

# Annual Report & Accounts

2016 / 2017



**Our People, Our Future**  
Together, putting Patients First



Bradford Teaching Hospitals NHS Foundation Trust  
Annual Report and Accounts  
2016/17

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







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It fills me with great pride to see just how much positive change and improvement we delivered during 2016/17. This has been a year where, by working together, we have continued to stand out in the 'Bradford way' we provide patient care by pooling our collective expertise with other healthcare providers in the NHS.

This year we have continued to develop our culture of imagination, innovation and improvement that exists across our hospitals. The launch of our new £28m wing at Bradford Royal Infirmary – including the new state of the art wards, entrance concourse, and food and retail units – is paving the way for the transfer of a raft of clinical services to NHS-leading facilities.

Its eagerly-awaited opening set a positive tone, and created some early forward momentum for tackling the year in front of us. Without the skills and support of every member of staff, we would not have been able to create the strong platform needed to deliver our 'home grown', often imaginative, solutions to the difficult demands and complex challenges facing the NHS locally and nationally.

This is a very visible example to the community we serve of our ambitions to make every pound of taxpayers' money go as far as possible, ensuring our patient services are always adapting, always improving.

We have broken new ground by joining forces with colleagues from Airedale NHS Foundation Trust to provide our own pathology service. We have also

continued working closely with Calderdale and Huddersfield NHS Foundation Trust towards the launch of our Electronic Patient Record (EPR) system.

The coming year also hands us the opportunity to forge collaborative links with other NHS partners keen to harness our expertise in providing clinical services in new and joint ways.

When Lord Prior visited us in the summer in his role as the Minister for NHS Productivity, he revealed he was taken aback by the sheer scale of our hospitals and the range of specialist services we provide.

This is a strength we are harnessing. Alongside colleagues in Leeds, we are West Yorkshire's only group of teaching hospitals. Crucially, this offers us a rare and influential role in spearheading the modernisation and improvement of the local NHS.

Amid the changes and challenges facing the NHS, we have continued to consolidate our position and maximise the potential opportunities that are opening up to us by being right at the heart of change - such as the West Yorkshire Acceleration Zone and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

Against this backdrop of unprecedented pressures, we must not lose sight of the fact that here in Bradford, unlike some other hospitals, we retain significant control over our own destiny. It is a future that resides in strong, expert and willing hands – those of our staff.



Professor Clive Kay  
Chief Executive  
25 May 2017



## 2.1 OVERVIEW OF PERFORMANCE

### 2.1.1

#### PURPOSE OF SECTION

This section aims to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

### 2.1.2

#### STATEMENT FROM CHIEF EXECUTIVE ON PERFORMANCE

As with the majority of Trusts across the country, we have faced unprecedented demand for services. Our Emergency Department has seen extremely high rates of attendance and emergency admissions, making the Emergency Care Standard, which sets a target of treating, admitting or discharging at least 95% of patients within four hours, difficult to achieve.

However, despite a backdrop of challenging financial constraints and unprecedented demand, our staff have gone above and beyond to continually deliver high quality and safe services for all our patients.

The Care Quality Commission (CQC) issued its follow-up report on our services in June 2016 and we should all take great pride in the fact that in a raft of areas, thanks to the hard work of all staff, we have made significant improvements. However, we do recognise that we have work still to be done to achieve an overall 'good' rating next time.

The headline news is that, as a Trust, we no longer have any areas which are judged to be 'inadequate'. Instead, it is heartening to report that we have been awarded no fewer than 56 individual and summary ratings of 'good' – 18 more than our previous inspection in 2014.

These 'good' ratings refer to how *effective* and *caring* we are in services such as the Emergency Department, Surgery and Critical Care, Maternity, and Children and Young People's services. We have also been rated 'good' in relation to how responsive we are in medical care and end of life care. Our Community hospitals were rated good throughout.

These improvements are clearly down to our staff, to their hard work and dedication, and to the

compassion and care they show to our patients. I would like to thank all of our staff for their continued efforts and for pulling together to demonstrate tremendous teamwork – sometimes under difficult and challenging circumstances.

The report also highlights areas where we must improve. In total, it records 32 individual and summary ratings of 'requires improvement' but I am confident that future improvements here are also achievable. Together, the ratings awarded to us by the CQC translate into an overall score for the Foundation Trust as 'requires improvement'.

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said: *"Since our last inspection in 2014, we have found some real improvements in some of the core services... This report shows that the Foundation Trust is heading in the right direction. There is a lot to look forward to."*

This year saw the completion of our new £28m hospital wing, part of a £75m investment to improve patient care across our hospitals over a five year period. The new wing is providing world-class facilities for elderly care, and children's services, a state-of-the-art intensive care unit with increased single-room provision and a retail concourse.

We have also completed a £2m refurbishment of our Emergency Department as part of our ambitious vision to create a more efficient acute medicine service for the people of Bradford. It has been designed to provide a more streamlined and efficient service, with faster senior clinical involvement at an early stage in the patient pathway.

Amid the changes and challenges facing the NHS, we have continued to consolidate our position and maximise the potential opportunities that are opening up to us by being right at the heart of change – including through the West Yorkshire Acceleration Zone and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

The scale and number of successes we have achieved in the last year has been outstanding given the very challenging environment we have been working in. The Foundation Trust has demonstrated that we have the capacity and capability to improve safety, break new ground with our approach to transformation, and further enhance the experience and care of our patients.

### 2.1.3

#### PURPOSE AND ACTIVITIES OF THE FOUNDATION TRUST

All Foundation Trusts are required to have a constitution, containing detailed information about how that Foundation Trust will operate. The purpose of Bradford Teaching Hospitals NHS Foundation Trust is set out in its Constitution as follows:

The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

*The Trust may provide goods and services for any purposes related to:*

- the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
- the promotion and protection of public health.

We provide these goods and services in line with our strategy for 2013-2018: Together, putting patients first, which states that our mission is to provide safe healthcare, of the highest quality, at all times. This document is available here: [www.bradfordhospitals.nhs.uk/uploads/uploaded\\_file/corporatestrategy201318-20140903174739.pdf](http://www.bradfordhospitals.nhs.uk/uploads/uploaded_file/corporatestrategy201318-20140903174739.pdf)

### 2.1.4

#### HISTORY OF THE FOUNDATION TRUST AND STATUTORY BACKGROUND

Bradford Teaching Hospitals NHS Foundation Trust is an integrated Trust, which provides acute, community, inpatient and children's health services. The acute services are provided from the Bradford Royal Infirmary (BRI) site.

On 1 April 2004, Bradford Teaching Hospitals NHS Trust was authorised to become an NHS Foundation Trust by Monitor, the then Independent Regulator of NHS Foundation Trusts, under Section 6 of the Health and Social Care (Community Health and Standards) Act 2003.

In addition to BRI, the Foundation Trust has further sites at St Luke's Hospital, Westbourne Green, Westwood Park, Shipley, and Eccleshill Community Hospitals and serves a population of around 500,000

people from Bradford and the surrounding area. We have approximately 900 acute beds, employ around 5,700 members of staff, and have more than 500 volunteers supporting our services. Our services are very busy – each year we deliver around 6,000 babies, perform over 30,000 operations and handle in the region of 500,000 outpatient appointments.

### 2.1.5

#### KEY ISSUES AND RISKS AFFECTING THE FOUNDATION TRUST

Directors have identified the risks that could affect the Foundation Trust in delivering its objectives, and actively monitor them. These are as follows:

1. We fail to adequately engage with our patients and local population;
2. We fail to maintain a safe service due to insufficient recruitment and retention of staff;
3. We fail to maintain compliance with CQC regulatory requirements;
4. We are unable to maintain our financial stability, and as a result fail to meet our NHS Improvement licensing conditions;
5. We fail to successfully implement our new Electronic Patient Record (EPR) system as scheduled. The EPR project is described in the Quality Report;
6. We are unable to develop and maintain positive relationships with our key external partners; and
7. We fail to develop vertically and horizontally integrated care pathways.

These risks are set out in the Board Assurance Framework. This is now a monthly agenda item at the Integrated Governance and Risk Committee, and the Chief Executive holds to account the Executive Director Lead for each risk. The Finance and Investment Committee, the Performance Committee, and the Quality and Safety Committee receive the part of the Board Assurance Framework they are responsible for each month to review and to gain assurance from the Executive Director Lead. The Board Assurance Framework is also a bi-annual agenda item at the Board of Directors, and the Audit and Assurance Committee review the process annually.

#### 2.1.6

##### GOING CONCERN DISCLOSURE

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.

#### 2.1.7

##### SUMMARY OF PERFORMANCE

This has been a challenging year for the Foundation Trust, and meeting the access standards has been particularly difficult against a backdrop of increased demand. Performance against the Commissioning for Quality and Innovation (CQUIN) requirements has been strong however, and the Foundation Trust continues to perform well in the area of infection control. We are now assessed by NHS Improvement using the Single Oversight Framework; our overall segment is '2', on a 1-4 scale where 1 is the highest, but for the Finance and Use of Resources section we have been given a score of '1', which reflects the strongest performance. This year saw the Foundation Trust improve its CQC rating, and work continues to raise us to 'good'. Our staff work hard to provide high quality, safe care to our patients and this report includes details of some of their many achievements over the last financial year.



## 2.2 PERFORMANCE ANALYSIS

### 2.2.1

#### MEASUREMENT OF PERFORMANCE

The main regulatory body responsible for overseeing Foundation Trust performance is NHS Improvement (NHSI). From 1 April 2016, NHS Improvement is the operational name for an organisation that brings together Monitor, the previous regulatory body for NHS Foundation Trusts, and the NHS Trust Development Authority. NHS Improvement is responsible for overseeing Foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care. The Foundation Trust has made monthly submissions to NHS Improvement throughout the financial year 2016/17.

The Foundation Trust continually measures its performance against a wide variety of key measures, including but not exclusive to:

- NHSI Single Oversight Framework
- National contract quality measures
- Local quality measures agreed with the local commissioner
- Internally agreed performance measures

As part of the NHSI Single Oversight Framework the Foundation Trust reports against a number of operational performance metrics:

- The Emergency Care Standard: Accident & Emergency (A&E) maximum waiting time of 4 hours from arrival to admission/transfer/discharge
- Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
- All cancers – maximum 62-day wait for first treatment from:
  - Urgent GP referral for suspected cancer
  - NHS cancer screening service referral
- Maximum 6-week wait for diagnostic procedures

The Foundation Trust has submitted trajectories against these metrics as part of Sustainability and Transformation Plans and is measured against these on a monthly, quarterly and yearly basis.

For relevant indicators the Foundation Trust uses the nationally-mandated definitions as provided by:

- National contract guidance
- NHSI Single Oversight Framework
- NHS Data Dictionary definitions
- NHS contract technical guidance

The Foundation Trust has a regular cycle of performance monitoring which incorporates:

- Daily reporting against key indicators incorporating dashboard presentations
- Weekly performance meetings with Clinical Divisions
- Monthly Clinical Division performance reviews conducted by Executive Directors
- Monthly reporting to the Foundation Trust Performance Committee

The Foundation Trust uses a variety of information resources to support analysis of performance using electronic data captured across a number of hospital systems. To support this, the Foundation Trust has implemented a new data warehouse and continues to develop its business intelligence solution to provide end users with direct access to performance information.

Performance information is presented in a variety of ways incorporating:

- Trend analysis
- RAG (red, amber, green) ratings
- Dashboard presentations
- Comparative analysis
- Predictive trend analysis

### 2.2.2

#### ANALYSIS OF PERFORMANCE

The Foundation Trust has experienced a challenging year and it has been difficult to maintain previous high levels of performance against the NHS Improvement Single Oversight Framework operational performance targets.

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### PERFORMANCE REPORT

High levels of emergency demand have continued throughout the year, which has affected performance against both the elective and non-elective access standards.

The Foundation Trust did not achieve the quarterly trajectories in Quarter 2 of 2016/17 for the Emergency Care Standard and RTT Incomplete, however the Foundation Trust submitted appeals to NHS Improvement, based on extenuating circumstances, which were successful.

The Foundation Trust did not achieve the quarterly thresholds in Quarter 3 2016/17 for the Emergency Care Standard, RTT Incomplete and All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer. The Foundation Trust submitted appeals for each, of which the Emergency Care Standard appeal was successful.

The Foundation Trust did not achieve the Quarterly thresholds in Quarter 4 2016/2017 for Emergency Care Standard, RTT Incomplete and All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer. The Foundation Trust has submitted appeals for these standards and awaits the outcome.

The monthly performance against the NHSI Single Oversight Framework operational performance metrics is provided in the table below.

#### **NHS Improvement Single Oversight Framework – Operational performance metrics 2016/17 monthly performance**

The new Single Oversight Framework was introduced from October 2016 by NHSI. It defines criteria for five different domains which would trigger NHSI concern. The trigger linked to the Operational Performance domain would be activated by failing to meet the Sustainability and Transformation Fund trajectory for the metrics below in more than two consecutive months. Based on initial interpretation of the framework, the Foundation Trust meets some of the criteria for such triggers, for example on the Emergency Care Standard, and this would affect its segmentation for the Single Oversight Framework, as discussed in more detail in the dedicated section on the Single Oversight Framework at 3.6, below. Further work is underway to provide internal reporting against the various domains.

Metric	Threshold	Apr %	May %	Jun %	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %
18 weeks incomplete	≥92%	92.03	92.08	91.53	90.60	90.07	89.65	89.77	90.51	89.65	89.15	89.09	89.25
Emergency Care Standard	≥95%	91.81	90.14	90.61	89.84	90.09	88.19	85.04	85.09	82.07	86.75	90.09	92.40
Cancer 62 day FT urgent GP referral	≥85%	87.3	87.0	82.7	88.7	90.5	87.6	83.4	82.9	84.0	77.6	75.9	87.3
Cancer 62 day FT following screening	≥90%	86.0	93.7	97.5	94.6	100	93.5	90.2	90.5	97.2	91.5	77.1	96.0
Maximum 6-week wait for diagnostic procedure	≥99%	98.1	98.7	98.8	98.4	97.3	99.5	99.7	99.2	99.4	87.1	97.9	96.9

**Access key performance indicators**

The Foundation Trust has experienced continued pressures against both elective and non-elective access targets, with continued demand for emergency beds throughout the year.

- The Emergency Care Standard was not achieved for the full financial year, with performance reported as 88.48% against a threshold of 95%. The Foundation Trust did not achieve the threshold in any month of the financial year. For the full financial year attendances were 135,417, which represents a growth rate of 1.2% compared to 2015/16 and represents the second highest volume of attendances in the last seven years.
- The Accident and Emergency Department averaged 370 daily attendances in 2016/17 compared to 366 in 2015/16.
- This position is reflected nationally, as most Trusts have experienced difficulties in achieving the threshold. Nationally, from April 2016 to February 2017 the England average performance, for Acute Trusts, was 83.5%.
- The RTT Incomplete threshold was not achieved when calculated for the full financial year (90.29% against a threshold of 92%). The position is measured and reported on a monthly basis, with the Foundation Trust reporting under achievement of the threshold in all months except April and May 2016.
- The NHSI Cancer threshold for Cancer 62 Day First treatment was not achieved for the financial year 2016/17, with performance reported as 84.4% against the threshold of 85%. This was due to pressures experienced against the threshold in the final two Quarters of the year.
- The NHSI Cancer threshold for Cancer 62 day Screening was achieved for the financial year 2016/17 with performance reported as 92.5% against the threshold of 90%.

**Infection control key performance indicators**

The Foundation Trust has reported continued excellent performance in the area of infection control with performance matching the previous year. The Foundation Trust also performed better than the threshold applied to *Clostridium difficile* (a maximum of 51 cases).

- The Foundation Trust will report a maximum of 24 *Clostridium difficile* cases, with 3 cases still pending attribution, for the financial year 2016/17. This compares to 24 cases reported in the financial year 2015/16.
- The Foundation Trust reported 6 MRSA (Methicillin resistant *Staphylococcus aureus*) cases, attributed to the Trust, for the financial year 2016/17. This compares to 5 cases reported in the financial year 2015/16.

**Commissioning for Quality and Innovation (CQUIN) 2016/17 performance**

The Foundation Trust has continued to deliver a high level of achievement against both the national and local Commissioning for Quality and Innovation (CQUIN) requirements.

It is anticipated that we will achieve all of the following local Clinical Commissioning Group (CCG) CQUINs:

- Dementia: Implementing John's Campaign
- Mental health – reducing frequent A&E attenders
- Optimising joint working and discharge planning
- Delivering the 7 day services requirements

Following a successful influenza immunisation campaign, we are also now in a position to deliver fully the national staff health and wellbeing CQUIN.

There remain challenges in terms of achieving the national sepsis screening and antibiotic delivery targets, with significant data collection issues continuing as a result of the delayed Electronic Patient Record (EPR) implementation. Reducing overall antibiotic consumption by 1% in 2016/17 also remains a challenge for the Foundation Trust.

Within our NHS England CQUIN scheme, we have successfully delivered the dental audit requirements and our screening programmes continue to develop and implement actions around accessing 'hard to reach' patient cohorts. Our Haemoglobinopathy team is actively engaged with the regional Operational Development Network in developing cross-organisational pathways and the Renal team has successfully introduced the Patient Activation tool to assist in engaging dialysis patients in managing their own care more effectively.

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### PERFORMANCE REPORT

However, whilst our Critical Care team has made great improvements in reducing unnecessary delays from the Critical Care Unit, we are unlikely to deliver the challenging 30% reduction required by NHS England this year.

#### Financial Overview

##### Overview of Financial Performance for 2016/17

The Foundation Trust's financial plan for 2016/17, which was submitted to NHSI in April 2016, included a control total deficit excluding Sustainability & Transformation Funding (STF) of -£2.16m. Available STF was £11.0m and the planned (control total) surplus including STF was £8.84m.

The plan included a Cost Improvement Programme (CIP) savings target of £24.4m. The actual CIP savings for the year were £18.6m, however this was supplemented by other non-recurrent financial efficiencies.

The reported pre-STF deficit for the year was -£10.6m, however this includes an £8.6m impairment to the new hospital wing asset. NHSI excludes impairments from its assessment of a Trust's operating results, and when the impairment is discounted the relevant pre-STF deficit for the year is -£1.9m, which is marginally ahead of plan.

Actual full year STF recovery notified by NHSI was £12.5m, which includes £10.5m of core STF, £0.6m of Incentive STF and £1.4m of Bonus STF. Excluding the impact of the impairment, this results in a full year post-STF surplus of £10.4m which is £1.6m ahead of plan.

The tables below summarise how the position changed between 2015/16 and 2016/17.

In 2016/17, the Foundation Trust invested £35.2m in capital expenditure and maintained a relatively strong liquidity position throughout the year resulting in an end of year cash balance of £50.4m.

Table 1 - Including Impairment

Details	15/16 Outturn	16/17 Plan	16/17 Actual	16/17 Variance	Change vs 15/16
Income excluding STF	369.7	381.9	381.1	-0.8	11.4
Operating expenditure	-363.2	-369.1	-368.4	0.7	-5.2
EBITDA	6.5	12.8	12.7	-0.1	6.2
Non-operating expenditure	-13.0	-14.9	-14.7	0.2	-1.7
Impairment			-8.6	-8.6	-8.6
<b>Pre-STF margin</b>	<b>-6.5</b>	<b>-2.1</b>	<b>-10.6</b>	<b>-8.5</b>	<b>-4.1</b>
STF		11.0	12.5	1.5	12.5
<b>Post-STF margin (with impairment)</b>	<b>-6.5</b>	<b>8.9</b>	<b>1.9</b>	<b>-7.0</b>	<b>8.4</b>

Table 2 - Excluding Impairment

Details	15/16 Outturn	16/17 Plan	16/17 Actual	16/17 Variance	Change vs 15/16
Pre-STF margin	-6.5	-2.1	-10.6	0.1	-4.1
Adjust for Impairment			8.6		8.6
<b>Adjusted Pre-STF margin</b>	<b>-6.5</b>	<b>-2.1</b>	<b>-2.0</b>	<b>0.1</b>	<b>4.5</b>
STF		11.0	12.5	1.5	12.5
<b>Post-STF margin (with impairment)</b>	<b>-6.5</b>	<b>8.9</b>	<b>10.5</b>	<b>1.6</b>	<b>17.0</b>

## CHAPTER 2

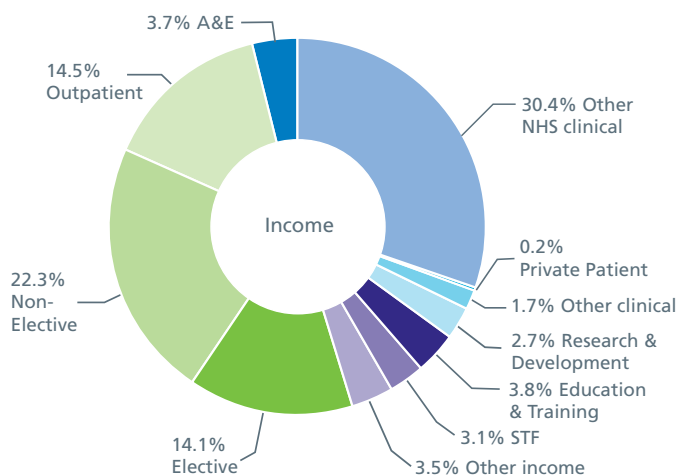
### PERFORMANCE REPORT

#### Income

The total income, including STF, reported for the 2016/17 financial year was £393.6m, which is split as follows:

- Clinical Income - £341.8m
- Other Operating Income - £39.3m
- STF: £12.5m

A more detailed breakdown of income in 2016/17 is provided in the chart below:



NHS Clinical Income is primarily income from Clinical Commissioning Groups (CCGs) 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.

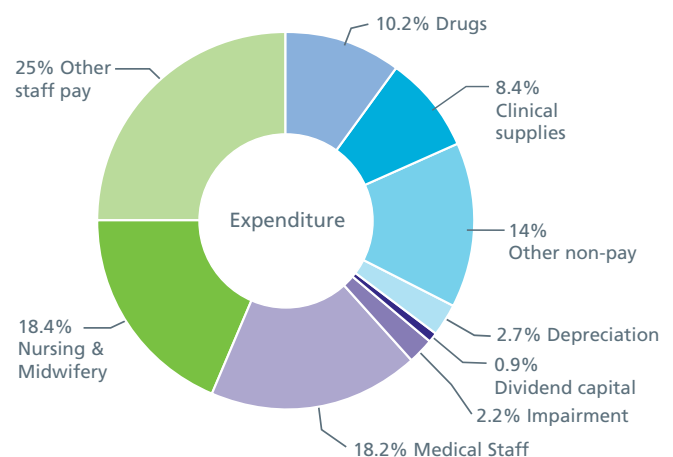
NHS Clinical Income was £1.3m lower than planned. This reflects lower than expected elective, daycase and outpatient income (-£5.2m), partially offset by higher than planned levels of non-elective (£3m) and other activity.

