
The CQC report referred to concerns relating to outpatients who were not on a referral to treatment pathway. In March 2014 a cohort of up to 205,000 patients were identified who may have required follow up but had no 'see by' date recorded. Each patient was reviewed with initial administrative validation followed by clinical validation. Validation was prioritised according to principles agreed by the Divisional Clinical Directors and was completed by March 2015. No harm was identified to any patient whose appointment was delayed, however shortly before the CQC report was issued, a further cohort up to 47,000 patients was identified and urgent review of these patients and the systems in place is underway.

A recent review by the NHS Intensive Support Team (IST) has also highlighted concerns about the quality of data and systems in place for managing patients who are on an 18 week referral to treatment (RTT) pathway. The review makes a series of recommendations in order to deliver a robust and sustainable system for the management of these patients. Concerns about RTT data quality have also been raised by the external audit limited assurance review of selected indicators in the Quality Report. External audit have been unable to provide an opinion on the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways due to being unable to agree referral dates back to referral letters and also due to patients appearing on the incompletes list when they should have been excluded. An overall action plan for the implementation of the recommendations made by the IST is being developed urgently.

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 however identified significant internal control issues in relation to outpatient follow up processes and the management of patients on 18 week referral to treatment pathways and urgent action is being taken to address these.

A handwritten signature in black ink, appearing to read 'Clive Kay', written in a cursive style.

Professor Clive Kay
Chief Executive **28 May 2015**

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2015

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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:

A handwritten signature in black ink, appearing to be 'O. Be...' followed by a large, stylized flourish that extends to the right.

Date: 28 February 2011

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

Opinions and conclusions arising from our audit

1 *Our opinion on the financial statements is unmodified*

We have audited the financial statements of Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2015. These financial statements comprise the Statement of Comprehensive Income, Statement of Financial Position, and Statement of Changes in Taxpayers' Equity, Statement of Cash Flows and related notes. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

2 *Our assessment of risks of material misstatement*

In arriving at our audit opinion above on the financial statements the risk of material misstatement that had the greatest effect on our audit is as follows:

Valuation of land and buildings - £137 million

Refer to the Audit and Assurance Committee Report within section 5 of the Trust's Annual Report and Accounts 2014/15, section 1.6 of the Trust's accounting policies (Note 1 to the Accounts) and Property, plant and equipment financial disclosures at Note 8 to the Accounts.

The risk: Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgment involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialization, as well as over the assumptions made in arriving at the valuation and the condition of the asset. In particular the MEAV basis requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation. Further, replacement cost is decreased if VAT on replacement costs is recoverable due to the transfer of assets to a property management subsidiary and so an assumption is required as to whether recovery will be made.

The Trust commissioned a full revaluation of land and buildings as at 31 March 2015 from an independent valuer, which resulted in a decrease of £0.7m in the total carrying value of its assets.

Our response: In this area our audit procedures included:

- assessing the qualifications and expertise of the independent valuer and considering the terms of engagement of, and the instructions issued to, the valuer to check their consistency with the Trust's accounting policies for the valuation of property, plant and equipment;
- considering the appropriateness of the valuation bases and assumptions applied by the valuer, in particular the basis of using modern equivalent asset value for assets valued using the depreciated replacement cost basis of valuation. We also considered whether the assumptions made by the valuer in relation to the treatment of VAT and the use of alternative sites were consistent with local geography and service provision requirements and complied with guidance issued by HM Treasury;
- undertaking work to understand the basis upon which any impairments to land and buildings had been identified and classified by the Trust and ensuring the recognition of these losses in the financial statements complied with the requirements of the ARM; and
- considering the adequacy of the disclosures about the key judgments and degree of estimation involved in arriving at the valuation and the related sensitivities.

3 *Our application of materiality and an overview of the scope of our audit*

The materiality for the financial statements was set at £7 million, determined with reference to a benchmark of operating income (of which it represents slightly less than 2%). We consider operating income to be more stable than a surplus related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.35 million, in addition to other identified misstatements that warrant reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed at the Trust headquarters at Bradford Royal Infirmary.

4 *Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified*

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15; and
- 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.

5 *We have nothing to report in respect of the matters on which we are required to report by exception*

Under ISAs (UK and Ireland) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the annual report and accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy; or
- the section describing the work of the audit committee does not appropriately address matters communicated by us to the audit committee.