#### Expenditure

Including the impairment, the total expenditure reported for 2016/17 was £391.7m, which is split as follows:

- Payroll bill for employed and agency staff: £241.2m;
- Non-Pay costs including drug costs: £127.2m;
- Financing costs including depreciation and Public Dividend Capital: £14.7m;
- Impairment (nil cash impact): £8.6m.

A more detailed breakdown of expenditure in 2016/17 is provided in the chart below:



Excluding the impairment, the Foundation Trust incurred overspends in the following areas against the annual plan:

- Pay cost overspends associated with agency staff cost premiums, additional nursing costs for 1:1 patient care and premium rate payments for waiting list initiatives;
- Sub-contracting elective and outpatient work to independent sector providers to meet waiting time targets;
- The prescribing of specialist high cost drug and blood products;
- Delivery of efficiency requirements falling short of the planned levels.

However, these were offset by non-recurrent financial benefits, such as higher than expected unplanned vacancy rates, which led to marginally lower expenditure than planned overall.

### Efficiency Requirements

The annual financial plan determined that delivering the control total surplus of £8.8m required the Foundation Trust to secure efficiencies of £24.4m mainly through the delivery of cost improvement programmes (CIPs) that deliver real cash releasing savings.

The efficiency plans have been delivered through a cost improvement programme carried out across the clinical divisions and support service departments. In addition, a number of corporately sponsored schemes have been commissioned to support the delivery of CIPs. CIP delivery was £18.6m, which was lower than planned, but the shortfall was offset by a number of one-off financial benefits such as unexpected vacancy rates.

### Looking Forward to 2017/18

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 Foundation Trust will continue to link the delivery of efficiency gains with service improvement and transformation through the Trust Improvement Committee and Turnaround Executive Meeting. Improving the quality of care by removing waste and inefficient processes will in turn lead to a better patient experience.

The pre-STF control total for 2016/17 is a deficit of £7.8m. Available STF is £9.8m, which gives rise to a post-STF control total surplus of £2.0m. Delivering the control total will require the Foundation Trust to make in-year financial efficiencies of £20.2m.

The cash and liquidity position is forecast to become increasingly challenging in 2017/18 and delivery of the required financial efficiencies will be crucial to supporting these metrics.

### Key Financial Risks

The Foundation Trust started 2016/17 with a number of significant financial risks, which have been partially managed through the delivery of the financial position highlighted above.

The main financial risks for 2017/18 are as follows:

- Managing within budgetary control targets and delivering the efficiency targets against a backdrop of inflationary cost pressures, service developments, demand increases and quality improvement initiatives;
- Delivery of a cost improvement target of £20.2m required to meet the £2.0m control target surplus set by NHSI;
- Delivering the contracted activity and income levels and ensuring robust, timely counting and charging processes are in place to facilitate monthly reporting; and
- Delivery of the access standards that attract a share of the £9.8m STF funding included in the annual plan.

In addition to maintaining 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 potential loss of STF income;
- Implement detailed monitoring and management of performance against contractual indicators, with rigorous internal mechanisms for targeting both delivery and improvement;
- Generate additional income/contribution;
- Maintain regular dialogue with divisions, to ensure internal reporting processes are appropriately identified where contractual changes have been introduced.

### Trust Improvement Programme

The Foundation Trust has an improvement programme to oversee both quality and value for money improvements in the Foundation Trust. This is overseen by the Trust Improvement Board, which has a robust project management approach and individual workstreams led by Executive Directors, Clinicians and Transformation Leads. Quality Improvement is integral



to many of the workstreams. Each programme has a series of milestones to facilitate timely delivery, as well as key metrics against which performance can be demonstrated and judged.

The Trust Improvement Board has identified and is pursuing a number of Trust-wide modernisation and service improvement initiatives as part of the Trust Improvement Programme, which will secure improved value for money through recurrent productivity and efficiency benefits. The main improvement programmes are as follows:

- Going Digital Programme;
- Outpatient Improvement;
- Elective Care Improvement;
- Urgent and Emergency Care Improvement;
- Carter Efficiency Programme;
- Workforce Improvement; and
- Estates and Facilities Improvement.

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 by the development of the New Hospital Wing at the Bradford Royal Infirmary (BRI) site, which now houses modern paediatric and elderly care ward facilities and a new Intensive Care Unit, together with a new main entrance and concourse. The Foundation Trust is also investing in an Electronic Patient Record system (EPR), which will transform the administration of clinical data. This 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, Transformation team and Quality Improvement team are working closely with the divisions to secure sustainable and tangible change throughout the organisation. The remit of the teams, working in partnership with clinicians and service managers is to:

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

Through working with services and clinical teams to challenge existing processes, the significant outcomes will be clinician-led redesign of services and processes together with measurable efficiency, productivity and financial gains.

The continued development of service line reporting and 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 newly implemented 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 £50.4m (2015/16 £66.2m) which is largely due to the increased capital programme in 2016/17.

#### Long Term Borrowing

The Foundation Trust secured a loan of £10m over 10 years from the Department of Health (DH) (Formerly the Independent Trust Finance Facility (ITFF)). The current amount outstanding is £2m and the final principal repayment is due in January 2019. This loan was used to fund a modular ward block at the BRI site.

## CHAPTER 2

### PERFORMANCE REPORT

Further loans from the DH have been taken to finance the capital investment strategy:

- A loan of £20m was secured over 20 years to fund the New Hospital Wing. A total of £20m has been drawn down and repayments totalling £1.052m have been made, with the final principal repayment due in February 2035.
- A loan of £16m was secured over 8 years to finance the investment in the Electronic Patient

Record. A total of £16m has been drawn down and the first repayment is set for May 2017. The final principal repayment is due in November 2024.

- 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 £38k. The final principal repayment will be made in September 2017.

*The dates each loan was secured and first repayment dates are shown below:*

Loan	Date Secured	First Repayment Date
Loans from DH – Ward Block 1	21 January 2009	27 July 2009
Loans from DH – New Hospital Wing	12 March 2015	18 August 2015
Loans from DH – Electronic Patient Record	13 April 2015	18 May 2017

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

	31 Mar 17 £000	31 Mar 16 £000
Current		
Loans from DH – Ward Block 1	1,000	1,000
Loans from DH – New Hospital Wing	1,052	973
Loans from DH – Electronic Patient Record	2,000	0
Salix Loans	38	75
<b>Total</b>	<b>4,090</b>	<b>2,048</b>

	31 Mar 17 £000	31 Mar 16 £000
Non-Current		
Loans from DH – Ward Block 1	1,000	1,000
Loans from DH – New Hospital Wing	17,896	17,527
Loans from DH – Electronic Patient Record	14,000	9,800
Salix Loans		37
<b>Total</b>	<b>32,896</b>	<b>29,364</b>



## CHAPTER 2

### PERFORMANCE REPORT

#### Investments

The Foundation Trust does not have any investments in subsidiaries. However, during this financial year the Foundation Trust entered into two joint venture limited liability partnerships, each with 50% equity investment, with Airedale NHS Foundation Trust, with losses limited to £1 each. The joint ventures, Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP, have been established to deliver and develop laboratory based pathology services.

The Foundation 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 £35.2m was made during the year. The main elements of the capital programme were as follows:

Scheme	£ million
Information Technology Schemes	7.8
Medical Equipment	1.2
Buildings and Engineering Maintenance and Upgrade	1.5
New Building Schemes & Other Strategic Investments	24.7
<b>Total</b>	<b>35.2</b>

### 2.2.3

#### ENVIRONMENT AND SUSTAINABILITY

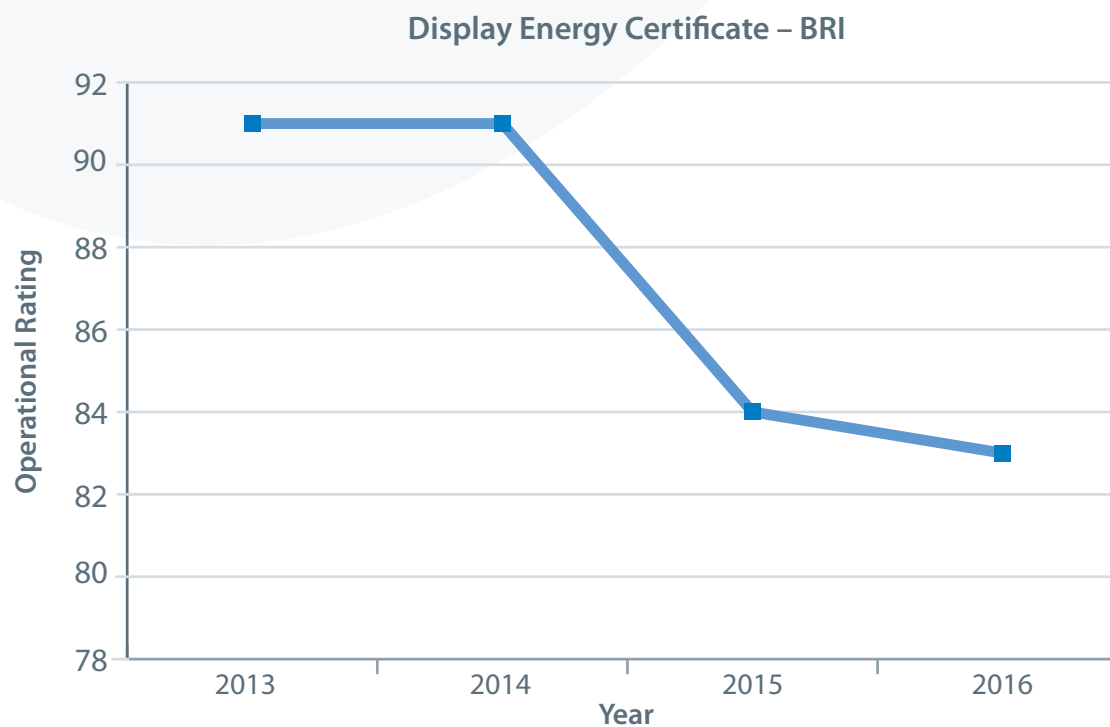
The Foundation Trust is committed to the UK's Climate Change Act 2008, which has legally binding targets of reducing carbon emissions by 34% by 2020 and 80% by 2050, based on 1990 levels. As a healthcare provider, employer and purchaser of goods and services, the Foundation Trust recognises that it has a significant impact on the environment and acknowledges its role in promoting sustainability and improving environmental performance.

The Together, Putting Patients First strategy restates the Foundation Trust's commitment to being a sustainable organisation by achieving financial and environmental goals, continually looking to work more efficiently and effectively so that we meet all our regulatory targets and statutory targets and obligations.

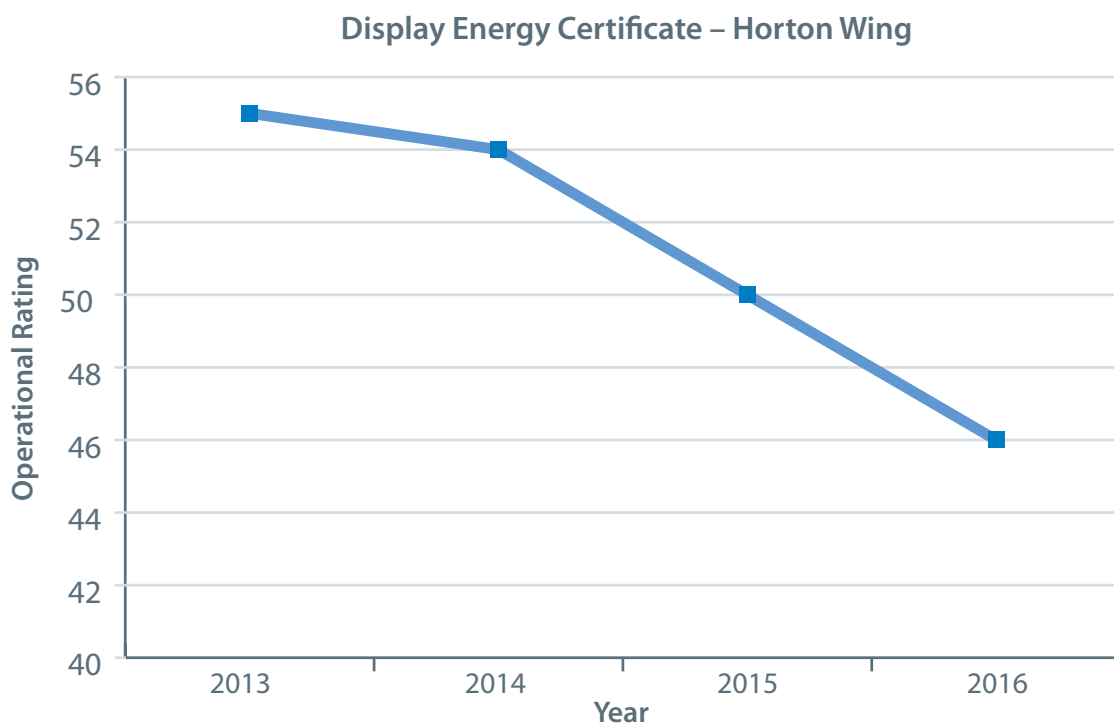
As part of this compliance the Foundation Trust has to demonstrate its continual environmental performance by presenting, in the publicly accessed areas, a Display Energy Certificate (DEC). A DEC shows the 'operational rating' of the building, based on its actual carbon emissions compared to what would be considered typical for the type of building, where zero is the best rating and over 150 is the worst. This is then benchmarked on an A-G scale, where A is the best.

As shown below, the Foundation Trust has demonstrated excellent performance in both of its two main buildings. It should be noted that a rating of 100 is a typical hospital building. The ratings equate to Bradford Royal Infirmary being categorised as D on the A-G scale, and the Horton Wing at St Luke's Hospital being categorised as B. The progress made over time demonstrates that the Foundation Trust is striving to improve its energy and environmental performance and thereby reduce its carbon emissions.

*Display Energy Certificate Performance for the main building at Bradford Royal Infirmary*



*Display Energy Certificate Performance for Horton Wing Building at St Luke's Hospital*

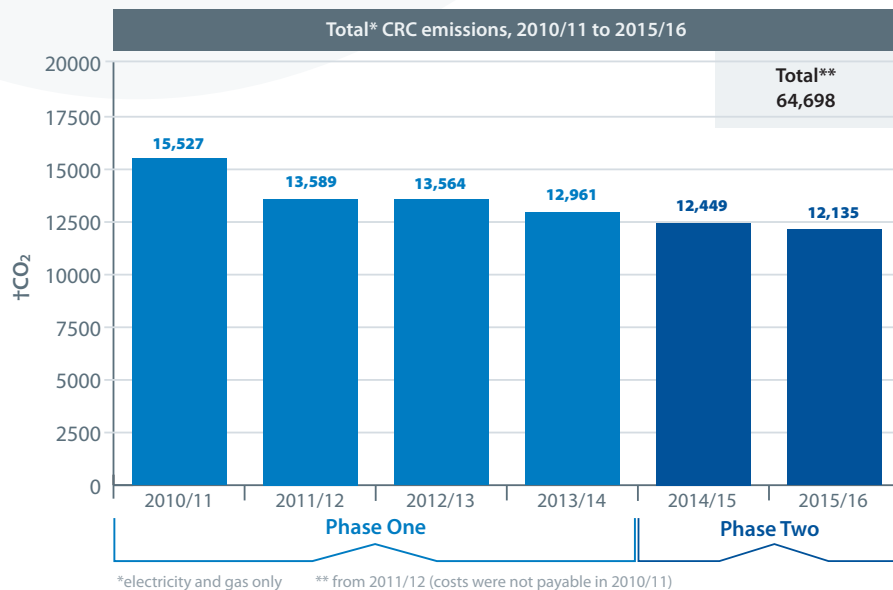


## CHAPTER 2

### PERFORMANCE REPORT

Bradford Teaching Hospitals NHS Foundation Trust has held the Carbon Trust Standard for twelve years, which demonstrates its long term performance in reducing carbon emissions. The chart below shows that the Foundation Trust has reduced its building operational carbon emissions by 21% in the past six financial years.

*Bradford Teaching Hospitals NHS Foundation Trust - Carbon reduction commitment energy efficiency scheme performance 2010 - 2016.*



Through continually monitoring our carbon reduction performance and investing in efficient equipment, for example internal and external LED lighting upgrades, efficient switches and controls, pipework and valve lagging, digital boiler controls, window upgrades, efficient running of the combined heat and power units and sub metering, and introducing innovative technologies, we strive to continue to reduce our impact on the environment. These investments support the recommendations made by Lord Carter in his report Operational productivity and performance in English NHS acute hospitals: Unwarranted variations.

In 2016/17 the Foundation Trust was also awarded a four star (out of a possible five) rating in terms of efficiently running its corporate fleet by the West Yorkshire ECO stars scheme and is currently working with the accrediting body to achieve the maximum five star rating.

In 2016/17 the Foundation Trust was internally audited by Audit Yorkshire on its carbon reduction activities. The audit considered whether management at the Foundation Trust had considered and introduced mechanisms to ensure the organisation was carbon efficient. The objective of the review was to gain assurance that adequate controls are in place to

achieve a successful reduction in carbon emissions and to progress delivery of a more sustainable provision of healthcare services. The auditor used the NHS Good Corporate Citizenship Assessment Model toolkit, launched by the NHS Sustainable Development Commission, to assess the Foundation Trust compliance and risk.

The Foundation Trust's audit report gave carbon reduction significant assurance status, acknowledging that there are internal control systems designed to address any risks. The audit also highlighted improvement opportunities for 2017/18 as follows:

- Updating the Sustainable Development Management Plan to include up-to-date and relevant information relating to current and planned initiatives supporting the carbon reduction programme;
- The Foundation Trust should give consideration to ensuring all purchase decisions are based on a consistent approach to the assessment of whole life-cycle costs wherever this is possible; and
- The Foundation Trust should introduce monitoring of total business mileage to help determine the success of carbon reduction initiatives.

The Foundation Trust will also deliver the following sustainability related strategic documents in the forthcoming financial year:

- Corporate Green/Healthy Travel Plan
- Adaptation plan

The Foundation Trust submits data for the Estates Returns Information Collection, which is a mandatory collection for all NHS trusts. This includes information relating to the costs of providing, maintaining and servicing the NHS estate, including energy use; we expect data for 2016/17 to be published on the gov.uk website in October.

#### 2.2.4

#### SOCIAL, COMMUNITY AND HUMAN RIGHTS: ISSUES AND POLICIES

The Foundation Trust has forged strong links with the local communities it serves. We were key members of the Bradford and Airedale Equality Group, which included third sector representation from local communities. More recently, we have set up equality panels to measure our progress against the Equality Delivery System. From the panels, we devised our eight equality objectives for 2016-2020. We will continue to seek opportunities to engage with local communities. We have a simple equality statement that aligns our strategic equality objectives both with the NHS Constitution and the outcomes of discussions through the equality panels.

We have integrated equality considerations into the Foundation Trust's strategies, such as the People Strategy, and believe this approach better ensures that equality and diversity becomes everyone's business than a stand-alone strategy. We carry out equality impact assessments of all the Foundation Trust's policies and ensure that equality consideration is mainstreamed within the Foundation Trust. As part of that process we consider whether there are any human rights issues related to any policies against the Human Rights FREDA principles (Freedom, Respect, Equality, Dignity, Autonomy).

We recognise that it is vital for the Foundation Trust to be an integral part of the community it serves, not just a provider of acute services in time of need. Across the north of England a public health initiative – 'Well North' - has been established, and as part of this the Foundation Trust has become the host for 'Well Bradford'. This provides a unique opportunity for the Trust to learn and to support community cohesion: improving awareness of prevention, self-care, health and well-being; raising the aspirations and supporting the development of a potential future workforce; investing in the community we serve; and as a major employer and economic hub for the city, playing a significant part in the regeneration and improvement of areas of deprivation and greatest health need.

#### 2.2.5

#### OVERSEAS OPERATIONS

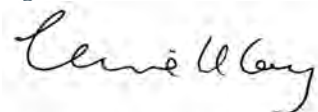
The Foundation Trust has no overseas operations.

#### 2.2.6

#### EVENTS SINCE YEAR END

No significant events occurred between the end of the 2016/17 financial year and submission of this report to NHS Improvement.

Signed



Professor Clive Kay  
Chief Executive  
25 May 2017

### 3.1 DIRECTORS REPORT

#### 3.1.1

##### 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 December 2015; further review is due in September 2017. Matters reserved to the Board include:

- The definition of the strategic aims and objectives of the Foundation Trust;

- Annual approval of revenue and capital budgets;
- Ratification of proposals for the acquisition, disposal or change of use of land and/or buildings; and
- 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*

Executive Directors			
Name	Responsibilities	Current Appointment	
		From	To
Professor Clive Kay	Medical Director	1 November 2006	31 August 2014
	Interim Chief Executive	1 September 2014	10 December 2014
	Chief Executive	11 December 2014	Present
Ms Pat Campbell*	Director of Human Resources	1 December 2008	Present
Ms Karen Dawber	Chief Nurse	29 August 2016	Present
Ms Cindy Fedell*	Director of Informatics	13 September 2013	Present
Dr Bryan Gill	Medical Director	5 May 2015	Present
Mr John Holden*	Director of Strategy and Integration	22 August 2016	Present
Mr Matthew Horner	Acting Director of Finance	1 November 2011	31 July 2012
	Director of Finance	1 August 2012	Present
Ms Donna Thompson	Interim Director of Governance and Corporate Affairs	11 September 2014	31 January 2015
	Director of Governance and Corporate Affairs	1 February 2015	31 July 2016
	Director of Governance and Operations / Deputy Chief Executive	1 August 2016	Present
* Non-voting Executive Director			

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### Former Executive Directors

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

Name	Responsibilities	Appointment Dates	
		From	To
Mrs Bernie Bluhm	Interim Director of Operational Management and Turnaround	8 June 2015	26 May 2016
Ms Terri Saunderson	Acting Chief Operating Officer	27 May 2016	31 July 2016
Mrs Sally Scales	Acting Chief Nurse	5 March 2016	31 August 2016

#### Non-Executive Directors

Name	Responsibilities	Current Appointment	
		From	To
Professor Bill McCarthy	Non-Executive Director	1 November 2015	31 October 2016
	Chair	1 November 2016	31 October 2019
Dr Trevor Higgins	Non-Executive Director	21 May 2012	20 May 2018
	Deputy Chair	1 November 2013	31 May 2016
	Acting Chair	1 June 2016	31 October 2016
	Deputy Chair	1 November 2016	20 May 2018
Dr Mohammed Iqbal	Non-Executive Director	1 February 2015	31 January 2018
Mr David Munt	Non-Executive Director	1 November 2013	31 October 2017
Mr Amjad Pervez	Non-Executive Director	1 February 2015	31 January 2018
Mrs Selina Ullah	Non-Executive Director	1 September 2015	31 August 2018
Mrs Pauline Vickers	Non-Executive Director	1 November 2013	31 October 2019
	Senior Independent Director	1 December 2016	
Professor James Walker	Non-Executive Director	1 April 2013	30 September 2017

#### Former Non-Executive Directors

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

Name	Responsibilities	Appointment Dates	
		From	To
Professor Grace Alderson	Non-Executive Director	1 December 2009	30 November 2016
	Senior Independent Director	1 November 2013	30 November 2016
Professor Lord Patel of Bradford	Chair	1 July 2014	31 May 2016

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.

### Register of Interests

The Board of Directors and Council of Governors undertake an annual review of the Register of Declared Interests. At each meeting, there is a standing agenda item that also requires Board members and members of the Council of Governors to make known any interest in relation to the agenda, and any changes to their declared interests.

The Register of Declared Interests for the Board of Directors and Council of Governors is maintained by the Foundation Trust Secretary. The registers are available to the public online at the following web address: [www.bradfordhospitals.nhs.uk/bod-declaration-of-interest-2460](http://www.bradfordhospitals.nhs.uk/bod-declaration-of-interest-2460) and are also available by request from The Foundation Trust Secretary, using the following details:

#### Trust Secretary

Trust Headquarters  
Bradford Royal Infirmary  
Bradford, BD9 6RJ  
Telephone: 01274 36 4946

### 3.1.2

#### BETTER PAYMENT PRACTICE CODE

The Better Payment Practice Code requires organisations to aim to pay all valid undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. As an NHS Foundation Trust, the Foundation Trust is not bound by this code, but seeks to abide by it as it represents best practice.

The Foundation Trust continues to improve transactional processing to pay creditors within this target whilst maintaining a balance on appropriate authorisation and validation of invoices. There were no interest charges paid in 2016/17 from claims under the Late Payment of Commercial Debts (Interest) Act 1998.

### 3.1.3

#### ENHANCED QUALITY GOVERNANCE REPORTING

The Foundation Trust's approach to quality and quality governance is presented in detail in the Annual Governance Statement later in the Annual Report and the Quality Management System section of the Quality Report.

#### 3.1.3.1

##### REVIEW OF GOVERNANCE AGAINST THE WELL-LED FRAMEWORK

The Foundation Trust has recently completed an external Governance review against NHS Improvement's Well-led Framework, meeting the requirement for performance evaluation of the Board, its committees, and its Directors. The review also enabled the Foundation Trust to ensure that its Board is balanced, complete and appropriate for the requirements of the organisation. The review was carried out by Deloitte, who have worked with the Foundation Trust in the past, most recently when carrying out a review of the Audit and Assurance Committee in July 2016.

	2016/17		2015/16	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	71,673	214,577	71,994	152,038
Total Non-NHS trade invoices paid within target	55,251	179,727	59,902	131,552
Percentage of Non-NHS trade invoices paid within target	77%	84%	83%	86%
Total NHS trade invoices paid in the year	2,917	19,723	2,498	20,220
Total NHS trade invoices paid within target	2,254	16,096	1,680	14,012
Percentage of NHS trade invoices paid within target	77%	82%	67%	69%

## CHAPTER 3

### ACCOUNTABILITY REPORT

The external Governance review comprised:

- Observation of Board meetings, Board Assurance Committees, an Executive Team meeting and a governance meeting from each division
- Focus groups with staff and governors
- Interviews with Board members, staff and external stakeholders
- Desktop reviews
- Surveys
- Service visits

The review considered the Foundation Trust's performance against ten theme areas, as below:

Domain	Criteria
Strategy and planning	Does the Board have a credible strategy and robust plan to deliver?
	Is the Board aware of potential risks to the quality, sustainability and delivery of services?
Capability and culture	Does the Board have the skills and capability to lead the organisation?
	Does the Board shape an open, transparent, and quality focused culture?
	Does the Board support continuous learning and development across the organisation?
Processes and structures	Are there clear roles and accountability in relation to board and quality governance?
	Are there clearly defined processes for escalating and resolving issues and managing performance?
	Are stakeholders actively engaged on quality, financial and operational performance?
Measurement	Is appropriate information on organisational and operational performance being analysed and challenged?
	Is the Board assured of the robustness of information?

Deloitte has made recommendations to the Foundation Trust on how to improve performance in each of these areas; these are currently under consideration and action plans will be produced in response.



**3.1.3.2****PARTNERSHIPS**

The Foundation Trust is working with external partners to help ensure that services for patients are provided in a way that is integrated, sustainable, provides value for money and addresses concerns about workforce and meeting quality standards.

We are refreshing the Foundation Trust's existing clinical strategy, to examine the range of services we provide and how we provide them. This work is needed to:

- Reflect significant developments in the NHS, including the Five Year Forward View;
- Support our contribution to longer term Sustainability and Transformation Planning - the 'STP' for West Yorkshire and Harrogate;
- Drive collaboration between different providers of acute hospital care; and
- Support the development of an Accountable Care System for the local population of Bradford and Districts.

The refresh of clinical strategy involves discussions with all 35 of our clinical specialties, stakeholder engagement, and analysis of strengths, weaknesses, opportunities and threats. The output of this work will help guide decisions about what services the Foundation Trust provides and how we provide them. Given the fluidity of current developments, the refreshed strategy is likely to represent a first iteration, rather than a final definitive version.

The refreshed Clinical Strategy will enable the Trust to make a significant contribution to the programme of work described in the STP for West Yorkshire and Harrogate, which highlights the need for different health and care partners to work together on a range of clinical care and clinical support issues. In responding to the priorities for our region we are working with other NHS providers, contributing to and in some cases (including for specialised services, cancer, and imaging) leading on the relevant programmes. The Trust is an active participant in the 'West Yorkshire Association of Acute Trusts' (WYAAT), consisting of Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate

NHS Foundation Trust, Leeds Teaching Hospitals Trust, and Mid-Yorkshire Hospitals Trust. Furthermore, we are now progressing a shared programme of work with Airedale NHS Foundation Trust to examine the potential for collaboration, ensuring that services provided by both organisations are resilient and sustainable in the longer term. The eventual outcome will be determined by the work we do together with the support of the Bradford and Airedale, Wharfedale and Craven Clinical Commissioning Groups (CCGs).

Through our involvement with primary care, the voluntary sector, social care, the CCGs and the Bradford District Care NHS Foundation Trust, we are also playing a pivotal role in the emergence of an Accountable Care System for Bradford. This is a core component of the local (Bradford Districts and Craven) STP, which is part of the region-wide West Yorkshire and Harrogate STP. The current programme of work is intended to develop new commissioning and contracting arrangements for the diabetes service in Bradford in 2017/18, with a view to expanding these arrangements over time to other 'out of hospital' care services.

As set out in the Social, Community and Human Rights: Issues and Policies section above, we are working with a range of statutory and non-statutory partners to improve the health and wellbeing of some of our communities through the 'Well Bradford' programme. There are 10 "Well North" pathfinder projects across the north of England, but this is the only one to be anchored in an acute hospital. Our initial focus is on establishing the programme in Gillingham, a community which neighbours the Bradford Royal Infirmary site, but we intend to extend the model to other areas. Our focus in Gillingham includes topics such as "healthy environment", for example air pollution and open spaces; "families and young children", for example staying safe, healthy eating, and first aid; "making better use of services", including sign-posting community resources; and "connecting the hospital to BD8" (the area's postcode), for example supporting science in schools. We are supporting this initiative not only because the Foundation Trust wants to be a good neighbour and to forge stronger links with our local community; we also see this as an opportunity to share public health messages, to better understand the population we serve, and as potentially another way to nurture the workforce of the future.

**3.1.4****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.

**3.1.5****AUDIT DISCLOSURES**

For each individual who is a Director at the time that this report was approved:

- So far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust’s auditor is unaware; and
- The Director has taken all reasonable steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information, and to establish that the NHS Foundation Trust’s auditors are aware of this information.

A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above and:

- Made such enquiries of his/her fellow Directors and the Foundation Trust’s auditors for that purpose; and
- Taken such steps (if any) for that purpose, as are required by his/her duty as a director of the NHS Foundation Trust to exercise reasonable care, skill and diligence.

**3.2 REMUNERATION REPORT****3.2.1****ANNUAL STATEMENT ON REMUNERATION**

Annual statement from the Chair of Bradford Teaching Hospitals NHS Foundation Trust Nominations and Remuneration Committee.

I am pleased to present the Directors Remuneration report for the financial year 2016/17. The Nominations and Remuneration Committee is established by the Board of Directors, with primary regard to Executive Directors remuneration and terms and conditions of service.

In accordance with the requirements of the HM Treasury Financial Reporting Manual (FReM) and NHS Improvement, the report is divided into the following parts:

- Senior Managers’ Remuneration Policy.
- Annual Report on Remuneration. This includes details about Directors service contracts, and sets out governance matters such as committee membership, attendance and the business undertaken by the Committee.

**Major decisions on remuneration**

During 2016, the committee was responsible for overseeing the appointment of the Chief Nurse and the new role of Director of Strategy and Integration and agreed the appropriate level of remuneration taking into account relevant market conditions and available benchmarking information.

The committee agreed a portfolio change within the Executive team with the merger of governance and operations and an associated remuneration review. The committee also agreed to the Director of Governance and Operations taking on the role of Deputy Chief Executive for a 12 month period initially.

**Professor Bill McCarthy**  
**Foundation Trust Chair**

### 3.2.2

#### SENIOR MANAGERS' REMUNERATION POLICY

##### Executive Directors

Element of Policy	Purpose and link to Strategy	How operated in practice	Maximum opportunity	Changes to Remuneration Policy from previous year
Base Salary	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced Executive Directors.	<p>As determined by salary band. Normally appointed on a 3 point salary band. If not appointed to maximum point increases on the basis of exceptional performance tied in with the Foundation Trust meeting its regulatory and corporate objectives.</p> <p>Progression is annually earned.</p> <p>In determining the appropriate salary band the committee considers:</p> <ul style="list-style-type: none"> <li>• Salary levels for similar positions through the Foundation Trust and Association of UK University Hospitals (AUKUH) networks.</li> <li>• Individual skills and experience.</li> <li>• Public sector pay guidance.</li> <li>• Cost of living increases awarded in line with any pay award made to senior staff on agenda for change terms of conditions. No annual bonuses are paid.</li> </ul> <p>These factors were taken into account when setting the salaries of staff who earn over £142,500.</p>	<p>Increments if awarded are set at £5000.</p> <p>The committee on occasion will also recognise changes in the role, and/or duties of a Director and salary progression for newly appointed Directors.</p>	No change.
Benefits (taxable)	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced Executive Directors.	Pension related benefits only.	As per NHS Pension Scheme regulations.	No change.
Pension	To enable the Foundation Trust to attract, retain and motivate suitably skilled and experienced Executive Directors.	The standard NHS Pension Scheme is operated.	As per NHS Pension Scheme regulations.	No change.

## Non-Executive Directors

Position	Pay	Policy
Chair	£55,145	At the Nominations and Remuneration Committee meeting held on 26 February 2016, the Committee discussed in detail Non-Executive Director Remuneration with reference to the current benchmarking information available from NHS Providers covering the period 2015/16.
Deputy Chair	£17,095	At the Nominations and Remuneration Committee meeting held 21 April 2016, the Committee confirmed the following statements and recommendations: <ul style="list-style-type: none"> <li>The Chair stated that his recommendation with regard to remuneration was that having considered the benchmarking data and figures, no increase would be made to Non-Executive Director remuneration for 2016/17. The remuneration currently paid remained at the higher end of the scale when taking into account remuneration across all Foundation Trusts. Remuneration would be reviewed annually.</li> <li>Remuneration packages would be considered as part of future Non-Executive Director appointments alongside the Terms and Conditions. Any uplifts would be reviewed as part of the remuneration packages attached to future appointments.</li> </ul>
Chair of Audit Committee	£17,095	The Council of Governors agreed these recommendations at their July 2016 meeting.
Non-Executive Director	£13,785	There are no additional fees payable for other duties and no other items that are considered to be remuneration in nature.  Non-executive Directors do not receive pensionable remuneration.

**Service Contract Obligations**

The contracts for all senior managers are substantive (permanent), continuation of which is subject to regular reviews of performance. All contracts contain a notice period of 3 months.

**Policy on payment for loss of office**

All senior manager contracts contain a notice period of 3 months. In relation to loss of office, if this is on the grounds of redundancy then this would be calculated in line with agenda for change terms and conditions. Loss of office on the grounds of gross misconduct would result in a dismissal without payment of notice.

**Statement of consideration of employment conditions elsewhere in the Foundation Trust**

The Trust has not consulted with employees when determining its Remuneration Policy for Executive Directors. Given the number of new Executive Director appointments in the last few years we take into account available benchmarking data on salaries to enable us to recruit and retain the best people.

**3.2.3****ANNUAL REPORT ON REMUNERATION****Service Contracts**

As described in the senior managers' remuneration policy section at 3.2.2 above, all senior manager contracts contain a notice period of 3 months and permanent contracts are issued. Service contracts are dated with the first day of appointment, the dates of which are as set out in the Board of Directors section of the Directors report, at 3.1.1 above.

**Nominations and Remuneration Committee for Directors**

The Board of Directors has established a Nominations and Remuneration Committee. Its responsibilities include consideration of matters relevant to the appointment, remuneration and associated terms of service for Executive Directors. The Committee is also responsible for making any recommendations with regard to any local pay arrangements not covered by national terms and would be responsible for approving

the running of any mutually agreed resignations (MARS) or Voluntary Redundancy Scheme.

The Committee comprises the Chair and all Non-Executive Directors. The Chief Executive is in attendance and will discuss Board composition, succession planning, remuneration and performance of Executive Directors. The Chief Executive is not present during discussions relating to his own performance or remuneration. The Director of HR is in attendance and will provide employment advice and guidance as necessary. She withdraws from the meeting when any discussions are held with regard to her performance or remuneration. The Director of HR also acts as Committee Secretary.

The Nominations and Remuneration Committee have not made any new appointments in 2016/2017 where salary levels have been set over £142,500. There are no annual bonuses in place for Executive Directors.

The Nominations and Remuneration Committee has overseen the appointment process for two Executive Director positions in 2016/17. The process adopted was as follows:

Chief Nurse – this post was advertised on three separate occasions and despite the use of head-hunters we were unable to appoint. We then utilised our external assessor to assist in sourcing candidates, which was successful and an interview panel was held on 16 March 2016. The process consisted of a formal structured interview and a presentation with an external assessor present as advisor to the panel. As there is a requirement to ensure that all Board level appointments are held by a 'fit and proper person' full pre-employment checks were undertaken before a conditional offer was made. Ms Karen Dawber took up post on the 29 August 2016.

Director of Strategy and Integration – this was a new Board level, non-voting post and was established due to a skills gap being identified. The post was nationally advertised and the selection process was a formal structured interview with a presentation. An external assessor was present as advisor to the panel. Interviews were held on 8 March 2016 and full pre-employment checks were undertaken as above. The successful applicant Mr John Holden took up post on 22 August 2016.

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### ACCOUNTABILITY REPORT

Attendance during 2016/2017 was as follows:

Member	12 May 2016	27 July 2016	10 November 2016
Kamlesh Patel	✓ *1	-	-
Bill McCarthy	✓	✓	✓ *3
Trevor Higgins	✓	✓ *2	X
Grace Alderson	✓	✓	✓
David Munt	✓	✓	✓
Pauline Vickers	✓	✓	X
Mohammed Iqbal	✓	✓	✓
Amjad Pervez	✓	✓	✓
James Walker	X	✓	✓
Selina Ullah	✓	✓	✓
Clive Kay (in attendance)	✓	✓	✓
Pat Campbell (in attendance)	✓	✓	✓

Attendance during 2016/2017 was as follows\*

- 1 – Kamlesh Patel, Chair until 31 May 2016.
- 2 – Trevor Higgins acting Chair of this Committee.
- 3 – First meeting where Bill McCarthy was Chair.

#### Governors' Nominations and Remuneration Committee for Non-Executive Directors

This Committee makes recommendations to the Council of Governors on the appointments process, role, remuneration, terms and conditions, re-appointment and removal of the Non-Executive Directors. The membership of the Committee consists of at least six governors, including at least three public/patient governors, and it is chaired by the Chair, unless there is a conflict of interest, when it is chaired by the Governor agreed by the Committee.

This year the major decision for this Committee was in relation to the appointment of the Chair; Professor Lord Patel of Bradford tendered his resignation in March 2016 and completed his term on 31 May 2016.

The Nominations and Remunerations Committee, within the bounds of their terms of reference and the Foundation Trust's Constitution:

- Considered proposals from two recruitment agencies to assist the Committee with the Chair appointment process and appointed Odgers Berndtson;
- Agreed the full job description and person specification along with a schedule for the appointment process;
- Confirmed the interview panel composition of three Governors, the Chief Executive and an external assessor; and
- Reviewed the candidates that had been shortlisted by the agency.

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### ACCOUNTABILITY REPORT

The interview date was 5 September 2016. The interview panel comprised:

- Professor Marina Bloj, Governor (interview panel Chair)
- Mr David Walker, Governor
- Ms Ruth Wood, Governor

The following were in attendance:

- Professor Clive Kay, Chief Executive
- Mr Mike Farrar, Mike Farrar Consulting Ltd (External Assessor)
- Angela McDermottroe, Odgers Berndtson (Observer)

The Council of Governors considered the recommendation from the interview panel at a closed meeting of the Council of Governors held on 9 September 2016. The Council of Governors approved the recommendation to appoint Professor Bill McCarthy as the new Chair, subject to the completion of satisfactory references and the Fit and Proper Person's requirements.

At the Council of Governors meeting held on 20 October 2016 Professor Bill McCarthy was confirmed as the Foundation Trust's new Chair from 1 November 2016 to 31 October 2019.

The Nominations and Remuneration Committee also reappointed two Non-Executive Directors: Mr David Munt for a further one-year term and Mrs Pauline Vickers for a further three-year term. It also approved the appointment of Professor James Walker for a further six-month term.

The Committee must also be consulted by the Board of Directors on the appointment of the Senior Independent Director and report on this consultation to the full Council of Governors. They were therefore consulted on the decision to appoint Mrs Pauline Vickers as the Senior Independent Director upon Professor Grace Alderson's departure. At a closed meeting of the Board of Directors on 15 September 2016, the Board of Directors approved the process for the receipt of nominations with regard to the role and the presentation of a recommendation for appointment.

At a closed meeting of the Board of Directors on 13 October 2016 the Board of Directors confirmed its support for the appointment of Mrs Pauline Vickers. At the Council of Governors meeting held on 20 October 2016 the Committee confirmed that it had been consulted with regard to the Senior Independent Director appointment by the Board of Directors and further confirmed that they were in full support of the appointment of Pauline Vickers. The Board of Directors approved the appointment on 10 November 2016.

Attendance during 2016/17 was as follows:

Name	21/04/16	13/05/16	12/07/16	29/07/16	12/08/16	11/11/16	17/03/17	Total
Lord Kamlesh Patel, Chair	✓	✓						2 of 2
Professor Bill McCarthy, Chair						✓	✓	2 of 2
Dr Marina Bloj, Partner Governor	✓	✓	✓	X	✓	✓	✓	6 of 7
Mr Alan English, Public Governor							✓	1 of 1
Mr Abdul Hamid Ismail, Public Governor	✓	✓	✓	✓	✓	✓		6 of 6
Ms Wendy McQuillan, Public Governor							✓	1 of 1
Ms Jean Pitts, Public Governor	✓	✓	✓	✓	X	✓		5 of 6
Ms Hardev Sohal, Patient Governor	X	✓	✓	✓	✓	X	✓	5 of 7
Dr David Walker, Public Governor*	✓	✓	✓	✓	✓	✓	✓	7 of 7
Ms Ruth Wood, Staff Governor	✓	✓	✓	✓	✓	✓	X	6 of 7
	<div>■ Denotes period when not a member of the NRC</div> <div>*As Vice-Chair of the Council of Governors, David Walker chaired the meetings in July and August, as per the constitution.</div>							
✓ = attended	x = apologies sent							



**Expenses****Expenses Claimed by Directors**

The total number of Directors holding office during 2016/17 was 21 (the number in 2015/16 was 22).  
 The number of Directors receiving expenses during 2016/17 was 16 (the number in 2015/16 was 13).  
 The aggregate sum of expenses paid to Directors was £7,253 (in 2015/16 this was £20,085).

**Expenses Claimed by Governors**

The total number of Governors holding office during 2016/17 was 21 (the number in 2015/16 was 21).  
 The number of Governors receiving expenses during 2016/17 was 14 (the number in 2015/16 was 4). The aggregate sum of expenses paid to governors in 2016-2017 was £1,302 (in 2015/16 it was £214).

**Fair Pay Multiple**

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

The banded remuneration of the highest paid Director in the Foundation Trust in the financial year 2016/17 was £250,000 - £255,000 (2015/16, £245,000 - £250,000). This was 9.6 times (2015/16, 9.5 times) the median remuneration of the workforce, which was £26,302 (2015/16, £26,041).

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. 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 alter the calculation of the median.

In 2016/17, and 2015/16, no employees received remuneration in excess of the highest-paid director.