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 2014/15, 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;
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the above responsibilities.

Certificate of audit completion

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.

Our certificate is qualified in accordance with paragraph 5.12 of the Audit Code as:

- whilst we have issued a limited assurance opinion in relation to the content of the Trust's 2014/15 Quality Report and one of the mandated performance indicators (Emergency re-admissions within 28 days of discharge from hospital), we have not issued an opinion in relation to the other mandated performance indicator included within the scope of our work (i.e. Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period).

Respective responsibilities of the accounting officer and auditor

As described more fully in the Statement of Accounting Officer's Responsibilities, 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 UK Ethical Standards for Auditors.

Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)

A description of the scope of an audit of financial statements is provided on our website at www.kpmg.com/uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Council of Governors of the Trust, as a body, 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.



28 May 2015

Timothy Cutler for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

One St Peter's Square

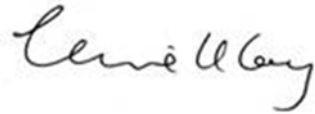
Manchester

M2 3AE

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2015 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:

A handwritten signature in black ink, appearing to read 'Clive Kay', is positioned above the printed name.

Name: Professor Clive Kay (Chief Executive)

Dated: 28 May 2015

STATEMENT OF COMPREHENSIVE INCOME

	Note	2014/15 £000	2013/14 £000
Operating income	2.1	364,576	363,837
Operating expenses	3.1	(359,492)	(356,587)
OPERATING SURPLUS		5,084	7,250
FINANCE COSTS			
Finance income	5	256	215
Finance expense – financial liabilities	6.1	(142)	(169)
Finance expense – unwinding of discount on provisions	15.2	(52)	(56)
Public Dividend Capital dividends payable	6.2	(3,309)	(3,480)
NET FINANCE COSTS		(3,247)	(3,490)
SURPLUS FOR THE YEAR		1,837	3,760
Other comprehensive income			
Revaluation	16.1	(741)	148
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		1,096	3,908

All income and expenses shown relate to continuing operations.

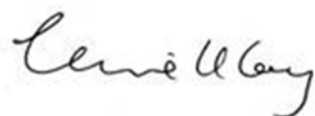
The notes on pages 11 to 46 form part of these accounts.

STATEMENT OF FINANCIAL POSITION

	Note	31 Mar 2015 £000	31 Mar 2014 £000
Non-current assets			
Intangible assets	7.2	3,084	1,476
Property, plant and equipment	8.2	155,784	151,366
Trade and other receivables	10.1	569	513
Total non-current assets		159,437	153,355
Current assets			
Inventories	9	3,958	3,777
Trade and other receivables	10.1	14,087	13,188
Cash and cash equivalents	17.1	67,490	68,414
Total current assets		85,535	85,379
Current liabilities			
Trade and other payables	11	(47,223)	(43,541)
Borrowings	13	(1,145)	(1,358)
Provisions	14.1	(2,844)	(10,935)
Other liabilities	12	(5,891)	(3,400)
Total current liabilities		(57,103)	(59,234)
Total assets less current liabilities		187,869	179,500
Non-current liabilities			
Borrowings	13	(5,413)	(4,258)
Provisions	14.1	(8,883)	(2,845)
Other liabilities	12	(1,110)	(2,705)
Total non-current liabilities		(15,406)	(9,808)
Total assets employed		172,463	169,692
Financed by taxpayers' equity			
Public Dividend Capital		119,943	118,268
Revaluation reserve	15.1	38,428	39,169
Income and expenditure reserve		14,092	12,255
Total taxpayers' equity		172,463	169,692

These accounts together with notes on pages 7 to 46 were approved by the Board of Directors on 28 May 2015.