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



## 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 2016/17	Salary and Fees (Bands of £5,000) £000s	Taxable Benefits (to the nearest £100) £000s	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
Professor Clive Kay (Chief Executive) <sup>1</sup>	250-255	-	-	-	5-7.5	255 - 265
Mr John Holden (Director of Strategy) <sup>2</sup>	85-90				7.5-10	90 - 100
Ms Karen Dawber (Chief Nurse) <sup>3</sup>	70-75	-	-	-	5-7.5	75 - 85
Mrs Sally Scales (Interim Chief Nurse) <sup>4</sup>	40-45	-	-	-	5-7.5	45 - 55
Ms Bernie Bluhm (Interim Director of Operational Management & Turnaround) <sup>5</sup>	45-50	-	-	-	-	45 -50
Dr Bryan Gill (Medical Director) <sup>6</sup>	230-235	-	-	-	5-7.5	235 - 245
Mr Matthew Horner (Director of Finance)	140-145	-	-	-	17.5-20	160 - 165
Ms Pat Campbell (Director of Human Resources)	105-110	-	-	-	15-17.5	120 - 130
Ms Cindy Fedell (Director of Informatics)	110-115	-	-	-	15-17.5	125 - 135
Ms Donna Thompson (Director of Governance and Operations)	85-90				15-17.5	100 - 110
Ms Terri Saunderson (Acting Chief Operating Officer) <sup>7</sup>	20-25				2.5-5.0	20 - 30
Professor Lord Patel of Bradford (Chairman) <sup>8</sup>	5-10	-	-	-	-	5 - 10
Professor Bill McCarthy (Non-Executive Director) <sup>9</sup>	15-20					15-20
Professor Grace Alderson (Non-Executive Director) <sup>10</sup>	5-10					5 - 10
Dr Trevor Higgins (Non-Executive Director)	15-20					15-20
Dr Mohammed Iqbal (Non-Executive Director)	10-15					10-15
Mr David Munt (Non-Executive Director)	15-20					15-20
Mr Amjad Pervez (Non-Executive Director)	10-15					10-15
Mrs Selina Ullah (Non-Executive Director)	10-15					10-15
Mrs Pauline Vickers (Non-Executive Director)	10-15					10-15
Professor James Walker (Non-Executive Director)	10-15					10-15

<sup>1</sup>Professor Clive Kay, Chief Executive opted out of pension on 01 June 2016; <sup>2</sup>Mr John Holden, Director of Strategy and Integration from 15 August 2016; <sup>3</sup>Ms Karen Dawber, Chief Nurse from 29 August 2016; <sup>4</sup>Mrs Sally Scales, Interim Chief Nurse, to 28 August 2016; <sup>5</sup>Ms Bernie Bluhm, Interim Director of Operational Management & Turnaround up to 26 May 2016; <sup>6</sup>Dr Bryan Gill, Medical Director. Opted out of Pension scheme on 01 June 2016; <sup>7</sup>Terri Saunderson, Acting Chief Operating Officer from 27 May 2016 to 31 July 2016; <sup>8</sup>Professor Lord Patel of Bradford, Chairman up to 31 May 2016; <sup>9</sup>Professor Bill McCarthy, Non-executive Director and Chairman from 01 November 2016; <sup>10</sup>Professor Grace Alderson, Non-executive Director up to 21 November 2016.

### Pension entitlement 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 2015/16	Salary and Fees (Bands of £5,000) £000s	Taxable Benefits (to the nearest £100) £000s	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
Professor Lord Patel of Bradford (Chairman)	55 – 60	-	-	-	-	55 – 60
Professor Clive Kay (Chief Executive)	245 – 250	-	-	-	35.0 – 37.5	280 – 285
Ms Jackie Ardley (Interim Chief Nurse) <sup>1</sup>	140 – 145	-	-	-	-	140 – 145
Mrs Helen Barker (Chief Operating Officer) <sup>2</sup>	10 – 15	-	-	-	0 – 2.5	10 – 15
Ms Bernie Bluhm (Interim Director of Operational Management and Turnaround) <sup>3</sup>	220 – 225	-	-	-	-	220 – 225
Dr Bryan Gill (Medical Director) <sup>4</sup>	205 – 210	-	-	-	25.0 – 27.5	235 – 240
Ms Juliette Greenwood (Chief Nurse) <sup>5</sup>	10 – 15	-	-	-	0 – 2.5	10 – 15
Mr Matthew Horner (Director of Finance)	135 – 140	-	-	-	17.5 – 20.0	155 – 160
Dr Robin Jeffrey (Medical Director) <sup>6</sup>	15 – 20	-	-	-	-	15 – 20
Mrs Sally Scales (Acting Chief Nurse) <sup>7</sup>	0 – 5	-	-	-	0 – 2.5	0 – 5
Ms Pat Campbell (Director of Human Resources)	100 – 105	-	-	-	12.5 – 15.0	115 – 120
Ms Cindy Fedell (Director of Informatics)	105 – 110	-	-	-	12.5 – 15.0	120 – 125
Ms Donna Thompson (Director of Governance and Corporate Affairs)	100 – 105	-	-	-	12.5 – 15.0	110 – 115
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)	10 – 15	-	-	-	-	10 – 15
Professor Bill McCarthy (Non-Executive Director) <sup>8</sup>	-	-	-	-	-	-
Mr David Munt (Non-Executive Director)	15 – 20	-	-	-	-	15 – 20
Mr Amjad Pervez (Non-Executive Director)	10 – 15	-	-	-	-	10 – 15
Mrs Selina Ullah (Non-Executive Director) <sup>9</sup>	5 – 10	-	-	-	-	5 – 10
Mrs Pauline Vickers (Non-Executive Director)	10 – 15	-	-	-	-	10 – 15
Professor James Walker (Non-Executive Director)	10 – 15	-	-	-	-	10 – 15

<sup>1</sup>Jackie Ardley, Interim Chief Nurse from 1 May 2015 to 4 March 2016; <sup>2</sup>Mrs Helen Barker, Chief Operating Officer to 10 May 2015; <sup>3</sup>Ms Bernie Bluhm, interim Director of Operational Management and Turnaround from 8 June 2015; <sup>4</sup>Dr Bryan Gill, Medical Director from 5 May 2015; <sup>5</sup>Ms Juliette Greenwood, Chief Nurse to 30 April 2015; <sup>6</sup>Dr Robin Jeffrey, Medical Director to 4 May 2015; <sup>7</sup>Mrs Sally Scales, Acting Chief Nurse from 5 March 2016; <sup>8</sup>Professor Bill McCarthy, Non-Executive Director from 1 November 2015; <sup>9</sup>Mrs Selina Ullah, Non-Executive Director from 1 September 2015

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 2016/17	Total accrued pension at age 60 at 31st March 2017 (Bands of £2,500) £000s	Value of automatic lump sums at 31st March 2017 (Bands of £2,500) £000s	Real increase in pension during the year (Bands of £5,000) £000s	Real increase in automatic lump sum during the year (Bands of £5,000) £000s	CETV* at 31st March 2017 (Bands of £1,000) £000s	CETV at 31st March 2016 (Bands of £1,000) £000s	Real increase / (decrease) in CETV during the year (Bands of £1,000) £000s
Professor Clive Kay (Chief Executive) <sup>1</sup>	80-82.5	242.5 - 250	0 - 2.5	2.5 - 5.0	1,600 - 1,601	1,485 - 1,486	114 - 115
Mr John Holden (Director of Strategy and Integration) <sup>2</sup>	50 - 52.5	137.5 - 140	0 - 2.5	0 - 2.5	914 - 915	850 - 851	34 - 35
Ms Karen Dawber (Chief Nurse) <sup>3</sup>	32.5 - 35	87.5 - 90	0 - 2.5	(0 - 2.5)	487 - 488	455 - 456	18 - 19
Mrs Sally Scales (Interim Chief Nurse) <sup>4</sup>	35 - 37.5	110 - 112.5	0 - 2.5	5.0 - 7.5	672 - 673	577 - 578	38 - 39
Dr Bryan Gill (Medical Director) <sup>5</sup>	95 - 97.5	285 - 287.5	2.5 - 5.0	7.5 - 10	1,937 - 1,938	1,830 - 1,831	106 - 107
Mr Matthew Horner (Director of Finance)	45 - 47.5	120 - 122.5	2.5 - 5.0	5.0 - 7.5	679 - 680	608 - 609	71 - 72
Ms Pat Campbell (Director of Human Resources)	40 - 42.5	122.5 - 125	2.5 - 5.0	10 - 12.5	763 - 764	678 - 679	85 - 86
Ms Cindy Fedell (Director of Informatics)	6.5 - 6.75	-	0 - 2.5	-	71 - 72	48 - 49	22 - 23
Ms Donna Thompson (Director of Governance and Corporate Affairs)	55 - 57.5	167.5 - 170	10 - 12.5	30 - 32.5	1,160 - 1,161	912 - 913	248 - 249
Ms Terri Sanderson (Acting Chief Operating Officer) <sup>6</sup>	20 - 22.5	62.5 - 65	0 - 2.5	0 - 2.5	438 - 439	370 - 371	15 - 16

<sup>1</sup>Clive Kay, Chief Executive opted out of pension on 01 June 2016; <sup>2</sup>John Holden, Director of Strategy and Integration from 15 August 2016; <sup>3</sup>Karen Dawber, Chief Nurse from 29 August 2016; <sup>4</sup>Sally Scales, Interim Chief Nurse, to 28 August 2016; <sup>5</sup>Bryan Gill, Medical Director Opted out of pension scheme on 01 June 2016; <sup>6</sup>Terri Sanderson, Acting Chief Operating Officer from 27 May 2016 to 31 July 2016.

\* The 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.



Professor Clive Kay  
Chief Executive  
25 May 2017

## CHAPTER 3

### ACCOUNTABILITY REPORT

## 3.3 STAFF REPORT

### 3.3.1

#### STAFF NUMBERS AND COSTS

*Staff Costs - 2016/17*

Staff Costs	Permanently employed total	Other total
	£000	£000
Salaries and wages	175,480	13,466
Social security costs	17,692	0
Pension cost - defined contribution plans employer's contributions to NHS pensions	21,881	0
Pension cost - other	0	0
Other post-employment benefits	0	0
Other employment benefits	0	0
Termination benefits	0	0
Temporary staff - external bank	-	0
Temporary staff - agency/contract staff	-	14,451
NHS charitable funds staff	0	0
<b>Total gross staff costs</b>	<b>215,053</b>	<b>27,917</b>

*Staff Numbers - 2016/17*

Note 4.2 Average number of employees (WTE basis)	2016/17 Total Number	2016/17 Permanent Number	2016/17 Other Number
Medical and dental	687	687	
Ambulance staff	0		
Administration and estates	1,687	1,635	52
Healthcare assistants and other support staff	785	622	163
Nursing, midwifery and health visiting staff	1,672	1,561	111
Nursing, midwifery and health visiting learners	0		
Scientific, therapeutic and technical staff	601	601	
Healthcare science staff	0		
Social care staff	0		
Agency and contract staff	309		309
Bank staff	0		
Other	3	3	
<b>Total gross staff costs</b>	<b>5,744</b>	<b>5,109</b>	<b>635</b>
Of which			
Number of employees (WTE) engaged on capital projects	50	32	18

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### Staff Numbers - 2015/16

<b>Note 4.2 Average number of employees (WTE basis)</b>	<b>2015/16 Total Number</b>	<b>2015/16 Permanent Number</b>	<b>2015/16 Other Number</b>
Medical and dental	667	667	
Ambulance staff	0		
Administration and estates	1,617	1,562	55
Healthcare assistants and other support staff	722	569	153
Nursing, midwifery and health visiting staff	1,682	1,583	99
Nursing, midwifery and health visiting learners	0		
Scientific, therapeutic and technical staff	601	601	
Healthcare science staff	0		
Social care staff	0		
Agency and contract staff	301		301
Bank staff	0		
Other	3	3	
<b>Total gross staff costs</b>	<b>5,593</b>	<b>4,985</b>	<b>608</b>
Of which			
Number of employees (WTE) engaged on capital projects	5	5	

#### Analysis of Staff Numbers

##### At 31 March 2017 – headcount figures, excluding agency and contract and bank staff

<b>Group</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Directors	6	11	17
Senior Managers	229	151	380
Other Employees	4,295	1,143	5,438
<b>Total</b>	<b>4,530</b>	<b>1,305</b>	<b>5,835</b>

##### At 31 March 2016 – headcount figures, excluding agency and contract and bank staff

<b>Group</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Directors	8	10	18
Senior Managers	213	157	370
Other Employees	4,188	1,115	5,303
<b>Total</b>	<b>4,409</b>	<b>1,282</b>	<b>5,691</b>

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### Sickness Absence

These figures are from the NHS Digital Sickness Absence Publication, based on data from the ESR Data Warehouse. Please note these figures are based on the calendar year.

Staff sickness absence	2016	2015
Total days lost to sickness	56,369	58,380
Total staff years available*	5,065	4,951
Average working days lost per full-time equivalent member of staff	11.1	12
*Total staff years available – A full time employee working all year, is equivalent to 1 staff year. For part-time workers, the ratio of their contracted hours to those of a full-time employee are used to pro-rate their available time. E.g. a part time worker working 2.5 days a week will represent 0.5 staff years.		

#### Expenditure on Consultancy

In 2016/17 the Foundation Trust spent £542,000 on consultancy.

#### Off-Payroll Engagements

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

*Details of all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last for longer than six months*

Category	Number
No. of existing engagements as of 31 March 2017	61
Of which...	
No. that have existed for less than one year at time of reporting.	44
No. that have existed for between one and two years at time of reporting.	10
No. that have existed for between two and three years at time of reporting.	4
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	2

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

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### ACCOUNTABILITY REPORT

*Details of all new off-payroll engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months*

Category	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2016 and 31 March 2017	18
Number of the above which include contractual clauses giving The Foundation Trust the right to request assurance in relation to income tax and National Insurance obligations	18
Number for whom assurance has been requested	6
Of which...	
Number for whom assurance has been received	3
Number for whom assurance has not been received	3
Number that have been terminated as a result of assurance not being received	

Improved management information in 2016/17 means medical staff and allied health professionals working irregular shifts (not only full time agency employment) are included in this year's figures. The Foundation Trust did not have the systems to validate the tax status of all such employees working urgent or ad hoc shifts, meaning assurance was not requested for many of these staff in 2016/17. Other agency staff left the organisation before assurance was requested. This has been resolved from April 2017 onwards in line with new IR35 guidance.

*Details of any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017*

Category	Number
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	19

An existing member of staff filled the role of interim Chief Operating Officer on an 'acting-up' basis from 27 May 2016 to 31 July 2016, at which point the role of Chief Operating Officer was subsumed into the new role of 'Director of Governance and Operations'.

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### ACCOUNTABILITY REPORT

#### Staff Exit Packages

##### 2016/17 – All exit packages

In 2016/17, two compulsory redundancies were made within the cost band £10,000-£25,000 as the posts were no longer required; these were for a Band 1 post in Facilities, and a Band 7 post within the Bradford Institute of Health Research. A further payment was made to a Band 3 post within the Division of Medicine and Integrated Care; a settlement was agreed through a COT3 Agreement and an associated employment tribunal claim was withdrawn. In this case under £2,000 was paid to the employee as per their contractual entitlement.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000		1	1
£10,000 – £25,000	2		2
£25,001 – £50,000			
£50,001 – £100,000			
£100,000 – £150,000			
£150,001 – £200,000			
Total number of exit packages by type			
<b>Total resource cost</b>	<b>£44,000</b>	<b>£2,000</b>	

##### 2015/16 – All exit packages

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1	2	3
£10,000 – £25,000		1	1
£25,001 – £50,000	1		1
£50,001 – £100,000			
£100,000 – £150,000			
£150,001 – £200,000			
Total number of exit packages by type			
<b>Total resource cost</b>	<b>£34,000</b>	<b>£30,000</b>	



*Exit Packages – non-compulsory departure payments*

	2016/17 Agreements Number	2016/17 Total Value of Agreements £000	2015/16 Agreements Number	2015/16 Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs				
Mutually agreed resignations (MARS) contractual costs				
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice			3	30
Exit payments following Employment Tribunals or court orders	1	2		
Non-contractual payments requiring HMT approval				
<b>Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>30</b>
Of which:				
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary				

**3.3.2****STAFF POLICIES AND ACTIONS****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. Graduates from the Foundation Trust's Project Search scheme, which offers work experience to students with learning disabilities, are guaranteed an interview prior to advertising agreed posts more widely.

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 Disabled Staff Network was asked for comments on the review of this policy and their concerns and recommendations were incorporated wherever possible. The policy embeds the importance of employee health and wellbeing for all those working for the Foundation Trust.

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

**Staff Involvement and Consultation**

We have a number of ways of involving staff with developments across the Foundation Trust. Staff receive a weekly bulletin from the Chief Executive, called Let's Talk, which provides them with information on achievements, innovations, challenges, new service developments and events.

Staff are also encouraged to share their thoughts and ideas. We have an internal intranet site and make use of social media, including Facebook and Twitter which we continue to develop, and we have tried to encourage staff to make suggestions to improve our performance and support our transformation work through a staff suggestion scheme.

We have a monthly Senior Leaders event and quarterly Clinical Leader Time Out events to keep Leaders apprised of important issues, and ensure they engage with staff across the Foundation Trust. We have held Listening Events on our various sites with the Chief Executive and members of the Executive team, and have continued with Executive and Non-Executive Director walk-rounds of wards and departments to provide the opportunity to find out more about issues that affect our people.

We have formal consultation and negotiation committees which meet regularly and we have a strong commitment to partnership working with our Trade Unions, operating on a 'no surprises' basis. We have an agreed Organisational Change Management Policy with our Trade Unions and a number of formal consultations have taken place on service changes within the last year which have been managed under this Framework.

We have utilised our people to run focus groups to gauge views to enable action planning. An example of this is where members of our BME Network ran a number of Focus groups with BME staff throughout the Trust to understand the experience of our BME staff and what we can do to improve this.

### Health and Safety

The Foundation Trust has a Health and Safety Committee, which is chaired by the Director of Governance and Operations and whose membership includes staff representatives, managers representing the Divisions and Corporate Departments and a Non-Executive Director. The Health and Safety Committee reports to the Integrated Governance and Risk Committee, which reports to the Board of Directors. The Director of Governance and Operations/Deputy Chief Executive is the nominated Executive Lead for Health and Safety and is a member of the Board of Directors.

Awareness of health and safety issues continues to be raised through the publication of booklets for all staff members and all Directors, setting out clearly the respective responsibilities, and the use of screen savers on all computers to publish important messages for staff relating to health and safety. The Board of Directors has received training on health and safety.

4413 health and safety risk incidents were reported in the last 12 months; 1025 of these incidents related to staff. The following areas continue to be our highest reported health and safety incidents affecting staff:

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

Included in the health and safety risk incidents are 22 incidents reported to the Health and Safety Executive (HSE) under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). 17 of these incidents related to staff.

There has been one visit undertaken by the HSE in the last 12 months, where a patient was exposed to additional radiation following x-ray of their foot. Investigation showed that there were discrepancies between the displayed and actual exposure settings, probably as a result of a communication fault between these components of the equipment. The HSE were satisfied with the investigation carried out and the remedial measures put in place. The HSE gave verbal feedback with some minor recommendations and stated no further action would be taken by them.

As a result of these visits, the Foundation Trust has developed appropriate action plans, which have been agreed with the HSE. No formal enforcement action has been taken against the Foundation Trust.

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### ACCOUNTABILITY REPORT

#### Countering Fraud and Corruption

The Foundation Trust complies with the requirements of NHS Protect's 2016/17 anti-fraud, bribery and corruption standards for providers on anti-fraud measures.

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 anti-fraud, bribery 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.

### 3.3.3

#### STAFF SURVEY

##### 3.3.3.1

#### INTRODUCTION

Our patients are at the heart of all we do and our people are vital to the delivery of the Foundation Trust's strategy, vision and values. During 2016/17 we engaged key stakeholders to develop our first People Strategy: Our People, Our Future: Together Putting Patients First. This sets out five strategic aims: Attract; Retain; Develop; Happy, Healthy and Here; and Lead.

The strategy brings together our organisational, cultural and leadership work, providing direction for all people-related activities, so we are all working towards the same patient-centred goals.

Our strategy signifies a shift in our approach to our people-related work and staff engagement and gives a commitment to focus on priority areas, working together across the Foundation Trust to make sure our staff feel motivated, well-led, supported and valued, and most importantly, engaged.

##### 3.3.3.2

#### SUMMARY OF PERFORMANCE

Details of the key findings from the NHS staff survey 2016 are set out below. Benchmarking is against

other Acute Trusts. The Equality Report section within this Annual Report presents the results for four of the indicators broken down by ethnicity, as part of our work on the Workforce Race Equality Standard.

##### 3.3.3.2.1

#### RESPONSE RATE

	2015	2016		Trust improvement/deterioration
	Trust	Trust	Benchmarking group average	
Response rate	46%	39%	43%	Decrease by 7%

Although our response rate decreased, the number of staff who took part in the 2016 survey is equivalent to 9% of the total workforce, compared with 7% in 2015. This is due to a larger sample size of 1250.

##### 3.3.3.2.2

#### AREAS OF IMPROVEMENT AND DETERIORATION

We maintained levels of engagement with a score of 3.75 this year. Scores range from 1 to 5, with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. Although this is below the national average for Acute Trusts (3.81) the figures for the last four years show overall engagement levels have remained constant, despite the challenges and change experienced by our staff.

Our scores compared to last year show no statistically significant change in any of the 32 key findings, so our performance remained the same. However, some changes to our scores, though not significant in their own right, mean the top and bottom rankings have altered this year.

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### ACCOUNTABILITY REPORT

#### 3.3.3.2.3

##### TOP FIVE RANKING SCORES

	2015	2016		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group average	
Key finding 27: Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	52%	57%	45%	No statistically significant change in any area.
Key finding 16: Percentage of staff working extra hours (the lower the score the better)	68%	69%	72%	
Key finding 22: Percentage of staff experiencing physical violence from patients, relatives or public in last 12 months	13%	13%	15%	
Key finding 24: Percentage of staff/colleagues reporting most recent experience of violence	76%	70%	67%	
Key finding 28: Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	33%	30%	31%	

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### ACCOUNTABILITY REPORT

#### 3.3.3.2.4

#### BOTTOM FIVE RANKING SCORES

	2015	2016		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group average	
Key finding 29: Percentage of staff reporting errors, near misses or incidents in the last month	90%	87%	90%	No statistically significant change in any area.
Key finding 32: Effective use of patient/service user feedback (the higher the score the better, where 5 is high and 1 is low)	3.63	3.53	3.72	
Key finding 25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months	34%	33%	27%	
Key finding 20: Percentage of staff experiencing discrimination at work in last 12 months	14%	15%	11%	
Key finding 3: Percentage of staff agreeing that their role makes a difference to patients/service users	92%	88%	90%	

#### 3.3.3.2.5

#### COMPARISON TO 2015 RESULTS

The changes in our scores mean the top and bottom rankings have altered compared to 2015; the comparison is interesting, though it is important to remember none of the changes are statistically significant so we need to treat these with caution.

Questions which were in our top five ranking scores last year and stayed top this year:

- KF27. Percentage of staff or colleagues reporting most recent experience of harassment, bullying or abuse (also top 20%) at 57%
- KF16. Percentage of staff working extra hours (also top 20%) at 69% (where the lower the score the better)

Both of these scores were in the top 20% of Acute Trusts.

The areas where one of our top five scores became a bottom ranking score are:

- KF3. Percentage of staff agreeing that their role makes a difference to patients or service users
- KF23. Percentage of staff experiencing physical violence from staff in last 12 months

The areas which remained in the bottom five:

- KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- KF20. Percentage of staff experiencing discrimination at work in last 12 months

KF6. Percentage of staff reporting good communication between senior management and staff remains a low ranking score.

**3.3.3.2.6****WORK DURING 2016/17**

It is disappointing that the staff survey results show no significant changes across the Foundation Trust despite continued hard work and effort in focusing on priorities from last year. However, it is recognised that shifts in performance around culture and leadership take time to embed. Most of our work in 2016/17 has focused on developing our leaders across the organisation, developing a coaching culture, developing teams to work more effectively and supporting a shift in culture to support our transformation work.

Our work in supporting and training staff to deal with physical violence from patients or service users will also continue; it is positive that our staff still feel confident and safe to report violence, harassment, bullying or abuse. They also feel confident to raise concerns about unsafe clinical practice. Fewer staff say they have seen potentially harmful incidents that could hurt patients, compared to Trusts of a similar type.

Support for staff experiencing workplace harassment and bullying has been promoted throughout the year, with additional harassment and bullying advisors recruited in September. A gap analysis on the approach for raising harassment and bullying concerns is being carried out in partnership with staff.

We have continued to expand our use of social media to engage with patients, members of the community, and staff and this will continue to expand as we review our communications across the Foundation Trust.

Our work to ensure a workforce representative of our communities was recognised nationally, when we won the Employers Network for Equality and Inclusion's 2016 Representative Workforce Award for our progress towards our equality targets for achieving a workforce more reflective of our local Black and Minority Ethnic (BME) population. We held workshops for BME staff to understand the concerns raised in last year's survey and we are working on addressing these. Extensive consultation with BME staff during 2016/17 has further informed our plans to deliver these targets and our Workforce Race Equality Standard action plan. These plans will cover recruitment practice, leadership development, Inclusive Talent Management and a Trust-wide review of nurse and midwifery experience. The Equality

Report section provides further details of our work in this area.

The health and wellbeing of our staff is important and our work on managing sickness absence and a more proactive approach to tackling the main causes of absence (mental health issues and musculoskeletal conditions) has helped improve attendance. We have reviewed our contracts to make sure healthy food options are available and promoted healthy lifestyles. This work will continue as one of our five strategic aims in our People Strategy.

**3.3.3.2.7****BENCHMARKING**

Our results are benchmarked against 98 other Acute Trusts. Although our performance has not changed, performance changes in other Acute Trusts means how we compare to them has shifted.

We have maintained levels of engagement, although we are below average compared to other Acute Trusts for all areas of engagement – staff recommending the Foundation Trust as a place to work or receive treatment, staff motivation at work and the ability to contribute towards improvements.

It is disappointing that our staff survey results compare less favourably with other Acute Trusts in half of the questions, though we do perform better than average in eight areas.

We will focus specifically on the areas where we are not performing as well as other Acute Trusts as a priority, learning from them and other best practice to address those areas we need to improve on. We will also continue to build on the good work we are doing around leadership and team development, particularly amongst our senior leaders.

**3.3.3.3****PRIORITIES 2017/18**

Our priority is to drive up staff engagement – if we get this right, it should have a positive effect in other areas, in particular our patient experience and outcomes. We want our staff to feel motivated, empowered, well-led, valued and supported; this is at the heart of our new people strategy.

The main actions we will take are grouped under the staff survey themes below, with an additional one for Engagement. Our new people strategy has five strategic aims: Attract; Develop; Retain; Happy, Healthy and Here; and Lead. Each strategic aim has an annual plan; where there are direct links to these plans this is highlighted:

- **Engagement:** we will engage our staff through a series of events to identify solutions to the issues they want to address. We will focus on our values and our communication strategy;
- **Appraisals and support for development:** we are aiming for all eligible non-medical staff to have completed an appraisal by the end of quarter 2 as set out in our Happy, Healthy and Here annual plan, and have set up a #time2talk campaign to achieve this;
- **Equality and diversity:** we will continue to implement our Workforce Race Equality Standard action;
- **Errors and incidents:** we will focus on improving reporting;
- **Health and Wellbeing:** we will continue our focus on addressing mental health issues and musculoskeletal conditions and focusing on support for staff who put themselves under pressure to attend work when unwell through the Happy, Healthy and Here annual plan and Health, Wellbeing and Attendance CQUINs work;
- **Working patterns:** we will work on implementing the revised flexible working policy, with HR supporting divisions and departments. This will feature in our Retain annual plan;
- **Job satisfaction:** we will focus on our values and effective team working. This is a key area as it is linked to engagement;
- **Managers:** we will continue work to develop our leaders and managers, in particular the work on #time2talk campaign, focus on appraisals, effective conversations and having regular one to ones. We will also focus on increasing the confidence and capability of managers in managing attendance, stress and wellbeing. This features in our Lead and Develop annual plans;
- **Patient Care and Experience:** we will continue the work on the three year strategic Patient Experience and Engagement Improvement work plan. This includes a number of initiatives including measures to prevent complaints; a Patient Experience Showcase event to improve patient/staff engagement; the Patient Experience Collaborative Project; and continued development of the complaints training; and
- **Violence, Harassment and Bullying:** we will learn from best practice in other Trusts to make sure we develop staff, raise awareness and prevent conflict arising. We will review how staff concerns about workplace harassment and bullying are raised and addressed.

Our progress on the people strategy annual plans and the overarching Staff Survey 2017/18 action plan will be monitored throughout the year by the Education and Workforce Sub-Committee, Executive Management Team and Board of Directors.



## 3.4 EQUALITY REPORT

### 3.4.1

#### INTRODUCTION

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. Selina Ullah is the Non-Executive equality and diversity champion on the Board of Directors.

### 3.4.2

#### ACHIEVEMENTS IN 2016-17

##### 3.4.2.1

#### 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 60%. 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:

- **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; and
  - **University of Bradford**, who are a key employment partner for Project SEARCH. They provide third term placement opportunities and have provided employment to some Interns.
- We are now in our fourth year of Project SEARCH. We provide:
- A Base Room (where the Interns, Tutor, Coach and Project Assistant are based)
  - Internship opportunities and mentor
  - Business Liaison (the Head of Equality and Diversity)
- The Chief Executive hosted the Graduation evening for Project SEARCH in July 2016. He was joined by the Acting Chair of the Board who handed out certificates of appreciation to staff mentors on the programme. The Graduation was also attended by a number of members of the Board of Directors.
- 11 young people started Project SEARCH Bradford in September 2016, with 10 still on the programme. They are receiving varied work experience in jobs such as administration, portering, cleaning and catering, with the new Marks and Spencer store providing a placement. It is hoped that the year spent in the Foundation Trust will provide the Interns with the experience, confidence and ability to compete for jobs both inside the Foundation Trust and among local employers. One of this year's Interns has successfully gained employment at the University of Bradford as an administrator. We had significant achievements with Project SEARCH in 2016/17 which included:
- Bradford Project SEARCH was "Highly Commended" for Community Impact at the prestigious Employers Network for Equality and Inclusion Award Ceremony at the Law Society in London in June 2016;



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- 50% of the Project SEARCH Interns who graduated in July 2016 have gone on to paid employment;
- The Foundation Trust is implementing processes to support its commitment to employ at least one third of the Interns who graduate. One Intern is about to start a work trial, with the aim of gaining permanent employment; and
- We have provided support to Project SEARCH sites which are being set up in Calderdale and Wakefield.

The Chief Executive hosted an Open Evening for young people interested in joining Project SEARCH in September 2017.

#### **Bradford Project SEARCH Business Advisory Committee**

In November 2014 the Foundation Trust set up a Business Advisory Committee (BAC) to develop links with the local business community in Bradford. It currently has senior local business leaders from:

- Barclays Bank
- Bradford District Care NHS Foundation Trust
- The Broadway, Bradford
- Midland Hotel
- Puddle digital
- University of Bradford

It is chaired by Professor Clive Kay, our Chief Executive. The membership also includes the Director of Human Resources. We are currently refreshing the membership to ensure we are giving our Interns the best possible chance of gaining employment at the end of the Programme. A delegation from the BAC (including the University of Bradford and Puddle) facilitated a workshop at the UK Project SEARCH Conference. The Head of Equality and Diversity has provided support to other Project SEARCH sites who wish to set up their own BAC, including Edinburgh, Northern Ireland and Reading.

#### **3.4.2.2**

##### 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, and we have now provided interpreting services in over 50 different languages, including Braille and British Sign Language.

April 2016 – February 2017: Top 10 languages requested

Language	No. of Sessions
Urdu / Punjabi	16,407
Czech / Slovak	4,331
Polish	3,365
Bengali	1,942
Arabic	1,501
Hungarian	964
Pushto	785
Russian	516
Romanian	462
Gujerati	415

#### **3.4.3**

##### STAFF EQUALITY

#### **3.4.3.1**

##### BLACK AND MINORITY ETHNIC (BME) EMPLOYMENT TARGETS

In February 2015, the 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. Our data for the first two years looks promising in some areas, with more work to be done in others. Our overall percentage of BME staff has risen from 24.7% in March 2015 to 28.15% in March 2017. Based on this we are on track to exceed our target of having an overall workforce that reflects the local population by September 2025 by around 7 percentage points.

The data for senior managers (Band 8+ Very Senior Managers) is less encouraging. From a starting point in March 2015 of 7.59%, the percentage of BME staff at this level has risen to 10.07%. Whilst this demonstrates a year on year increase, the trajectory of the latest figures indicates that by 2025, only 20% of our senior managers will be from BME backgrounds. This is a significant concern in our ambition to have a workforce reflective of the local population. The Human Resources Senior Leadership Team will be considering the action that the Trust needs to take to support Divisions and Departments to ensure our senior leadership is more reflective of the community we serve.

### 3.4.3.2

#### WORKFORCE RACE EQUALITY STANDARD (WRES)

NHS England has agreed a set of Standards which we have to submit to comply with the NHS standard contract. The WRES forms the first stage in a process of addressing workforce equality issues, with Disability Workforce Equality Standard being introduced in 2018.

Four indicators from the 2016 Staff Survey contribute to our WRES data, which we submit annually in July. From the 2016 staff survey we have the following:

- **Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months from patients, relatives or the public in the last 12 months:**

White: 34%; BME: 29%. The figure for white staff is 7% above the average for Acute Trusts. There has been a significant improvement from the 2015 results for BME staff when 48% experienced harassment, bullying or abuse BME in 2015 but it is still 3% above the Acute Trust average;

- **Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is:**

White: 24%; BME: 28%. This is a significant improvement on the 34% BME in 2015 but is 1% above the Acute Trust average;

- **Percentage believing that the Trust provides equal opportunities for career progression or promotion**

White: 88%; BME: 80%. There is a significant fall from 94% of white staff who felt there were equal opportunities. Conversely, there has been an increase from 78% of BME staff who said this in 2015. The response from white staff is in line with the national average, but our BME staff response of 80% is 4% higher than the Acute Trust average of 76%; and

- **Percentage who have personally experienced discrimination at work from managers/team leaders or other colleagues**

White: 6%; BME: 17%. There has been a significant improvement from the 2015 results for BME staff when 24% experienced discrimination, but it is still 3% above the Acute Trust average.

### 3.4.3.3

#### BRADFORD TEACHING HOSPITALS FOUNDATION TRUST SURVEYS

We undertook an online survey for all BME staff in October 2016, following the results from the WRES data in 2016. 310 responses were received from a possible 955. We also asked our BME staff network to run a series of workshops and 31 BME staff attended. We also received a visit from Dawn Jarvis, who is working with the NHS England WRES Team on an appreciative enquiry into experience of BME staff. She met with 15 BME nurses and midwives to hear about their experience. The Foundation Trust is working with the BME Network to create an action plan from the findings of the survey and workshops.

To gain further insight in to the experience and barriers to promotion for BME staff, we have commissioned the Bradford Institute for Health Research in conjunction with the University of Leeds and Yorkshire Quality and Safety Research Group to undertake a whole nurse and midwifery survey. The survey will be sent to all 1,700 nurses and midwives. We have secured sponsorship from the WRES Team at NHS England who will be funding the printing and prize costs for the survey. This survey will have national significance as it tests anecdotal experience of difference between white and BME staff and will hopefully give empirical evidence for the need for change.

#### 3.4.3.4

##### EQUALITY AND DIVERSITY TRAINING

**Training for Senior Managers** – 87% of 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** – 96% of all staff have undertaken a mandatory 20 minute e-learning package. 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.

#### 3.4.3.4

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#### 3.4.3.5

##### MOVING FORWARD

Six BME staff undertook the 'Moving Forward' personal development programme, which is being run by Bradford District Care NHS Foundation Trust. The target group for the programme is Band 5 and 6 staff and the aim is to help participants increase confidence and gain promotion. One of participants on the programme has already achieved a promotion and she is one of our staff. The Bradford Teaching Hospitals Foundation Trust members of the cohort attended Open Board and had lunch with the Board of Directors on 12 January 2017.

#### 3.4.3.6

##### STAFF NETWORKS

Staff networks for black and minority ethnic staff, disabled staff and lesbian, gay, bisexual and transgender 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.

#### 3.4.4

##### 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. 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.

#### 3.4.5

##### EQUALITY OBJECTIVES

As part of the review of our Equality Objectives, we sought the views of local community organisations and individuals on the key priorities identified through the Equality Delivery System (EDS). The EDS remains a key component of the work we undertake on Equality and Diversity and underpins the Equality Objectives described below.

In April 2016, the Foundation Trust published new equality objectives for 2016-20. In summary these are:

1. Carry out a Gender Pay Gap Audit using a recognised audit framework;
2. Implement the Accessible Information Standard (AIS);
3. Improve BME service users access and experience of services;

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4. Increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy;
5. Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified;
6. Implement the Workforce Race Equality Standard;
7. Implement the recommendations in the Healthy Attitudes Stonewall Study and Equity partnership, lesbian, gay, bisexual, and transgender Local Health Needs Assessment; and
8. Commit to employing at least a third of Project SEARCH Interns who have graduated from the programme.

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. The Board of Directors receive a six-monthly equality update report for discussion, which enables them to track progress against the equality objectives.

### 3.5 NHS FOUNDATION TRUST CODE OF GOVERNANCE

#### 3.5.1

#### 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 March 2017 and reported to the Board of Directors in April 2017. The review concluded that the Foundation Trust was now compliant with all requirements.

In the 2015/16 Annual Report, the Foundation Trust declared that it was not compliant with the following provisions; an update is provided below:

Provision	Current Status
A.2.1: Division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the Board of Directors.	Compliant. Role descriptions were agreed early in 2016/17.
A.4.2: Chairperson should hold meetings with the non-executive directors without the executives present.	Compliant. A meeting programme was established early in 2016/17.
B.6.1: Performance evaluation of the Board and Committees.	Compliant. A Well-led Review has been conducted.
E.1.6: Board of Directors should monitor how representative the Foundation Trust's membership is.	Compliant. The data was reported to the Board of Directors in March 2017.

#### 3.5.2

#### COUNCIL OF GOVERNORS

##### 3.5.2.1

##### STATUTORY DUTIES

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

- Appoint and remove the Chair and Non-Executive Directors
- Set the terms and conditions and remuneration of the Chair and Non-Executive Directors
- Approve the appointment of the Chief Executive
- Appoint the external auditor
- Receive the Annual Accounts, Auditor's Report and Annual Report
- Convene the Annual Members Meeting
- Be consulted on the forward plan (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 Foundation Trust as a whole and the interests of the public
- Require one or more of the Directors to attend a Governors' meeting to obtain information about the Foundation Trust's performance of its functions or the Director's performance of their duties (and for deciding whether to propose a vote on the Foundation Trust's or Director's performance)
- Approve significant transactions
- Approve an application by the Foundation Trust to enter into a merger, acquisition, separation or dissolution
- Approve amendments to the Foundation Trust's Constitution

## CHAPTER 3

### ACCOUNTABILITY REPORT

With regard to their statutory roles and responsibilities the Governors have, during 2016/17:

- Received the Annual accounts, Auditor's Report and the Annual Report;
- Received the Audit Report from the Auditor on the Quality Report and the Annual Report 2015/16;
- Considered and approved the agenda for the Annual General Meeting/Annual Members' Meeting;
- Approved amendments to the Constitution related to the creation of an additional public membership constituency 'Rest of England';
- Reappointed two Non-Executive Directors: Mr David Munt for a further one year term and Mrs Pauline Vickers for a further three-year term;
- Approved the appointment of Professor James Walker (Non-Executive Director, University of Leeds), for a further six-month term;
- Appointed Professor Bill McCarthy as Chair for a three-year term;
- Established an Audit Appointment Working Group comprising Governors and the members of the Board of Directors Audit and Assurance Committee to appoint the External Auditor;
- Held regular meetings of the Governors Nominations and Remuneration Committee;
- Selected the local Quality Report performance indicator for audit by the Foundation Trust's external Auditor, KPMG, in line with NHS Improvement (NHSI) requirements with regard to Foundation Trust Quality Reports. The indicator selected for audit was 'Percentage of Patients seen within two weeks of an urgent GP referral for suspected cancer';
- Been involved, together with the Board of Directors, in discussions with regard to annual planning and strategic development;
- Been consulted on the Foundation Trust Operational Plan for 2017-19; and
- Commented on strategic developments covering the West Yorkshire Sustainability and Transformation Plan (STP) and other partnership developments including a dedicated session on the 'Well Bradford Initiative'.

Governors have reviewed and/or approved:

- The Governors' Standing Orders;
- The Engagement Policy, established in line with the requirement within the Foundation Trust Code of Governance to "have in place a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors, compliance with the provider licence or other matters related to the general wellbeing of the NHS Foundation Trust";
- The appointment of Mr David Walker, Public Governor Shipley, as Vice-Chair of the Council of Governors in line with the Foundation Trust's constitution;
- The appointment of Professor Marina Bloj, Partner Governor University of Bradford, as Lead Governor for the Council of Governors in line with the requirement from NHSI;
- The appointment of Mrs Pauline Vickers as Senior Independent Director following consultation with the Board of Directors and the Governors Nominations and Remuneration Committee;
- The membership of the Audit Appointment Working Group and the external auditor appointment process;
- The membership of the Nominations and Remuneration Committee;
- The Nominations and Remuneration Committee Terms of Reference;
- The Council of Governors' Terms of Reference;
- The appointment process for the Non-Executive Directors and the Chair; and
- The terms and conditions and remuneration of the Non-Executive Directors and Chair.

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.2.2

##### COMPOSITION OF THE COUNCIL OF GOVERNORS: 1 APRIL 2016 TO 31 MARCH 2017

Public Governors		Term end date
Ms Stella Hall	Public Bradford East	March 2019
Mr David Robertshaw	Public Bradford East	June 2016
Mr Michael Parry	Public Bradford East	December 2019
Ms Hilary Meeghan	Public Bradford South	December 2017
Mr Alan English	Public Bradford South	May 2019
Ms Jean Pitts	Public Bradford West	July 2017
Mr Abdul Ismail	Public Bradford West	December 2016
Ms Jenny Scott	Public Bradford West	December 2019
Mr David Walker	Public Shipley	November 2018
Mr David Wilmshurst	Public Shipley	May 2019
Ms Wendy McQuillan	Public Keighley	March 2019
Ms Marian Olonade-Taiwo	Public Keighley	December 2019
Vacancy	Rest of England	March 2019
Patient Governors		
Ms Hardev Sohal	Patient (Out of Bradford)	March 2019
Vacancy	Patient (Out of Bradford)	
Staff Governors		
Ms Ruth Wood	Staff: All Other Staff groups	December 2019
Ms Katherine Wright	Staff: Allied Health Professionals and Scientists	May 2019
Ms Pauline Garnett	Staff: Nursing and Midwifery	March 2019
Dr Sulleman Moreea	Staff: Medical and Dental	December 2019
Partner Governors		
Cllr Doreen Lee	Partner Governor (Bradford Metropolitan District Council)	April 2016
Cllr Tariq Hussain	Partner Governor (Bradford Metropolitan District Council)	May 2019
Dr Andy Clegg	Partner Governor (University of Leeds)	December 2018
Dr Marina Bloj	Partner Governor (University of Bradford)	March 2019

#### 3.5.2.3

##### ELECTIONS TO THE COUNCIL OF GOVERNORS BETWEEN 1 APRIL 2016 AND 31 MARCH 2017

Elections have taken place in the following constituencies:

- Bradford East (1)
- Bradford West (1)
- Bradford South (1)
- Shipley (1)
- Keighley (1)
- Patient (Out of Bradford) (1)
- Staff: Allied Health Professionals and Scientists (1)

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.