Signed:



Name: Professor Clive Kay (Chief Executive)
Dated: 28 May 2015

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total	Public Dividend	Revaluation reserve	Income and
	£000	Capital	(see note 16.1)	expenditure reserve
		£000	£000	£000
Taxpayers' equity at 1 April 2014	169,692	118,268	39,169	12,255
Surplus for the year	1,837	0	0	1,837
Revaluations – property, plant and equipment	(721)	0	(721)	0
Revaluations – intangible assets	(20)	0	(20)	0
Public Dividend Capital received	1,675	1,675	0	0
Taxpayers' equity at 31 March 2015	172,463	119,943	38,428	14,092
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
Other recognised gains and losses	3,071	3,071	0	0
Taxpayers' equity at 31 March 2014	169,692	118,268	39,169	12,255

STATEMENT OF CASH FLOWS

	2014/15	2013/14
	£000	£000
Cash flows from operating activities		
Operating surplus from continuing operations	5,084	7,250
Non-cash income and expense		
Depreciation and amortisation	8,984	8,864
Impairment	1,720	0
(Gain) / loss on disposal	25	0
Non-cash donations / grants credited to income	(20)	(25)
(Increase)/decrease in trade and other receivables	(867)	(2,377)
(Increase)/decrease in inventories	(181)	(63)
Increase/(decrease) in trade and other payables	2,723	2,828
Increase/(decrease) in other liabilities	896	(1,666)
Increase/(decrease) in provisions	(2,105)	2,631
NET CASH GENERATED FROM OPERATIONS	16,259	17,442
Cash flows from investing activities		
Interest received	256	215
Purchase of intangible assets	(1,820)	(140)
Purchase of property, plant and equipment	(14,615)	(10,765)
Net cash used in investing activities	(16,179)	(10,690)
Cash flows from financing activities		
Public Dividend Capital received	1,675	3,071
Other loans received	0	300
Loans received from the ITFF	2,300	0
Loans repaid to the ITFF	(1,000)	(1,000)
Other loans repaid	(358)	(461)
Interest paid	(142)	(174)
Public Dividend Capital dividend paid	(3,479)	(3,363)
Net cash used in financing activities	(1,004)	(1,627)
Increase/(decrease) in cash and cash equivalents	(924)	5,125
Cash and cash equivalents at 1 April	68,414	63,289
Cash and cash equivalents at 31 March	67,490	68,414

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 2014/15 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 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 Hospitals Charity (the Charity), charity registration number 1061753, on the grounds of materiality. The name of the charity changed from 'Bradford Teaching Hospitals NHS Foundation Trust Charitable Fund' in August 2014, with no change being made to the objectives of the charity.

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 Monitor and NHS England's National Tariff Payment System 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 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 commissioners determine 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, 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 2014, 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 2015, the Foundation Trust made contributions totalling £13,000 into the NEST fund (31 March 2014 £8,000).

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 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, January 2015 at the prospective valuation date of 31 March 2015.

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 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 2014/15 the impairment is £1,720,000 and 2013/14 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 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 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 1.30% (2013/14: 1.90%) in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 1.30% (2013/14: 1.80%) 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

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 2015, 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 2015. 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.

Also included on the income figure is an estimate for Maternity Pathways, where payments have been 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 2015.

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, a full asset valuation exercise was undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs, during January 2015 at the prospective valuation date of 1 April 2015.

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	2014/15 £000	2013/14 £000
Income from activities			
Elective income		55,618	59,812
Non elective income		83,900	82,639
Outpatient income		55,474	51,369
Accident and emergency income		13,310	13,389
Other NHS clinical income	2.2	114,594	115,704
Private patient income		1,095	1,339
Other clinical income		4,783	4,041
Total income from activities		328,774	328,293
Other operating income			
Research and development		9,751	7,805
Education and training		15,470	14,172
Charitable and other contributions to expenditure		20	107
Provider to provider income	2.3	4,117	4,328
Catering income		1,234	1,169
Car parking income		1,287	1,301
Other income	2.4	3,923	6,662
Total other operating income		35,802	35,544
Total		364,576	363,837

Income in respect of staff costs where accounted on gross basis

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 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 medicine. This income also includes the provision of radiation protection, rehabilitation, wheelchair and physiotherapy services to various trusts and commissioners.

Note 2.4 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 2.5 Segmental analysis

The 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 divisions 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

	2014/15	2013/14
	£000	£000
Services from NHS foundation trusts	639	346
Services from NHS trusts	6,296	7,134
Services from CCG's and NHS England	149	308
Services from other NHS bodies	9	8
Purchase of health care from non NHS bodies	342	933
Employee expenses – executive directors	1,004	954
Employee expenses – non-executive directors	156	156
Employee expenses – staff	229,409	225,221
Drug costs	35,071	33,816
Supplies and services – clinical (excluding drug costs)	34,399	34,320
Supplies and services – general	4,281	4,241
Establishment	4,810	4,021
Research and development – (not included in employee expenses)	2,303	1,923
Transport – (business travel only)	371	372
Transport – (other)	15	0
Premises	14,792	16,753
Decrease in provision for impaired receivables	(344)	(392)
Change in provisions discount rate	155	86
Drugs inventories consumed	0	208
Rentals under operating leases – minimum lease receipts	2,551	2,614
Depreciation on property, plant and equipment	8,286	8,159
Amortisation on intangible assets	698	705
Impairment of PPE	1,720	0
Audit services – statutory audit	70	65
Clinical negligence	7,368	7,807
Loss on disposal of property, plant and equipment	25	0
Legal fees	282	221
Consultancy costs	1,218	1,677
Training, courses and conferences	761	665
Patient travel	46	32
Car parking and security	19	11
Redundancy – (not included in employee expenses)	0	378
Early retirements – (not included in employee expenses)	0	88
Hospitality	61	43
Insurance	147	156
Other services, e.g. external payroll	1,119	1,808
Losses, ex gratia and special payments – (not included in employee expenses)	151	388
Other	1,113	1,362
Total	359,492	356,587

Note 3.2 Operating leases

	2014/15	2013/14
	£000	£000
Minimum lease payments	2,551	2,614
Total	2,551	2,614

Note 3.3 Future minimum lease payments

	2014/15	2013/14
	£000	£000
- not later than one year	3,038	2,984
- later than one year and not later than five years	1,254	1,271
Total	4,292	4,255

The Foundation Trust leases in the main comprise of buildings, medical equipment, motor vehicles and other equipment.

Buildings relates to leases held in Community Health Partnerships 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 2015, the limitation on auditor's liability is £1,000,000 (31 March 2014: £1,000,000).

	2014/15	2013/14
	£000	£000
Limitation on auditor's liability	1,000	1,000

Note 4 Employee expenses

Note 4.1 Employee expenses

	2014/15	2014/15	2014/15	2013/14
	Total	Permanent	Other	Total
	£000	£000	£000	£000
Salaries and wages	182,935	167,052	15,883	180,861
Social security costs	13,481	13,481	0	13,399
Pension costs – defined contribution plans, employer's contributions to NHS Pensions	20,974	20,974	0	20,981
Agency / contract staff	13,252	0	13,252	11,154
Total	230,642	201,507	29,135	226,395

Included within :

Costs capitalised as part of assets	229	229	0	220
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All employer pension contributions in 2014/15 and 2013/14 were paid to the NHS Pensions Agency.

Included in the above figures are the following balances for executive directors:

	2014/15	2013/14
	£000	£000
Directors' remuneration	1,058	829
Employer pension contributions in respect of directors	115	79

Note 4.2 Average number of employees

	2014/15	2014/15	2014/15	2013/14
	Total	Permanent	Other	Total
	WTE	WTE	WTE	WTE
Medical and dental	655	655	0	647
Administration and estates	1,614	1,554	60	1,651
Healthcare assistants and other support staff	717	577	140	704
Nursing, midwifery and health visiting staff	1,693	1,623	70	1,686
Scientific, therapeutic and technical staff	596	596	0	614
Agency and contract staff	248	0	248	201
Other	3	3	0	0
Total	5,526	5,008	518	5,503
of which				
Number of employees engaged on capital projects	6.53	6.53	0	5.03

Note 4.3 Exit package cost band

	2014/15	2013/14
	Total number of exit packages by cost band	Total number of exit packages by cost band
<£10,000	9	0
£10,001 - £25,000	0	0
£25,001 - £50,000	1	0
£50,001 - £100,000	0	0
Total	10	0

Note 4.4 Exit packages: non-compulsory departure payments

	2014/15 Agreements Number	2014/15 Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	29
Contractual payments in lieu of notice	9	34
Total	10	63

	2013/14 Agreements Number	2013/14 Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice	0	0
Total	0	0

Note 4.4 Early retirements due to ill health

	2014/15 £000	2014/15 Number	2013/14 £000	2013/14 Number
Number of early retirements on the grounds of ill-health		5		12
Value of early retirements on the grounds of ill-health	293		960	

Note 4.5 Analysis of termination benefits

	2014/15 £000	2014/15 Number	2013/14 £000	2013/14 Number
Number of cases		0		0
Cost of cases	0		0	

Note 5 Finance income

	2014/15 £000	2013/14 £000
Interest on bank accounts	95	82
Interest on loans and receivables	161	133
Total	256	215

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 £142,000 (2013/14: £169,000). 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 2014/15 or 2013/14.