**3.5.2.4****ATTENDANCE AT MEETINGS OF THE COUNCIL OF GOVERNORS IN 2016/17**

The Council of Governors met formally five times in 2016/17:

Name	21/04/16	21/07/16 AGM/AMM	09/09/16	20/10/16	19/01/17	Total
Professor Bill McCarthy					✓	1 of 1
Lord Patel of Bradford	✓					1 of 1
Dr Marina Bloj	✓	x	✓	✓	x	3 of 5
Dr Andy Clegg	x	x	x	✓	x	1 of 5
Mr Alan English		✓	✓	✓	✓	4 of 4
Ms Pauline Garnett	✓	✓	✓	✓	✓	5 of 5
CLlr Tariq Hussain	✓	✓	x	✓	✓	4 of 5
Mr Abdul Ismail	✓	✓	✓	✓	x	4 of 5
Ms Stella Hall	x	x	x	✓	✓	2 of 5
CLlr Doreen Lee	x					0 of 1
Ms Wendy McQuillan	✓	✓	✓	x	✓	4 of 5
Ms Hilary Meeghan	✓	✓	x	✓	✓	4 of 5
Dr Sulleman Moreea					✓	1 of 1
Ms Marian Olonade-Taiwo	✓	✓	x	✓	✓	4 of 5
Mr Michael Parry					✓	1 of 1
Ms Jean Pitts	✓	✓	✓	✓	x	4 of 5
Mr David Robertshaw	✓					1 of 1
Ms Jenny Scott					✓	1 of 1
Ms Hardev Sohal	✓	x	✓	✓	x	3 of 5
Mr David Walker	✓	✓	✓	✓	✓	5 of 5
Mr David Wilmshurst		✓	✓	✓	✓	4 of 4
Ms Ruth Wood	✓	x	✓	✓	✓	3 of 5
Ms Katherine Wright		✓	x	x	x	1 of 4



#### 3.5.2.5

##### AUDIT APPOINTMENT WORKING GROUP (AAWG)

The AAWG was established in October 2016, following approval by the Council of Governors, and is tasked with presenting a recommendation to the Council of Governors regarding the appointment of the External Auditor for the 2017/18 audit year onwards. The process for the appointment of the Auditor was approved by Governors in January 2017.

Membership of the AAWG approved by the Council of Governors:

- Mr David Wilmshurst, Public Governor (Chair of AAWG)
- Ms Marian Olonade-Taiwoo, Public Governor
- Ms Jean Pitts, Public Governor
- Mr David Munt, Non-Executive Director, Chair of Audit and Assurance Committee
- Ms Selena Ullah, Non-Executive Director, member of Audit and Assurance Committee
- Dr Trevor Higgins, Non-Executive Director, member of Audit and Assurance Committee

#### 3.5.2.6

##### GOVERNORS' ANNUAL WORK PROGRAMME

In addition to the delivery of their statutory duties and responsibilities, in April 2016 the Council of Governors approved an annual programme of activity aimed at supporting the delivery of their statutory duties, roles and responsibilities.

##### Council of Governor meetings

During 2016/17 the Council of Governors' meetings changed to include as standard the delivery of a key presentation, allowing for more detailed and in-depth discussions of matters of key material interest to the Foundation Trust. In year the sessions covered:

- Implementation of the Electronic Patient Record (EPR);
- How the Foundation Trust is working with partners across the District;
- The Well North initiative and its focus on Girlington, Bradford West;
- Refresh of the clinical strategy; and

- The Foundation Trust's approach to performance improvement in relation to the Emergency Care Standard and Referral to Treatment performance targets.

##### Meetings with the Chair

Professor Bill McCarthy, Chair, held his first meeting with Governors in late November 2016 to share views about how the Council of Governors was working and thoughts on how to ensure the relationship between Directors and Governors matures and works well for both groups.

Regular quarterly meetings have been established involving the Chair, the Deputy Chair of the Board of Directors, the Lead Governor and the Vice-chair of the Council of Governors. There is an open invitation to all Governors to attend these sessions.

The Chair and Governors met at the end of March 2017 to undertake an annual evaluation of the current Governor engagement and activity programme agreed by the Council of Governors in April 2016. The outcomes will be reported in the 2017/18 Annual Report.

Governors have been regular attenders of the Board of Directors' Meetings.

##### Communications with Governors

A regular electronic bulletin is sent to Governors from the Chair and routinely includes:

- Progress reports on actions and outcomes from the previous Council of Governors' meetings;
- A round up of the documents provided to the Board of Directors along with signposting to those reports that the Chair feels warrant the attention of the Governors, which include the Finance report and the Performance report;
- News items and briefings from a range of statutory and non-statutory organisations which has included CQC, NHSI, NHS Providers and the King's Fund;
- Promotion of in-house and external learning and development opportunities including those offered by GovernWell;

- Signposting the work of the Bradford Metropolitan District Council Health and Social Care Overview and Scrutiny Committee;
- Inspection reports published by the local Healthwatch; and
- Other items of note shared by Governors.

The Governors receive a weekly summary of articles concerning the Foundation Trust and the local economy that have featured in the local and national media.

All Governors are in receipt of the weekly staff electronic magazine 'Let's Talk'.

#### **Governor engagement with patients, visitors and staff**

In April 2011 the 'getting to know you' programme was launched. The programme includes visits to a range of clinical and non-clinical operational areas, informed by CQC inspection reports, suggestions from the Board of Directors, and suggestions from Governors related to the workstreams established in the previous year. Visits have covered:

- The Ambulatory Care Unit
- The Health and Well-Being Centre
- The Central Patient Booking Service (CPBS)
- The Women and Newborn Unit
- The Dementia / Ward 30

Governors have also had the opportunity to engage directly with staff and external experts at key learning and development sessions. These have covered:

- Organisational Development and Staff Engagement
- Parking: Reviews, Policy and Strategy
- The 'Well Bradford' initiative and involvement opportunities
- The Quality Report Improvement Priorities
- Selection of the Quality Report indicator for audit

Governors also attended the Foundation Trust's 'Patient Experience Showcase Event' in March 2017 which included a Governors' display stand providing a who's who of the Governors, an outline of their role and responsibilities and information on how to become a member.

Governors are able to communicate their views, and those of the Foundation Trust's members and the public, on the objectives, priorities and strategy of the Foundation Trust, to the Board of Directors at the Annual Members' Meeting and Annual General Meeting, which last took place on 21 July 2016.

Professor Marina Bloj has continued to represent the full Council of Governors as a member of the Electronic Patient Record (EPR) Transformation Board which is overseeing the implementation of the EPR at both our Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust.

Governors have also taken part in the Patient-Led Assessment of the Care Environment (PLACE) visits programme. These assessments focus on the areas that matter to patients, families and carers; considering whether services are provided in a clean and safe environment that is fit for purpose. A specific section on Patient-Led Assessments of the Care Environment is provided within the Quality Report.

#### **Governors' External Engagement**

A number of Governors are active within a range of third sector and statutory organisations that form part of the local health economy. The Foundation Trust has also worked to facilitate the development of networks between the Council of Governors and statutory and third sector organisations that are part of the local health economy. Governors attended:

- A Clinical Commissioning Group (CCG) Quality session;
- A special networking and development session with the CCG Head of Equality and the lay chair of the CCG Patient and Public Involvement Board, which covered the CCG engagement strategy and the exploration of opportunities for joint engagement initiatives;
- A session delivered by Bradford District Care NHS Foundation Trust on the development of the Bradford and Airedale Mental Health Strategy; and
- The Bradford and Airedale Healthwatch Annual General Meeting in Keighley.

#### Governor Induction Programme

Governors have taken part in the various sessions delivered over the last 12 months as part of the Governors' induction programme. This year, the induction has been established as a rolling programme with the key elements delivered bi-annually, and has involved:

- Focus on the Five Year Forward View and the challenges facing the NHS;
- Bradford Royal Infirmary Site visit hosted by the Estates Department;
- St Luke's Hospital Site visit hosted by the Estates Department;
- Sessions with the Bradford Institute of Health Research team to understand the role of applied research and how this is positively impacting patient care, experience and safety;
- Sessions with the Foundation Trust's Education team to understand the Foundation Trust's role as a teaching hospital; and
- Presentations from, and discussions with, the Executive Directors to understand more about their portfolios and operational responsibilities.

#### Learning and Development

Formal and informal training and development opportunities have continued to be made available to the Council of Governors. A number of Governors have attended the core sessions delivered by GovernWell (NHS Providers) as part of the national training programme for Governors. With regard to the development opportunities made available at the Foundation Trust and locally these have included the following sessions:

- Equality and Diversity: Governors took part in a special Training and Development session related to 'recruitment and appointments' and equality and diversity. This session was delivered by staff here at the Foundation Trust to support Governors in relation to the Non-Executive Director and the Chair recruitment process. All members of the Governors Nominations and Remuneration Committee attended;
- Accountability and Effective Questioning: In September 2016 seven of our Governors took

part in a bespoke one-day course delivered by GovernWell. They attended alongside governors from Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust; and

- Quality Report and Selection of Indicator for Audit: Governors met with the External Auditor to gain further insights into their work in relation to the audit of the Quality Report and to seek guidance and support in relation to the requirement for Governors to select an indicator from the Quality Report for audit.

### 3.5.3

#### BOARD OF DIRECTORS

##### 3.5.3.1

##### INTRODUCTION

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.

##### 3.5.3.2

##### OUR DIRECTORS

#### Professor Bill McCarthy, Non-Executive Director, Chair (from 1 November 2016)

Bill was appointed as a Non-Executive Director on 1 November 2015, and was appointed Chair a year later, on 1 November 2016.

Bill is Deputy Vice-Chancellor (Operations) and Honorary Professor of Health Policy at the University of Bradford. In previous roles he has acted as the Government's Principal Policy Adviser on health reforms and has served on various national bodies including the NHS Constitution Forum, Civil Service capability review panel and the Health and Local Government Strategy Board.

An economist by training, he has held a number of senior public service appointments including Director General in the Department of Health, Chief Executive at City of York Council, Chief Executive of NHS Yorkshire and the Humber, and most recently, National Policy Director, NHS England.

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#### **Professor Clive Kay, Chief Executive**

Clive was formally appointed to the role of Chief Executive in December 2014.

Clive was appointed a Consultant Radiologist in Bradford in 1998. He became Clinical Director of Radiology (2001-06), subsequently Medical Director (2006-14), Deputy Chief Executive in 2013, and Interim Chief Executive in September 2014, all at Bradford Teaching Hospitals NHS Foundation Trust.

Prior to working in Bradford, he spent three years at the Medical University of South Carolina as Visiting Associate Professor of Radiology.

His previous external roles include Chair of the Royal College of Radiologist's Scientific Programme Committee, Member of Council of the Royal College of Radiologists, and a Member of the Editorial Board of Clinical Radiology. He is a past Chair 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, and a Lay Member of Council of the University of Bradford.

#### **Ms Pat Campbell, Director of Human Resources**

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

#### **Ms Karen Dawber, Chief Nurse**

Karen was appointed as Chief Nurse in August 2016.

Karen was formerly the Director of Nursing at Warrington and Halton Hospitals NHS Foundation Trust and has nine years' experience as an executive director across three Foundation Trusts.

An experienced nurse and service manager, she started her career as a paediatric nurse at Manchester Children's Hospital before moving into general management and transformational work.

Karen is passionate about patient quality and the impact that well-led and motivated staff have on the care we give to patients. She was named in the

inaugural list of the Health Service Journal's lesbian, gay, bisexual and transgender leaders and takes a keen and active interest in the equality and diversity agenda.

#### **Ms Cindy Fedell, Director of Informatics**

Cindy joined the Foundation Trust in September 2013 as the Director of Informatics, a new role at the Foundation Trust. In addition to this role, Cindy is the Foundation Trust's Senior Information Risk Owner. She is also Chair of the NHS Providers Informatics Leaders Network. Cindy is a member of the World Wireless Research Forum VIP e/m Health Wearables Working Group and the Computing Industry Advisory Board for the University of Bradford.

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.

#### **Dr Bryan Gill, Medical Director**

Bryan was appointed to the position of Medical Director in May 2015 and became the Responsible Officer for the Foundation Trust in July 2015. He is the Foundation Trust's Caldicott Guardian. Prior to this he held the position of Medical Director for Quality and Governance at Leeds Teaching Hospitals NHS Trust.

Bryan has 10 years' experience at senior medical management level in the Acute Trust sector and has a particular interest and expertise in Quality Improvement, Patient Safety and Medical Workforce.

He was a Consultant in Neonatology for 19 years before going into a full-time medical management role in 2013. He is the immediate past President of the British Association of Perinatal Medicine (BAPM) (2011-2014) and has previously held national roles of Honorary Secretary of BAPM and Chair and

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Training Advisor for the Royal College of Paediatrics and Child Health. He was the first Lead Clinician for the Yorkshire Neonatal Network (2003-2008). He is a Fellow of the Royal College of Paediatrics and Child Health.

#### **Mr John Holden, Director of Strategy and Integration**

John was appointed in August 2016 as Director of Strategy and Integration, to lead on developing and integrating services which deliver new models of care in the Bradford district and across the wider West Yorkshire region, ensuring the Foundation Trust continues to provide high quality care which meets the needs of the local population.

John has spent most of his career in senior roles at the Department of Health and then NHS England, which he helped establish. He is an experienced Director who has shaped strategy at National level and was responsible for leading NHS England's policy on a range of issues, including the Academic Health Science Networks and the recent review to decide the National provision of Congenital Heart Services.

In previous roles John was responsible for NHS quality regulation, Foundation Trust policy, major capital investment programmes, and project management of the comprehensive spending review to secure NHS funds from Treasury. From 1995 to 1996 John was Private Secretary to the Secretary of State for Health. He studied at the Universities of York and California and has an MBA from Manchester Business School.

#### **Mr Matthew Horner, 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.

He 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 Foundation Trust in Bradford, progressing from Finance Manager to Director of Finance.

#### **Ms Donna Thompson, Director of Governance and Operations and Deputy Chief Executive (from 1 August 2016)**

Donna joined the Board as Interim Director of Governance and Corporate Affairs in September 2014, and retained her position when she became the substantive post holder in February 2015 and then the Director of Governance and Operations and Deputy Chief Executive in August 2016.

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 the University of Leeds. Donna worked in both senior operational and corporate management roles before being appointed to her current position.

#### **Dr Trevor Higgins, Non-Executive Director (Deputy Chair)**

Trevor was appointed as a Non-Executive Director in May 2012, and became Deputy Chair on 1 November 2013, a role he has retained apart from a 5 month period as acting Chair, from June to October 2016.

Trevor was born and educated in the city. He was the Regional Partnership Director for BT and enjoyed a diverse career in over forty years with the company – his roles ranged from call centre management to senior operations management. He has now retired, but in his last role represented 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.

Trevor is also Chief Executive of Bradford Breakthrough, Chair of the Digital Health Enterprise Zone, Board Member of Bradford Chamber Council and a Lay Member of the University of Bradford Council. Educated to postgraduate level, in July 2011 he was awarded an Honorary Doctorate as Doctor of Bradford University for services to businesses and communities across the region.



#### **Dr Mohammed Iqbal, Non-Executive Director**

Mohammed was appointed as a Non-Executive Director in February 2015.

He 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.

Prior to joining the Board of Directors, Mohammed had served as a Lay Member on the Governing Body of the Bradford City CCG. He had also served as a Non-Executive Director of Bradford Health Authority.

He is very passionate about Bradford and 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 was appointed as a Non-Executive Director in November 2013.

He 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 Non-Executive Director role in the NHS as Audit Chair with Bradford and Airedale Teaching Primary Care Trust (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**

Amjad was appointed as a Non-Executive Director in February 2015.

He 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 groups in the UK. Amjad 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 National Asian Business Association. He is Chair of the Rainbow Trust through which Rainbow Primary Free School is operated, which opened in 2012.

#### **Ms Selina Ullah, Non-Executive Director**

Selina was appointed as a Non-Executive Director in September 2015.

She is passionate about people and communities; this has led to her involvement in: national, regional and local government; think tanks; charitable foundations; and non-governmental organisations, working on policy formulation, transformation, service modernisation, regulation and governance. Selina has an in-depth knowledge of engaging diverse communities, in particular 'hard to reach' groups. She has over 25 years of experience of working with charities and the not-for-profit sector and extensive senior management experience in the public sector, working in health service management and on public policy on high profile issues such as community cohesion, diversity, engaging hard to reach groups, mental health and social inclusion, crime and disorder and counter-terrorism.

Until June 2011, Selina was Assistant Director – Safer and Stronger Communities at Bradford Council. Selina is an advisor to the Joseph Rowntree Foundation, a Non-Executive Director of a national health regulator, Yorkshire and Humber Committee member of the Heritage Lottery Fund, Director of Manchester Central Library Development Trust, Chair of the Muslim Women's Council and President of ICLS, an international organisation based in Rome which specialises in intercultural dialogue, participation and leadership. Selina has an extensive career in race relations and is an Advisory Board Member and Trustee of the Ahmed Iqbal Ullah Race Relations Resource Centre and Education Trust based in Manchester Central Library.

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#### **Mrs Pauline Vickers, Non-Executive Director**

Pauline was appointed as a Non-Executive Director in November 2013.

Pauline 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 Institute of Science and Technology (UMIST), followed by a Postgraduate Diploma in Personnel Training and Development at Leeds Metropolitan University. She is a member of the Institute of Personnel and 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.

#### **Professor James Walker, Non-Executive Director**

James was appointed as a Non-Executive Director in April 2013.

Professor James Walker has been the Professor and Head of Department of Obstetrics and Gynaecology at the University of Leeds since 1984. He was born in Aberdeen, grew up in Dundee and graduated from the University of Glasgow, spending his postgraduate training and early years as a consultant 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, Chair of the Centre for Maternal and Child health 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)

#### **Professor Grace Alderson, Non-Executive Director (1 December 2009 – 30 November 2016)**

Grace became a Partner Governor at the Hospitals Trust in 2004, representing the University of Bradford, until her appointment as Non-Executive Director on 1 December 2009, and left her position after seven years in post, on 30 November 2016.

Grace has extensive leadership and management experience in education, the NHS, and in charitable Trusts. Until August 2015, Grace worked at the University of Bradford where in addition to her involvement as a teacher and researcher as Professor of Medical Microbiology, she held a wide range of academic and senior management roles including Dean of Faculty and 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.

In addition to her work for the Foundation Trust, Grace's other commitments include being a Governor for Dixon's City Academy. She is a member of the Governing Council of Dixon's Academies Charitable Trust, and chairs their Audit Committee, and is also a member of the Department of Justice's Advisory Committee for North and West Yorkshire. Grace recently completed a four year term as a lay member of the General Dental Council and 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.

#### **Ms Bernie Bluhm, Interim Director of Operations and Turnaround (from 8 June 2015 to 26 May 2016)**

Bernie joined the Foundation Trust in June 2015 as the Interim Director of Operational Management and Turnaround, and remained in post until 26 May 2016.

Bernie had over 30 years' experience working in the NHS before becoming an independent consultant in April 2013.

## CHAPTER 3

### ACCOUNTABILITY REPORT

She qualified as a registered nurse in 1984 and spent several years working in Urgent Care, including two national posts with the Intensive Support Team, working with Acute Trusts and system partners improving the delivery of urgent care standards.

Bernie has held previous Executive Board Director roles as a Chief Operating Officer and Deputy Chief Executive Officer. She was the lead on several transformation programmes delivering service improvements in both planned and urgent care.

#### **Professor Lord Patel of Bradford, OBE (from 1 July 2014 to 31 May 2016)**

Lord Patel was appointed Chair in July 2014, and stepped down on 31 May 2016, in order to move to a role supporting The Rt. Hon Baroness Scotland of Asthal QC, Secretary-General of the Commonwealth of Nations.

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 Chair of the Mental Health Act Commission, National Strategic Director with the Department of Health (Race Equality and Mental Health), and 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 Government's Whip's Office in the House of Lords.

#### **Mrs Sally Scales, Acting Chief Nurse (from 5 March 2016 – 28 August 2016)**

Sally joined the Foundation Trust in 2009 as Deputy Chief Nurse, and became Acting Chief Nurse in March 2016, before returning to her role as Deputy Chief Nurse in August that same year when Karen Dawber was appointed.

Sally has over 30 years' experience working in the NHS. She qualified as a registered nurse in 1987 at St James's Hospital in Leeds. She held various clinical roles in a variety of specialties including coronary care, general surgery and urology including Senior Sister in urology, before moving into operational management.

Following experience as a Clinical Service Manager for urology, hepatology and transplantation, Sally worked as Matron in the cancer centre at Leeds, which enabled her to pursue her passion for nursing and the delivery of high quality patient-centred care.

In 2007, she was appointed as Lead Cancer Nurse for Leeds Teaching Hospitals NHS Trust and took a leading role in the commissioning and move into the purpose built cancer centre in Bexley Wing at St James's Hospital.

#### **Ms Terri Saunderson**

Terri joined Bradford Teaching Hospitals NHS Foundation Trust in December 2013 as Divisional General Manager for Surgery and Anaesthesia, and served as acting Chief Operating Officer from 27 May 2016 to 31 July 2016.

Terri has over 30 years' experience working in the Health Service, having worked as a qualified nurse and midwife in a variety of clinical roles. She moved into operational management in 1997 working at the Royal Hallamshire Hospital in Sheffield, subsequently relocating across the Pennines to Leeds in 2001 where she worked in variety of management roles.



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### ACCOUNTABILITY REPORT

#### 3.5.3.3

#### ATTENDANCE AT MEETINGS OF THE BOARD OF DIRECTORS 2016/17

BOARD MEMBERS	14.04.16	12.05.16	26.05.16	09.06.16	14.07.16	15.09.16	13.10.16	10.11.16	15.12.16	12.01.17	09.02.17	09.03.17	Total
Kamlesh Patel (Chair to 31.05.2016)	✓	✓	✓										3 of 3
Bill McCarthy (Chair from 1.11.2016)	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	11 of 12
Bernie Bluhm	✓	✓											2 of 2
Pat Campbell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Karen Dawber						✓	✓	✓	✓	✓	x	✓	6 of 7
Cindy Fedell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	11 of 12
Bryan Gill	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
John Holden						✓	✓	✓	✓	✓	✓	x	6 of 7
Matthew Horner	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Terri Saunderson (Acting Chief Operating Officer 27.05.2016 – 31.07.2016)				✓	✓								2 of 2
Sally Scales (Acting Chief Nurse 24.02.2016 – 28.08.2016)	✓	✓	✓	✓	✓								5 of 5
Donna Thompson	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Grace Alderson	✓	✓	✓	x	✓	x	✓	✓					6 of 8
Trevor Higgins (Acting Chair 01.06.2016-31.10.2016)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Mohammed Iqbal	✓	✓	✓	✓	✓	x	✓	x	✓	✓	✓	x	9 of 12
David Munt	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	11 of 12
Amjad Pervez	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Selina Ullah	✓	✓	✓	x	✓	x	✓	✓	✓	✓	✓	✓	10 of 12
Pauline Vickers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
James Walker	✓	x	✓	✓	x	x	x	✓	✓	x	x	✓	6 of 12
✓ = Attended	x = Apologies sent			Denotes period when not a member of the board									
Board of Directors' meetings are also attended by the Trust Secretary.													