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 £3,309,000 (2013/14: £3,480,000), which is 3.50% of the year's average relevant net assets of £171,078,000 less average daily cleared cash balance £76,524,000 (2013/14: £64,062,000) 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 146 (2013/14: 208) separate losses and special payments, totalling £391,000 (2013/14: £322,000). 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)

	2014/15	2013/14
	£000	£000
Valuation / gross cost at 1 April	6,547	6,287
Additions – purchased / internally generated	2,326	159
Additions - donations of physical assets (non-cash)	0	0
Revaluations / (impairments)	(189)	101
Gross cost at 31 March	8,684	6,547
Amortisation at 1 April	5,072	4,281
Provided during the year	698	705
Revaluations/ (impairments)	(169)	86
Amortisation at 31 March	5,601	5,072

Note 7.2 Intangible assets financing (software licences)

	2014/15	2013/14
	£000	£000
Net book value		
Net book value – purchased at 31 March	3,052	1,430
Net book value – donated at 31 March	32	46
Net book value at 31 March	3,084	1,476

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 2014/15

	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	200,987	19,780	117,170	2,364	3,142	45,226	358	12,625	322
Additions – purchased	15,151	0	4,063	0	6,266	2,622	0	2,200	0
Additions – donated	20	0	0	0	0	20	0	0	0
Impairments charged to Operating Expenses	(1,720)	(200)	(1,520)	0	0	0	0	0	0
Reclassification	0		8,811		(8,811)				
Revaluation	(13,229)	(2,718)	(10,314)	(396)	0	330	0	(131)	0
Disposals	(622)	0	0	0	0	(605)	0	(17)	0
Valuation/Gross cost at 31 March	200,587	16,862	118,210	1,968	597	47,593	358	14,677	322
Accumulated depreciation at 1 April	49,621	0	7,971	395	0	31,646	347	8,980	282
Provided during the year	8,286	0	4,231	51	0	2,507	4	1,490	3
Revaluation surplus	(12,508)		(12,202)	(446)	0	243	0	(103)	0
Disposals	(597)	0	0	0	0	(580)	0	(17)	0
Accumulated depreciation at 31 March	44,802	0	0	0	0	33,816	351	10,350	285

Note 8.2 Property, plant and equipment financing 2014/15

	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	153,200	16,862	116,088	1,968	597	13,315	7	4,326	37
Government granted	2,584	0	2,122	0	0	462	0	0	0
Donated									
Net book value at 31 March	155,784	16,862	118,210	1,968	597	13,777	7	4,326	37

No assets were held under finance leases and hire purchase contracts at the SoFP date (31 March 2014: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2014: £nil).

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 Property, plant and equipment 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
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	315	0	28,924	342	7,832	267
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	395	0	31,646	347	8,980	282

Note 8.4 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

Note 9 Inventories

	31 Mar 15	31 Mar 14
	£000	£000
Theatre consumables	717	836
Other consumables	1,162	1,027
Drugs	1,984	1,786
Buildings and engineering	95	128
Total	3,958	3,777

Note 10 Receivables

Note 10.1 Trade receivables and other receivables

	31 Mar 15	31 Mar 14
	£000	£000
Current		
NHS receivables	6,989	6,892
Other receivables	750	882
Provision for impaired receivables	(622)	(1,035)
Prepayments	1,711	1,242
Interest receivable	5	5
Other receivables – revenue	5,166	5,202
PDC dividend receivable	88	0
Total	14,087	13,188
Non-current		
Other receivables – revenue	569	513
Total	569	513

Note 10.2 Provision for impairment of receivables

	2014/15	2013/14
	£000	£000
At 1 April	1,035	1,583
Increase in provisions	381	3,633
Amounts utilised	(69)	(156)
Unused amounts reversed	(725)	(4,025)
Total	622	1,035