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.3.4

#### 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 scrutiny of operational performance 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.

#### 3.5.3.5

#### ATTENDANCE AT MEETINGS OF THE PERFORMANCE COMMITTEE 2016/17

MEMBERS	27.04.16	25.05.16	29.06.16	27.07.16	31.08.16	28.09.16	26.10.16	30.11.16	21.12.16	25.01.17	22.02.17	29.03.17	Total
Pauline Vickers (Chair)	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	10 of 12
Bernie Bluhm	✓												1 of 1
Pat Campbell	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
Karen Dawber					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Cindy Fedell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12 of 12
Bryan Gill	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
John Holden					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Matthew Horner	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Clive Kay	✓	x	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	11 of 12
Terri Saunderson (Acting Chief Operating Officer 27.05.2016 – 31.07.2016)		✓	✓	✓									3 of 3
Sally Scales (Acting Chief Nurse 24.02.2016 – 28.08.2016)	✓	✓	✓	✓	✓								5 of 5
Donna Thompson	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	10 of 12
Grace Alderson (left 30.11.16)	✓	✓	✓	✓	✓	✓	✓	✓					8 of 8
Mohammed Iqbal	✓	x	✓	✓	✓	✓	✓	✓	x	✓	x	x	8 of 12
Bill McCarthy (Chair from 1.11.2016)	✓	✓	x	✓	✓	✓	✓						6 of 7
David Munt	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
Amjad Pervez	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	x	9 of 12
Selina Ullah	✓	✓	x	✓	✓	✓	x	✓	✓	✓	x	✓	9 of 12
James Walker	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
✓ = Attended	x = Apologies sent				Denotes period when not a member of the board								
Committee meetings are also attended by the Trust Secretary and Head of Performance.													

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.3.6

#### FINANCE AND INVESTMENT COMMITTEE

The Committee was established in January 2016 and its purpose is to maintain a detailed overview of the Foundation Trust's assets and resources in relation to the achievement of financial targets, business objectives and the financial stability of the Foundation Trust.

The Committee will provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors. In fulfilling this purpose, the Committee will at all times seek assurance that patient safety is not compromised by any proposed recovery or action plan.

#### 3.5.3.7

#### ATTENDANCE AT MEETINGS OF THE FINANCE & INVESTMENT COMMITTEE 2016/17

MEMBERS	27.04.16	25.05.16	29.06.16	27.07.16	31.08.16	28.09.16	26.10.16	30.11.16	21.12.16	25.01.17	22.02.17	29.03.17	Total
Bill McCarthy (Chair until 31.10.2016)	✓	✓	x	✓	✓	✓	✓						6 of 7
Amjad Pervez (Chair until 01.11.2016)	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	✓	10 of 12
Bernie Bluhm	x												0 of 1
Pat Campbell	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
Karen Dawber					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Cindy Fedell	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Bryan Gill	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	9 of 12
John Holden					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Matthew Horner	✓	✓	x	x	✓	✓	✓	✓	✓	✓	✓	✓	10 of 12
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	11 of 12
Terri Saunderson (Acting Chief Operating Officer 27.05.2016 – 31.07.2016)		✓	✓	✓									3 of 3
Sally Scales (Acting Chief Nurse 24.02.2016 – 28.08.2016)	x	✓	✓	✓									3 of 4
Donna Thompson	✓	✓	✓	✓	✓	✓	x	x	x	✓	x	✓	8 of 12
Grace Alderson	✓	✓	✓	✓	✓	✓	✓	✓					8 of 8
Mohammed Iqbal	✓	x	✓	x	✓	✓	✓	✓	x	✓	x	x	7 of 12
James Walker	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
David Munt	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
Selina Ullah	✓	✓	x	✓	✓	✓	x	✓	✓	✓	x	✓	9 of 12
Pauline Vickers	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	10 of 12
✓ = Attended	x = Apologies sent				Denotes period when not a member of the board								
Committee meetings are also attended by the Trust Secretary and Deputy Director of Finance.													

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.3.8

#### 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.

#### 3.5.3.9

#### ATTENDANCE AT MEETINGS OF THE QUALITY & SAFETY COMMITTEE 2016/17

MEMBERS	27.04.16	25.05.16	29.06.16	27.07.16	31.08.16	28.09.16	26.10.16	30.11.16	21.12.16	25.01.17	22.02.17	29.03.17	Total
James Walker (Chair)	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
Bernie Bluhm	✓												1 of 1
Pat Campbell	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
Karen Dawber					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Cindy Fedell	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	11 of 12
Bryan Gill	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	x	10 of 12
John Holden					✓	✓	✓	✓	✓	✓	✓	✓	8 of 8
Matthew Horner	✓	✓	x	✓	✓	✓	✓	✓	x	✓	✓	✓	10 of 12
Clive Kay	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	10 of 12
Terri Saunderson (Acting Chief Operating Officer 27.05.2016 – 31.07.2016)		✓	✓	✓									3 of 3
Sally Scales (Acting Chief Nurse 24.02.2016 – 28.08.2016)	✓	✓	✓	✓	✓								5 of 5
Donna Thompson	✓	✓	✓	✓	✓	✓	x	x	x	✓	x	✓	8 of 12
Grace Alderson (left 30.11.16)	✓	✓	✓	✓	✓	✓	✓	✓					8 of 8
Mohammed Iqbal	✓	x	✓	✓	✓	✓	✓	✓	x	✓	x	x	8 of 12
Bill McCarthy (Chair from 1.11.2016)	✓	✓	x	✓	✓	✓	✓						6 of 7
David Munt	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	11 of 12
Amjad Pervez	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	x	9 of 12
Selina Ullah	✓	✓	x	✓	✓	✓	x	✓	✓	✓	x	x	8 of 12
Pauline Vickers	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	10 of 12
✓ = Attended	x = Apologies sent				Denotes period when not a member of the board								
Committee meetings are also attended by the Trust Secretary													

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.3.10

##### INTEGRATED GOVERNANCE AND RISK COMMITTEE

The purpose of the Committee is to provide assurance to the Board of Directors that the arrangements for integrated governance and risk management are robust and effective including scrutiny of the Corporate Risk Register, Board Assurance Framework, the Quality Governance Framework, and compliance with the NHS Improvement Provider Licence. In particular, the Committee oversees the process by which corporate governance risks are identified, escalated and managed across the Foundation Trust and that the Board are made aware of all significant risks to achieving its corporate strategy and objectives.

#### 3.5.3.11

##### INTEGRATED GOVERNANCE AND RISK

MEMBERS	19.04.16	22.04.16	16.05.16	20.06.16	19.07.16	22.08.16	19.09.16	17.10.16	21.11.16	12.12.16	16.01.17	13.02.17	20.03.17	Total
Clive Kay (Chair)	✓	✓	x	✓	✓	✓	x	✓	x	x	✓	✓	✓	9 of 13
Bernie Bluhm	✓	x	x											1 of 3
Pat Campbell	✓	x	x	✓	✓	x	✓	✓	✓	✓	✓	✓	x	9 of 13
Karen Dawber							✓	x	x	✓	x	x	✓	3 of 7
Cindy Fedell	✓	✓	✓	x	✓	x	x	x	✓	✓	✓	x	✓	8 of 13
Bryan Gill	x	x	✓	✓	x	✓	✓	✓	x	✓	✓	✓	✓	9 of 13
John Holden						x	✓	x	✓	✓	✓	x	✓	5 of 8
Matthew Horner	✓	✓	✓	✓	✓	x	✓	✓	✓	x	✓	✓	✓	11 of 13
Terri Saunderson (Acting Chief Operating Officer 27.05.2016 – 31.07.2016)				✓	✓									2 of 2
Sally Scales (Acting Chief Nurse 24.02.2016 – 28.08.2016)	✓	✓	✓	x	x	✓								4 of 6
Donna Thompson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13 of 13
✓ = Attended	x = Apologies sent				<div></div> Denotes period when not a member of the board									
Committee meetings are also attended by the Trust Secretary														

## CHAPTER 3

### ACCOUNTABILITY REPORT


#### 3.5.3.12

##### 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 are in line with the Charity's own governing document.

#### 3.5.3.13

##### ATTENDANCE AT MEETINGS OF THE CHARITABLE FUNDS COMMITTEE 2016/17

MEMBERS	25.06.16	14.07.16	13.10.16	Total
Kamlesh Patel (Chair)	✓			1 of 1
Trevor Higgins (Chair) (Acting Chair 01.06.2016-31.10.2016)		✓	✓	2 of 2
David Munt	✓	✓	✓	3 of 3
Clive Kay	✓	✓	✓	3 of 3
Matthew Horner	✓	✓	✓	3 of 3
Sally Scales (Acting Chief Nurse 01.02.2016 – 31.07.2016)	✓	✓		2 of 2
Donna Thompson			✓	1 of 1
✓ = Attended	x = Apologies sent	 Denotes period when not a member of the board		
Committee meetings are also attended by the Assistant Director of Finance and Charity Fundraiser.				

#### 3.5.3.14

##### 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:

- Review of the results of all audits carried out by the Foundation Trust's internal auditor, Audit Yorkshire, 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, and the policy on use of external audit for non-audit work;
- Approval of the high priority clinical audit programme for 2016/17;
- Review of the PricewaterhouseCoopers Audit of 2014/15 reference costs submission;
- Review of the annual report and accounts for the Bradford Hospitals Charity and recommendation of their adoption by the Board of Directors;
- Review of the Annual Report and Accounts for 2015/16 and recommendation of their sign-off by the Board of Directors; and

- Review of the Foundation Trust's 2016/17 annual financial statements and recommendation for their adoption to the Board of Directors. The significant issues that were considered were:

- **Revaluation of Land and Buildings**

In line with the international accounting standards a revaluation of land and buildings had been carried out by the District Valuer. The Committee has sought and received assurances from Management on the basis of this valuation and compliance with Department of Health guidance and relevant accounting standards.

This had been identified by the external auditor as a significant audit risk due to the materiality in value and judgement involved. The revaluation exercise resulted in a net impairment of £8.6m of which £8.5m related to the New Hospital Wing. The work carried out by the external auditor had not identified any matters of concern.

- **Provisions for future liabilities**

The Committee has sought and received assurances from Management on the assumptions and judgements underpinning the year end provisions and compliance with relevant accounting standards.

The external auditor had reviewed these assumptions and judgements and was satisfied that the Trust had overall made a balanced judgement which was closer to a cautious 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.

- **Reference Costs**

The submitted 2015/16 reference costs were compliant with NHS Improvements approved Costing Guidance.

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

KPMG highlighted a significant audit risk in the valuation of land and buildings assets. The Foundation Trust had a full revaluation of its land and buildings in 2014/15 with a desktop revaluation done in 2015/16, and at the time of KPMG's audit planning intended to rely on impairments plus routine capitalisation of additions to adjust the Property, Plant and Equipment value for 2016/17. However, through in-year dialogue with professional valuers and evidence to suggest that local prices had increased by more than 5% in year, the Foundation Trust commissioned the District Valuer to undertake a desktop revaluation of land and buildings as at 31 March 2017. The desk top valuation covered all land and buildings and included a full valuation on those elements of the new hospital wing that became operational in 2016/17. KPMG initiated a number of audit procedures in response, but there were no matters arising from this work.

Private meetings have been held with both Audit Yorkshire and KPMG during the year. The Committee has sought and been given assurance that the necessary co-operation was 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
- Selina Ullah

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

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 3.5.3.15

#### ATTENDANCE AT MEETINGS OF THE AUDIT & ASSURANCE COMMITTEE 2016/17

MEMBERS	22.04.16	16.05.16	• 26.05.16	02.08.16	04.10.16	06.12.16	07.02.17	Total
David Munt	✓	✓	✓	✓	✓	✓	✓	7 of 7
Trevor Higgins	✓	✓	x			✓	✓	4 of 5
Grace Alderson	x	✓	✓	✓	✓			4 of 5
Selina Ullah				✓	✓		✓	3 of 3
✓ = Attended	x = Apologies sent			<div></div> Denotes period when not a member of the board				
Audit and Assurance Committee meetings are also attended by: Matthew Horner, Director of Finance; Michael Quinlan, Assistant Director of Finance; and Fiona Ritchie, Trust Secretary. The Chief Executive attends at least one meeting per year. Representatives of both Internal and External Audit also attend meetings.								

#### 3.5.4

#### EXTERNAL AUDIT

The external auditor for the Foundation Trust is:

KPMG LLP  
1 Sovereign Square  
Sovereign Street  
Leeds  
West Yorkshire LS1 4DA

The auditor was appointed in April 2012 following a procurement exercise led by a working group of the Council of Governors. The appointment was in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor. Changes to the National Audit Office guidelines on non-audit services have meant that the Foundation Trust will appoint a new auditor during 2017/18.

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 were two such engagements in 2016/17 which was in respect of audit related assurance services (£9,000) and tax compliance services (£92,000). These were reported to the Audit Committee during 2016/17.

Fee (excluding VAT)	2016/17 £000	2015/16 £000
Audit Services – Statutory Audit	48.6	47.7
Non Audit Services - Audit-related assurance services	8.8	8.6
Non Audit Services – Tax compliance services	92.0	30.0
<b>Total</b>	<b>149.4</b>	<b>86.4</b>



**3.5.5****INTERNAL AUDIT**

For the first quarter of 2016/17 our internal auditor was the West Yorkshire Audit Consortium. However, in March 2016 they had taken the decision to pursue closer collaboration with North Yorkshire Audit Services (NYAS), in recognition of previous successes in winning tenders and awards, with the stated aim of bringing the two organisations together. Both Boards had an underlying desire to keep internal audit within the NHS, whilst improving innovation, service resilience and quality, stakeholder value and market share. A merger was agreed as the way forward to secure this.

The merger took place on 1 July 2016 with the successful transfer of WYAC employees to the host, York Hospital Teaching NHS Foundation Trust, from Calderdale and Huddersfield NHS Foundation Trust. The new organisation, Audit Yorkshire, has been our internal auditor since this date.

Audit Yorkshire's primary purpose is to provide its 17 members organisations with assurance and constructive challenge through high quality, cost effective and independent internal audit, anti-crime, advisory and consultancy services.

**3.5.6****OTHER DISCLOSURES: 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 reside within one of the public constituencies as outlined within the Foundation Trust's Constitution. The public membership constituency is divided into six sub-constituencies which are known as Keighley, Shipley, Bradford East, Bradford South, Bradford West and 'Rest of England'. Keighley, Shipley, Bradford East, Bradford South, Bradford West are comprised of the 30 electoral wards within the Bradford Metropolitan District Council (BMDC) area. Members allocated to the 'Rest of England' sub-constituency are those who live outside the BMDC area who have not received treatment at Bradford Teaching Hospitals NHS Foundation Trust. Public members are automatically registered in one of the sub-constituencies listed below as determined by their home postcode.

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

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### 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 Bradford Metropolitan District Council 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 47,882. 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	8,888	24%	116,685	22%
Bradford South	8,605	24%	103,913	19%
Bradford West	8,943	24%	117,716	22%
Keighley	3,021	8%	99,035	19%
Shipley	6,789	19%	97,106	18%
Rest of England	256	1%	0	0%
<b>Total Public Membership</b>	<b>36,502</b>		<b>534,455</b>	

<b>Total Patient Membership</b>	<b>6,442</b>
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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	574	601	96%
Nursing and Midwifery	1,475	1,561	94%
Medical and Dental	674	687	98%
All Other Staff Groups	2,215	2,257	98%
<b>Total Public Membership</b>	<b>4,938</b>	<b>5,106</b>	<b>97%</b>

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.

### **Membership Recruitment, Engagement and Development 2016/17**

At the beginning of April 2016, total overall membership stood at 49,002. During the year, membership has declined overall by 1,120 members, which equates to a 2% churn rate. Membership trends across the sector have been reviewed in comparison to that of the Foundation Trust and the general trend is that membership levels are falling (for those Foundation Trusts with sizeable memberships).

As the Foundation Trust has a high level of membership (compared to other Foundation Trusts) there were no active recruitment campaigns undertaken, however people were provided with opportunities to register as new members in tandem with general public engagement 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 from a socio-economic perspective the membership remains fairly representative of the communities served. Members within the 16-22 age group are under-represented, and members within the 60-75 age group are over-represented.

The Foundation Trust will develop a new Membership Development and Engagement strategy during 2017/18.

### **Annual Members Meeting / Open Event featuring key developments**

The Annual Members Meeting was combined with the Annual General Meeting and took place on 21 July 2016. Members and the public were also invited to a

special presentation featuring the new hospital wing. Attendance was significantly up on the previous year.

Visitors also took advantage of the opportunity to find out about key developments in a range of areas – a number of which had been presented to members in the previous year's Operational Plan. This event was well attended and the Foundation Trust received some excellent feedback on the whole afternoon and evening. Key features of the event were the giant displays, produced as part of a photographic project, featuring a special group of staff who had 'gone the extra mile'. Opportunities were also available for members and the public to discuss in detail developments around:

- The Virtual Ward
- The Electronic Patient Record
- The Development of the New Hospital Wing
- Developments around the care of patients with dementia
- The work of our Chaplaincy Team
- Volunteering

In March 2017, Members and Governors were in attendance at the Foundation Trust's first major event delivered by the Patient Experience team.

Members have also been involved in 'patient and public engagement' activities across the Foundation Trust including Patient-Led Assessments of the Care Environment (PLACE). Members have also been signposted to other health related activities and events both at our Foundation Trust and across the district.

### **Membership Communications**

Communications have been channelled through the Members Zone website which is accessible at <http://bradfordhospitals.uk.engagementhq.com/>. General and targeted emails have been sent as appropriate and the Foundation Trust continues to encourage people to join on-line and sign up for electronic communications.

Staffing changes within the Foundation Trust Corporate Governance team and other areas impacted on our ability to deliver sustained membership communications and member involvement opportunities during 2016/17.

With these now addressed, the development of regular electronic communications and engagement with members and the public has become a priority for the coming year.

A new Membership newsletter publication schedule has been set for 2017/18.

#### **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 Chair, or the Council of Governors as a whole via a dedicated helpline telephone number which is 01274 364794 or via the following email and postal addresses:

- General membership: *members@bthft.nhs.uk*
- Governors: *governors@bthft.nhs.uk*
- The Foundation Trust Membership Office, Trust Headquarters, Chestnut House, Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ.

Papers and agendas for Council of Governor meetings are published on the Members Zone and Trust website in advance of the meetings taking place.

Members are advised of these processes through the membership welcome pack, general membership communications, the agenda for each Council of Governor meeting and via the Foundation Trust's dedicated membership website pages.

### 3.6 NHS IMPROVEMENT'S SINGLE OVERSIGHT FRAMEWORK

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability

was different. This is in line with NHS Improvement's guidance for annual reports.

#### Segmentation

NHS Improvement has placed the Foundation Trust in segment 2. This category is for providers who have been offered targeted support because there are concerns in relation to one or more of the themes.

This segmentation information is the Foundation Trust's position as at 7 April. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

#### Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Foundation Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 Score	2016/17 Q4 Score
Financial sustainability	Capital service capacity	1	1
	Liquidity	1	1
Financial efficiency	I&E margin	1	1
Financial controls	Distance from financial plan	1	1
	Agency spend	2	2
Overall Scoring		1	1

### 3.7 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bradford Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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.

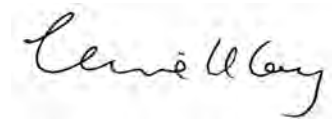
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, 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 (and the Department of Health Group Accounting 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 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 the NHS Foundation Trust Accounting Officer Memorandum.

Signed



Professor Clive Kay  
Chief Executive  
25 May 2017

### 3.8 ANNUAL GOVERNANCE STATEMENT

#### 3.8.1

##### SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

#### 3.8.2

##### THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2017, and up to the date of approval of the Annual Report and Accounts.

#### 3.8.3

##### CAPACITY TO HANDLE RISK

An Office of Governance and Operations was established in August 2016 (it was developed from the Office of Governance and Corporate Affairs which was established during February 2015 following an

extensive consultation exercise) to reflect the change in portfolio of Executive Director roles.

The key objectives for the Office of Governance and Operations are to:

- Directly support the strategic objectives of Bradford Teaching Hospitals NHS Foundation Trust by ensuring that governance, risk management and assurance have a high and credible profile within the Trust;
- Develop a focus on outcome in the Foundation Trust's approach to assurance;
- Develop an appropriately skilled and responsive governance team that is accessible to all staff, supporting the principle that good governance, quality and safety are the responsibility of all staff;
- Ensure appropriate targeting of resource to support clinical divisions;
- Ensure that the devolved management structure is in place across the clinical divisions, with clear, defined roles and responsibilities, providing a mechanism for the escalation of risk that the Foundation Trust has confidence in;
- Ensure that the Board and sub-committee structure of the Foundation Trust acts as an enabler for the escalation, contextualisation and management of risk; and
- Work with other non-clinical directorates to support the clinical divisions in relation to the management of risk.

In line with the principles of the devolved management structure within Bradford Teaching Hospitals NHS Foundation Trust, responsibility for the management and control, associated costs, and escalation of a particular risk is that of the relevant Clinical Division or Corporate Directorate. Where the Division or Directorate are unable to take action to mitigate a risk that they have identified because it falls outside of their area of responsibility or control; where local mitigation is considered to be potentially inadequate or requires significant investment; or where the risk is 'significant' and cannot be handled within the devolved management structure, it is escalated to the Trust's Integrated Governance and Risk Committee, for a decision to be made in relation to its management.



The Directors of the Foundation Trust, individually and collectively, have responsibility for providing assurance in relation to the risks associated with the Foundation Trust's strategic objectives and regulatory compliance to the Board of Directors. This is evidenced through the use of the Board Assurance Framework, which describes key strategic risks and their controls. During 2015/16 the governance of the sub-committees supporting the Board of Directors, in particular the Quality and Safety Committee, were reviewed, and the recommendations made following this review were implemented during 2016/17. During 2017/18 the roles of the sub-committees in relation to their responsibility for providing assurance in respect of the effectiveness of those controls will be significantly strengthened. This work will be supported by the new Chair of the Foundation Trust, who was appointed in November 2016.