Note 10.3 Analysis of impaired receivables

	2014/15 £000	2013/14 £000
Aging of impaired receivables		
0 – 30 days	12	7
30 – 60 days	65	10
60 – 90 days	6	6
90 – 180 days	120	46
Over 180 days	419	966
Total	622	1,035
Aging of non-impaired receivables		
0 – 30 days	12,566	11,087
30 – 60 days	291	284
60 – 90 days	375	227
90 – 180 days	423	307
Over 180 days	379	761
Total	14,034	12,666

Note 11 Trade and other payables

	31 Mar 15 £000	31 Mar 14 £000
Current		
NHS payables – revenue	6,929	5,338
Amounts due to other related parties – revenue	3,024	2,985
Other trade payables – capital	3,336	2,295
Other taxes payable*	4,385	4,354
Other payables	1,635	1,249
Accruals	27,914	27,238
PDC dividend payable	0	82
Total	47,223	43,541

*Other taxes payables were presented as amounts due to other related parties – revenue as at 31 March 2014.

Note 12 Other liabilities

	31 Mar 15 £000	31 Mar 14 £000
Current		
Other deferred income	5,891	3,400
Non-current		
Other deferred income	1,110	2,705

Note 13 Borrowings

	31 Mar 15 £000	31 Mar 14 £000
Current		
Loans from Independent Trust Financing Facility	1000	1,000
Other loans	145	358
Total	1,145	1,358
Non-current		
Loans from Independent Trust Financing Facility	5,300	4,000
Other loans	113	258
Total	5,413	4,258

Note 14 Provisions

Note 14.1 Provisions for liabilities and charges

	Current 31 Mar 15 £000	Current 31 Mar 14 £000	Non-current 31 Mar 15 £000	Non-current 31 Mar 14 £000
Legal claims	0	333	0	0
Agenda for Change	75	4,373	2,323	0
Restructuring	0	1,614	0	0
Continuing care	423	474	0	0
Equal pay	715	1,543	2,236	0
Redundancy	0	82	0	0
Other	1,631	2,516	4,324	2,845
Total	2,844	10,935	8,883	2,845

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles and unresolved enhancements pay claims.

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 2015 £53,727,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust (31 March 2014: £46,947,000).

Note 14.2 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 2014	13,780	333	4,373	1,614	474	1,543	82	5,361
Change in the discount rate	155	0	0	0	0	0	0	155
Arising during the year	2,847	0	243	0	0	1,637	0	967
Utilised during the year – cash	(1,009)	0	(264)	0	0	(229)	0	(516)
Reversed during the year	(4,098)	(333)	(1,954)	(1,614)	(51)	0	(82)	(64)
Unwinding of discount	52	0	0	0	0	0	0	52
At 31 March 2015	11,727	0	2,398	0	423	2,951	0	5,955
Expected timings of cash flows:								
-not later than one year	2,844	0	75	0	423	715	0	1,631
-later than one year and not later than five years	8,883	0	2,323	0	0	2,236	0	4,324
Total	11,727	0	2,398	0	423	2,951	0	5,955

Note 15 Revaluation reserve

Note 15.1 Revaluation reserve – 2014/15

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	39,169	70	39,099
Revaluation	(741)	(20)	(721)
Revaluation reserve at 31 March	38,428	50	38,378

Note 15.2 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 Cash and cash equivalents

Note 16.1 Cash and cash equivalents

	2014/15 £000	2013/14 £000
At 1 April	68,414	63,289
Net change in year	(924)	5,125
At 31 March	67,490	68,414
Broken down into:		
Cash at commercial banks and in hand	33	22
Cash with the Government Banking Service	67,457	68,392
Cash and cash equivalents as in SoFP and SoCF	67,490	68,414

Third party assets held by the Foundation Trust at 31 March 2015 were £3,000 (31 March 2014: £3,000)

Note 16.2 Pooled budgets

The Foundation Trust is not party to any pooled budget arrangements in 2014/15 or 2013/14.

Note 17 Contractual capital commitments and events after the reporting period

Note 17.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £32,242,000 (31 March 2014: £4,557,000). The Foundation Trust has capital commitment for a number of capital strategy schemes such as the New Hospital Wing and Electronic Patient Records.

Note 17.2 Events after the reporting period

There are no disclosable events after the reporting period.

Note 18 Contingent liabilities / assets

There are no contingent liabilities or assets as at 31 March 2015 (31 March 2014: £nil).

Note 19 Related party transactions

Note 19.1 Related party transactions

The 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 Council of Governors for 2014/15 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 Charity in respect of the services of its staff. The Charity accounts have not been consolidated into the Foundation Trust's accounts (see note 1.2).

Note 19.2 Related party balances

	Income £000	Expenditure £000
Value of transactions with board members in 2014/15		
Short term benefit	0	1,304
Value of transactions with other related parties 2014/15		
Airedale NHS Foundation Trust	971	649
Bradford City Council	4,236	1,561
Bradford District Care NHS Trust	1,962	938
Bradford Hospitals Charity	97	0
Calderdale and Huddersfield NHS Foundation Trust	899	290
Cumbria, Northumbria, Tyne & Wear Area Team	1,645	0
Department of Health	2,949	2,054
Health Education England	14,772	0
HM Revenue and Customs	0	13,506
Leeds Teaching Hospitals NHS Trust	942	7,995
NHS Airedale, Wharfedale And Craven CCG	11,145	0
NHS Blood and Transplant	26	1,565
NHS Bradford City CCG	56,493	29
NHS Bradford Districts CCG	179,351	262
NHS Calderdale CCG	3,668	0
NHS East Lancashire CCG	1,102	0
NHS Greater Huddersfield CCG	2,793	0
NHS Leeds West CCG	3,872	0
NHS Litigation Authority	0	7,356
NHS North Kirklees CCG	2,204	0
NHS Pension Scheme	0	20,974
NHS Property Services	0	1,236
NHS Shared Business Services	0	439
Sheffield Teaching Hospitals NHS Foundation Trust	3,427	74
South Yorkshire and Bassetlaw Area Team	43,618	0
West Yorkshire Area Team	11,363	0
Other Related Parties	16,702	2,609

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	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 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 Hospitals Charity	103	0
Calderdale and Huddersfield NHS Foundation Trust	1,076	314
Cumbria, Northumbria, Tyne & Wear Area Team	781	0
Department of Health	3,138	0
Health Education England	13,870	0
HM Revenue and Customs	0	13,399
Leeds Teaching Hospitals NHS Trust	4,268	7,718
NHS Airedale, Wharfedale And Craven CCG	11,507	0
NHS Blood and Transplant	0	1,674
NHS Bradford City CCG	56,456	0
NHS Bradford Districts CCG	181,319	136
NHS Calderdale CCG	3,874	0
NHS East Lancashire CCG	993	0
NHS Greater Huddersfield CCG	2,880	0
NHS Leeds West CCG	3,983	0
NHS Litigation Authority	0	7,814
NHS North Kirklees CCG	2,257	0
NHS Pension Scheme	0	20,981
NHS Property Services	0	434
NHS Shared Business Services	0	424
Sheffield Teaching Hospitals NHS Foundation Trust	458	119
South Yorkshire and Bassetlaw Area Team	40,910	0
West Yorkshire Area Team	10,135	0
Other related parties	8,278	3,686

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	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2015		
Airedale NHS Foundation Trust	661	147
Bradford District Care NHS Trust	595	315
Bradford Hospital Charity	55	0
Calderdale and Huddersfield NHS Foundation Trust	828	62
Community Health Partnerships	0	350
Cumbria, Northumbria, Tyne & Wear Area Team	325	0
Department of Health	117	0
Department of Work and Pensions	1,973	56
Health Education England	215	0
HM Revenue & Customs	385	4,385
Leeds Teaching Hospitals NHS Trust	190	2,926
NHS Airedale, Wharfedale And Craven CCG	99	203
NHS Bradford City CCG	185	808
NHS Bradford Districts CCG	676	1,325
NHS Calderdale CCG	262	0
NHS Leeds South And East CCG	1	278
NHS North Kirklees CCG	174	0
NHS Pensions	0	2,968
Sheffield Teaching Hospitals NHS Foundation Trust	1,004	16
West Yorkshire Area Team	601	7
Other Related Parties	1,160	529

	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2014		
Airedale NHS Foundation Trust	380	154
Bradford District Care NHS Trust	368	190
Bradford Hospital Charity	0	0
Calderdale and Huddersfield NHS Foundation Trust	867	42
Community Health Partnerships	0	9
Department of Health	0	82
Department of Work and Pensions	1,960	0
Health Education England	55	0
HM Revenue & Customs	243	4,354
Leeds Teaching Hospitals NHS Trust	890	2,315
NHS Airedale, Wharfedale And Craven CCG	293	0
NHS Bradford City CCG	815	579
NHS Bradford Districts CCG	1,709	1,011
NHS Calderdale CCG	186	0
NHS Leeds South And East CCG	2	3
NHS North Kirklees CCG	8	1
NHS Pensions	0	2,877
Sheffield Teaching Hospitals NHS Foundation Trust	33	1
South Yorkshire and Bassetlaw Area Team	19	0
West Yorkshire Area Team	321	199
Other Related Parties	536	3,080

Note 20 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 21 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 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 £12,000,000.

Price risk

The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

Note 22 Financial assets and liabilities

Note 22.1 Financial assets by category

	31 Mar 15	31 Mar 14
	£000	£000
Assets as per SoFP at 31 March		
Trade and other receivables excluding non-financial assets	13,094	6,773
Cash and cash equivalents at bank and in hand	67,490	68,414
Total	80,584	75,187

Note 22.2 Financial liabilities by category

	31 Mar 15	31 Mar 14
	£000	£000
Liabilities as per SoFP at 31 March		
Borrowings excluding finance lease and PFI liabilities	6,558	5,616
Trade and other payables excluding non-financial liabilities	47,223	36,202
Provisions under contract	8,649	13,780
Total	62,430	55,598

All financial liabilities fall within "other financial liabilities".

Note 22.3 Fair values

For all of the Foundation Trust's financial assets and financial liabilities, fair value matches carrying value.

Note 22.4 Maturity of financial liabilities

	31 Mar 15	31 Mar 14
	£000	£000
In one year or less	51,019	49,494
In more than one year but not more than two years	7,194	1,438
In more than two years but not more than five years	2,280	3,553
In more than five years	1,937	2,113
Total	62,430	55,598

Note 23 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.

Change published	Published by IASB	Financial year for which the change first applies
IFRS 13 Fair Value Measurement	May 2011	Adoption delayed by HM Treasury. To be adopted from 2015/16.
IFRS 15 Revenue from contracts with customers	May 2014	Not yet EU adopted. Expected to be effective from 2017/18.
IFRS 9 Financial Instruments	July 2014	Not yet EU adopted. Expected to be effective from 2018/19.
IAS 36 (amendment) – recoverable amount disclosures	May 2013	To be adopted from 2015/16 (aligned to IFRS 13 adoption)
Annual Improvements 2012	December 2013	Effective from 2015/16 but not yet EU adopted
Annual Improvements 2013	December 2013	Effective from 2015/16 but not yet EU adopted
IAS 19 (amendment) – employer contributions to defined benefit pension schemes	November 2013	Effective from 2015/16 but not yet EU adopted
IFRIC 21 Levies	May 2013	EU adopted in June 2014 but not yet adopted by HM Treasury.

ACRONYMS

CCG	Clinical Commissioning Group
CODM	Chief Operating Decision Maker
CQUINS	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
EU	European Union
FIFO	First In, First Out
FT ARM	NHS Foundation Trust Annual Reporting Manual
FReM	Financial Reporting Manual
FSA	Financial Services Authority
IAS	International Accounting Standards
IASB	International Accounting Standards Board
ICTA	Income and Corporate Taxes Act
IFRIC	International Financial Reporting Interpretations Committee
IFRS	International Financial Reporting Standards
ITFF	Independent Trust Financing Facility
NEST	National Employment Savings Trust
NLF	National Loan Fund
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
PbR	Payment by Results
PDC	Public Dividend Capital
POA	Payment on account
PPE	Property, Plant and Equipment
SoCI	Statement of Comprehensive Income
SoCF	Statement of Cash Flows
SoFP	Statement of Financial Position
VAT	Value Added Tax
WTE	Whole Time Equivalents