The Foundation Trust has mechanisms in place to act upon alerts and recommendations made by the central bodies.

### 3.8.3.1

#### TRAINING

The Foundation Trust provides a comprehensive mandatory training programme, which includes governance and risk management awareness and training. This programme has been the subject of an in-depth review during 2016/17. Training is delivered centrally and within individual Divisions/Specialties. Training can be classroom-based with internal or external trainers, web-based or 'in situ'; this sort of training often being developed following identification of potential risk in the way that care is being delivered through learning from incidents or proactive risk assessments. The Foundation Trust also has a clear commitment to individual personal development, and through all these mechanisms staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.

The governance & risk management training programme is reviewed annually by the Office of Governance and Operations to ensure that it remains responsive to the needs of staff. There is regular reinforcement of the requirements of the Mandatory Training Policy, and the duty of staff to complete

training deemed mandatory for their role is a key element of the annual appraisal process. Monitoring and escalation arrangements are in place to ensure that the Foundation Trust can ensure targeted action in respect of areas or staff groups where performance is not at the required level.

### 3.8.3.2

#### MITIGATION AND CONTROL AND LEARNING LESSONS

The Foundation Trust uses a single IT Risk Management System - Datix - which links all key risk elements (including incident reporting, complaints, and claims and inquest management). All of these elements are used to inform the Foundation Trust's Risk Register, which is also held on Datix. During 2016/17, a formal Datix Manager post was established, and a Datix user group was developed to directly enhance the way the system is used.

The Foundation Trust developed an agreed communication strategy during 2016/17 in relation to learning from all key elements of risk. This strategy:

- Reinforces the need for 'bounce back communication' to staff or patients that identify an incident or a risk, in order to keep them informed;
- Acts as an enabler for the publication of 'rapid response alerts' to support immediate notification of actual or potential risks to patient safety. These alerts are issued at the discretion of the Quality of Care Panel, which is chaired by an Executive Director, meets weekly and considers current actual and potential risks to quality and patient safety;
- Supports the monthly publication of 'Learning Matters' through the Learning and Surveillance Hub, which is a prioritised programme of dissemination of targeted learning from incidents, claims, complaints and inquests;
- Requires the quarterly publication of 'Responding and Improving', which is a document that describes serious incidents or complaints, their impact on the patient or staff involved, their root cause, what was done to prevent a re-occurrence and details of how we know that the actions taken have been effective.



The Learning and Surveillance Hub, which was established during 2016/17, is a developing multi-disciplinary group that explores transferable learning and works to identify new and novel ways of dissemination across the organisation.

Every Division, and in turn each component specialty, has a Quality and Safety Meeting where key individuals come together to discuss quality and safety issues as part of a standard agenda, ensuring the sharing of transferable lessons from incidents, complaints and claims.

The Board of Directors also routinely considers specific risk issues and receives minutes from Board sub-committees including the Audit and Assurance Committee, Quality and Safety Committee, Finance Committee, Performance Committee, and Health and Safety Committee.

The Quality and Safety Committee, on behalf of the Board of Directors, routinely receives information on Serious Incidents, including lessons identified and learnt. The Foundation Trust actively encourages networking with external partners and stakeholders and has strong links with relevant central bodies, including the NHS Litigation Authority and the Health and Safety Executive, and acts on recommendations and alerts from these bodies as appropriate. The Foundation Trust has also strengthened its relationship with the CQC, meeting operationally every month with its relationship manager, escalating risks and concerns in relation to patient safety or compliance with Fundamental Standards in a timely manner, but also meets strategically with the Lead Inspector for the region at a quarterly relationship meeting.

### 3.8.4

#### THE RISK AND CONTROL FRAMEWORK

Bradford Teaching Hospitals NHS Foundation Trust is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of its governance framework and system of internal control. The Foundation Trust recognises that healthcare provision, and the activities associated with caring for patients, employing staff, providing premises and managing finances are all, by their very nature, risk activities and will therefore involve a degree of risk. These risks are present on a

day-to-day basis throughout the Trust. The Foundation Trust will take action to manage risk to a level which is tolerable. It is acknowledged that risk can rarely be totally eradicated and a level of managed residual risk will be accepted.

Risk management is an intrinsic part of the way the business of the Trust is conducted and its effectiveness will be monitored by the Trust's performance management and assurance systems.

The Board of Directors has a legal duty under the Health and Safety at Work Act 1974, to ensure, as far as is reasonably practicable, the health, safety and welfare of all employees. Compliance with the legislation includes duties towards patients, members of the public, contractors, and other people who use hospital premises. These duties, and the concept of risk management, are implicit in the Act and subsequent UK Health and Safety Regulations are reflected in current Foundation Trust policies. The Policy provides an overarching framework for the management of risk across all areas of the Foundation Trust and applies to both clinical and non-clinical risk management. It applies to all staff, including contractors and agency staff.

The Foundation Trust has a Board Assurance Framework (BAF), which is based on defined principle objectives that are assigned to an Executive lead. Risks to delivery are agreed and defined together with the key controls by which the risks can be managed. Assurances that risks are being managed and objectives delivered are reviewed monthly at the appropriate Board sub-committee. The Board receives a regular update on the BAF, which highlights any changes to the risks associated with achievement of the overall strategy.

Risks are identified routinely from a range of reactive and pro-active, and internal and external sources, including workplace risk assessments, analysis of incidents, complaints, claims, external safety alerts, the 'Freedom to Speak' initiative, through ProGRESS and other standards, targets and indicators. These are appropriately graded and included on the Foundation Trust's Risk Register. The Integrated Governance and Risk Committee receives monthly reports in relation to significant new and changed risks and those that have not been reviewed; this is because the Foundation Trust recognises that, as risks can change and new risks can emerge over time, the review and updating of risks on the risk register is an ongoing, dynamic process.

The Foundation Trust identifies and manages risk at service, organisational and strategic level.

Service level (Divisional/Directorate/Specialty/Ward) risks are risks that have been assessed in relation to their likelihood and consequence and it is considered that they can be effectively managed and mitigated at Divisional/Directorate/Specialty or ward level.

Organisational risks are risks that apply to the organisation as a whole, and cannot be managed at Divisional Level. These are reflected on the Corporate Risk Register. The Foundation Trust rates these risks on a scale from 1-25, where 25 is the highest risk. The Corporate Risk Register currently has nine risks that are rated 20 or above; these are current, in-year risks but require ongoing management into the future.

These risks are described below; in each case mitigating actions have been developed and are recorded on the Corporate Risk Register, along with the details of the action plan lead and the date for completion of these actions. The Corporate Risk Register is monitored each month at the Integrated Governance and Risk Committee meeting, and progress is also evaluated in line with the processes detailed elsewhere in this Annual Governance Statement.

- Implementation of an Electronic Patient Record in the summer of 2017 – this is divided into three separate risks around the effect on staff productivity, full realisation of the planned benefits, and design and build issues
- Implementation of a replacement data feed following the change of microbiology lab to Airedale
- Delivery of the pathology service
- Cyber attacks
- Accident and Emergency Department staffing
- Monitoring of healthcare associated infection
- Physical capacity within the Macular service

Strategic risks are those that have the potential to impact significantly on the achievement of the Foundation Trust's strategic objectives and could affect compliance with its NHS Provider Licence.

These risks are set out in the Board Assurance Framework and are as follows:

- We fail to adequately engage with our patients and local population;
- We fail to maintain a safe service due to insufficient recruitment and retention of staff;
- We fail to maintain compliance with CQC regulatory requirements;
- We are unable to maintain our financial stability, and as a result fail to meet our NHS Improvement licensing conditions;
- We fail to successfully implement our new Electronic Patient Record (EPR) system as scheduled. The EPR project is described in the Quality Report;
- We are unable to develop and maintain positive relationships with our key external partners; and
- We fail to develop vertically and horizontally integrated care pathways.

The Board Assurance Framework is now a monthly agenda item at the Integrated Governance and Risk Committee, and the Chief Executive holds to account the Executive Director Lead for each risk. The Finance and Investment Committee, the Performance Committee, and the Quality and Safety Committee receive the part of the Board Assurance Framework they are responsible for each month to review and to gain assurance from the Executive Director Lead. The Board Assurance Framework is also a bi-annual agenda item at the Board of Directors, and the Audit and Assurance Committee review the process annually.

The Integrated Governance and Risk Committee provides assurance to the Board of Directors that the arrangements for integrated governance and risk management are robust and effective including scrutiny of the Corporate Risk Register, Board Assurance Framework, the Quality Governance Framework, and compliance with the NHS Improvement Provider Licence. In particular, the Committee oversees the process by which corporate governance risks are identified, escalated and managed across the Foundation Trust and the Board are made aware of all significant risks to achieving its corporate strategy and objectives.

The Foundation Trust also has in place a range of mechanisms for managing and monitoring risks in respect of the effectiveness of the care provided and the experience of those receiving it including:

- A Quality Strategy which has been endorsed by the Board. The Board also agrees annual quality objectives.
- A sub-committee with a clear focus on patient experience – the 'Patients First Committee', a sub-committee of the Quality and Safety Committee - which meets monthly and is chaired by the Chief Nurse. It is responsible for monitoring performance against the agreed annual patient experience metrics.
- The yearly Annual Accounts.
- A suite of Quality Reports, which report progress against the key quality objectives in year, and are submitted to the Quality and Safety Committee following an agreed workplan. This includes the more detailed review of the quality and safety of specific areas of service provision.
- Arrangements and monitoring processes to ensure ongoing compliance with other service accreditation standards including bowel screening, colposcopy, cancer, the Medicines and Healthcare products Regulatory Agency, and Human Tissue Authority licences for mortuary and post mortems.
- The Clinical Audit and Effectiveness sub-committee, which monitors performance with The National Institute for Health and Care Excellence (NICE) guidance implementation. Compliance with NICE guidance is also monitored, internally via the performance review process and externally via the Commissioner Quality and Performance Group.
- The Medical Director, who has the lead for mortality. The Mortality sub-committee, a sub-committee of the Quality and Safety Committee, monitors mortality and morbidity statistics and the outcome of mortality reviews.
- A Ward Accreditation process, which was introduced during 2016/17 and is monitored via a programme of unannounced Ward Reviews.
- A programme of announced and unannounced (Executive and Non-Executive) Director walkrounds on all wards & Departments – clinical and non-clinical – in order to ensure that there is 'Board to Ward' oversight and ownership of quality & safety issues.

- Action on patient feedback from complaints and concerns and from feedback from Patient & Public Involvement (PPI) representatives, for example Healthwatch.

This framework reinforces the assurance required by the Board of Directors in endorsing the Corporate Governance Statement.

### 3.8.4.1

#### DATA SECURITY

The Director of Informatics and 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 Medical Director and Caldicott Guardian works closely with the SIRO, particularly where any identified information risks include patient confidentiality or information sharing issues. The SIRO chairs the Information Governance Sub-Committee which reports monthly to the Quality and Safety Committee which reports to the Board of Directors. The Caldicott Guardian is the Deputy Chair of this Sub-Committee.

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.

The Foundation Trust's Serious Incident Policy includes incidents relating to data loss or breach of confidentiality.

In November 2016, the Best Practice team of the Information Commissioner's Office (ICO) spent three days on the Foundation Trust site to review data protection arrangements, focussing on information security and subject access request processes. A number of recommendations were given, many of which will resolve as Electronic Patient Record (EPR) systems are implemented. The Executive Summary of the ICO's report is published on its website.

The Trust proactively reviewed its cyber security position in 2016/17. The review was multi-faceted and included several external penetration tests and an assessment against the National Cyber Security Centre's 10 Steps to Cyber Security. This review was presented to the Audit Committee on 4 March 2017 and to the Board of Directors. The Audit Committee will receive a scheduled update on cyber security as per their work programme.

In May 2017 there was an international ransomware cyber attack that impacted the NHS. The Foundation Trust had a robust plan in place to deal with such an occurrence and there was minimal impact on patient care.

#### 3.8.4.2

##### MANAGEMENT OF RISKS TO COMPLIANCE WITH THE NHS FOUNDATION TRUST LICENCE CONDITION 4

Compliance with the Code of Governance is formally reviewed on an annual basis. This was last carried out by the Integrated Governance and Risk Committee in March 2017, and reported to the Board of Directors in April 2017. The review concluded that the Foundation Trust was compliant with all requirements.

An independent Well Led review was undertaken in 2016/17 as part of Monitor's (NHS Improvement) Well Led Governance Framework.

#### 3.8.4.3

##### PUBLIC STAKEHOLDERS

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 risks which impact on them.

The Council of Governors is a key mechanism in ensuring that the Foundation Trust's public stakeholders are involved in the understanding and contextualisation of risk. The Council meets five times per year and receives reports on performance, quality and safety.

The Foundation Trust Board of Directors meets in public and all papers are available on the Trust's website.

The Foundation Trust engages actively with the Health Overview and Scrutiny Committee and continues to collaborate closely with the local Healthwatch organisation. Healthwatch are part of the ProgRESS steering Group, supporting the Trust's internal reviews of its compliance with CQC fundamental standards.

The Foundation Trust's website provides the public with ready access to information across all areas of Trust activity.

#### 3.8.4.5

##### CARE QUALITY COMMISSION

During January 2016 the Foundation Trust received an announced review inspection by the CQC. The Trust was rated as 'requires improvement'. However the significant progress of the Trust since the 2014 inspection was noted in the report. The CQC identified 11 compliance actions which are currently subject to detailed action planning to address them and assurance processes to provide internal challenge. The CQC are provided with regular updates and a portfolio of evidence is provided to provide assurance in relation to the effectiveness of the actions being taken.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

#### 3.8.4.6

##### NHS PENSION SCHEME

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

#### 3.8.4.7

##### EQUALITY AND DIVERSITY

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.

#### 3.8.4.8

##### CARBON REDUCTION

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.

#### 3.8.5

##### 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 NHS Improvement on a monthly basis.

The Finance and Investment Committee provides detailed scrutiny of financial matters in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

The resource and financial governance arrangements are further supported by both Internal and External Audit to secure economic, efficient and effective use of the resources the Foundation Trust has at its disposal.

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

#### 3.8.6

##### INFORMATION GOVERNANCE

During the last financial year, the organisation has significantly reduced the number of reported incidents where personal data has been compromised, with two high risk (Level 2) information governance incidents being reported to the Information Commissioner's Office (ICO). One of these has been closed with no action required. The other was submitted at the end of March 2017, and is still under review, both internally and by the Information Commissioner. A strong emphasis continues to be put on staff awareness around information governance and training to reduce information risk and avoid breaches.

Details of personal data related incidents are set out in the tables on the following page. The first details the serious incidents requiring investigation classified as Level 2 reportable. The second table details the incidents classified at lower level security:

## CHAPTER 3

### ACCOUNTABILITY REPORT

#### Summary of Serious Incident Requiring Investigations Involving Personal Data as reported to the Information Commissioner's Office in 2016/17

Date of incident (month)	Nature of Incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
February 2016	Misdirected post	Pathology	Circa 296	Reported to the ICO. Breach type B: no action taken.
March 2017	Unsecure email sent	Health information	130	Reported to NHS Digital and onwards to ICO.

#### Summary of Other Personal Data Related Incidents in 2016/17

Category	Breach Type	Total Number of Incidents in this category
A	Corruption or inability to recover data	0
B	Disclosed in error	72
C	Lost in transit	4
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	5
F	Non-secure disposal – hardware	1
G	Non-secure disclosure – paperwork	17
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access / disclosure	4
K	Other	109



**3.8.7****ANNUAL QUALITY REPORT**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

**3.8.7.1****GOVERNANCE AND LEADERSHIP**

The Director of Governance and Operations leads on matters relating to the preparation of the Foundation Trust's Annual Quality Report.

The Audit and Assurance Committee, which is chaired by a Non-Executive Director, and the Board of Directors maintain oversight of the Report throughout production, using their wider knowledge of the Foundation Trust activities to ensure the Report presents a balanced view.

The Quality and Safety Committee, which is also 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.

**3.8.7.2****QUALITY OF CARE**

The Foundation Trust is required to provide and demonstrate assurance that it complies with regulatory standards of care as described by its external regulators. During 2016/17 we have implemented ProgRESS (which stands for a Programmed Review of Effectiveness, Safety and Sensitivity) which is our approach to understanding the quality and safety of the care we provide.

We are using ProgRESS to embed the understanding of regulatory standards, the skills in identifying risks and opportunities for change and improvement,

and the confidence in implementing and monitoring change within our frontline staff.

Frontline staff engagement in ProgRESS is key to its success. A strategy for supporting frontline staff participating in the reviews has been initiated, and training is provided for those that choose to be involved in the review process. It is also important to us that external stakeholders including commissioners, Healthwatch and patient representative groups have been and will continue to be explicitly involved in both setting priority areas for review and the review process itself.

ProgRESS provides routine oversight of the implementation of the fundamental and other regulatory standards in the Foundation Trust. It involves the implementation of a rolling 2 year programme of planned reviews (programmed reviews). The programme also provides the capacity to undertake responsive reviews, where issues or potential for learning are identified within the Foundation Trust or by our external stakeholders. It also includes programmes of assurance in relation to the effectiveness of our implementation of our CQC compliance action plan that was developed following our inspections in 2014 and 2016 and the effectiveness of our response to learning and recommendations from serious incidents and complaints.

The programme is designed to use a range of methodologies, including clinical audit, analysis of incident reports and complaints, observation, focus groups and interviews with staff and patients.

During 2016/17 we have undertaken Foundation Trust wide programmed ProgRESS reviews in the following areas:

- Consent
- Management of paediatric pain
- Compliance with the Mental Capacity Act
- Management of controlled drugs
- Transition from paediatric to adult service
- Management of complaints

In addition we have undertaken responsive ProgRESS reviews - when potential issues have been identified through routine review of information that supports the understanding of our compliance with fundamental standards - in the following areas:

- Moving and handling
- Documentation in the Emergency Department
- Management of deteriorating patients
- Accessible standards
- Management of vulnerable patients

The outcomes of the programmed and responsive reviews and the assurance programme related to the CQC compliance action plan is managed through the CQC steering group and reported to the Quality and Safety Committee. The effectiveness of our response to learning and recommendations from serious incidents is reported to the Quality and Safety Committee. This established governance ensures that any risks identified are escalated within the organisation for action and mitigation as appropriate. Any opportunities for change and improvement and any areas of best practice are also identified and communicated as appropriate.

The Foundation Trust has an agreed High Priority Audit Plan and participated in the National Clinical and Patient Outcome Audit Programme during 2016/17. The quality of data submitted to national audit programmes and compliance with case ascertainment is a clear focus for 2017/18 to support the Foundation Trust's meaningful and effective participation, maximising the potential for the identification of opportunities for improvement in service delivery.

There are procedural documents in place in relation to the capture and recording of patient data, which require the audit and validation of quality and performance data held centrally (through the data quality team) and at specialty level. This provides a framework for the population of the Foundation Trust-wide Quality and Safety Dashboard that will be launched across Divisions and throughout the committee structures that support the assurance requirements of the Board of Directors.

Quality Reports outline the Foundation Trust's performance against key quality objectives, including benchmarking and comparative data, and are the subject of discussion and challenge at monthly Quality and Safety Committee meetings. These inform the Foundation Trust's overall annual Quality Report.

#### 3.8.7.3

##### 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 review by 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.

#### 3.8.7.4

##### PEOPLE AND SKILLS

The Foundation Trust has recently completed an external Governance review against NHS Improvement's Well-led Framework, carried out by Deloitte, enabling the Foundation Trust to ensure that its Board is balanced, complete and appropriate for the requirements of the organisation.

The review considered the Foundation Trust's performance against ten criteria, including consideration of whether the Board has the skills and capability to lead the organisation.

Deloitte has made recommendations to the Foundation Trust on how to improve performance; these are currently under consideration and action plans will be produced in response.



**3.8.7.5**

## DATA USE AND REPORTING

High quality data is a fundamental requirement for the Foundation Trust to conduct its business efficiently and effectively. This applies in all areas of activity including the delivery of care to service users, service management, performance management, corporate governance, internal and external accountability, and communication. High quality data is crucial to enable the right clinical and non-clinical decisions to be made, and it is particularly important for the Foundation Trust to assure the quality and accuracy of elective waiting time data.

The Foundation Trust continues to implement data quality initiatives. Data quality tools have been updated and developed to better reflect operational requirements. The tools provide a method for staff to identify trends and put in place corrective actions. The Data Governance Group, whose membership includes data owners across the Foundation Trust, continues its work of increasing overall understanding and accountability for data quality and governing the organisation's critical data.

The Foundation Trust will be taking the following actions to further improve data quality:

- Further development of systems and processes within the Data Quality Team and the operational divisions to continue to improve the quality of Foundation Trust data;
- Development of new data quality metrics for both current and future systems, including the new Electronic Patient Record and data warehouse, to enable staff to access real time information;
- Strengthening of the data quality governance arrangements with now more active and proactive engagement of Information Asset Owners;
- Structured 'deep dive' cleansing exercise on specific areas with historical data issues to support the data migration to the Electronic Patient Record.

The Foundation Trust will also continue to develop and implement a communication strategy across the organisation to better inform staff of their responsibility to maintain good quality data and get the data right from source.

**3.8.8**

## REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the Executive Directors 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 Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit and Assurance Committee, Quality and Safety Committee, Performance Committee, Integrated Governance and Risk Committee, and Finance and Investment Committee and plan to address weaknesses and ensure continuous improvement of the system is in place.

**3.8.8.1**

## MAINTENANCE AND REVIEW OF THE SYSTEM OF INTERNAL CONTROL

The Audit and Assurance Committee review the system of integrated governance, risk management and internal control, across the whole of the organisation's activities - both clinical and non-clinical. The Committee maintains an oversight of the Foundation Trust's general risk management structures and ensures appropriate information flows to the audit committee in relation to the trust's overall internal control and risk management position.

In carrying out this work the Committee primarily utilises the work of Internal Audit, External Audit and other assurance functions, but it is not limited to these audit functions. It also seeks reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

## CHAPTER 3

### ACCOUNTABILITY REPORT

The Audit and Assurance Committee, Quality and Safety Committee, Performance Committee, and Finance and Investment Committee have a shared responsibility to provide assurance to the Board of Directors. They work collaboratively to ensure all aspects of governance are covered and that the Board of Directors receives comprehensive assurance on the Foundation Trust's business and activities.

The Head of Internal Audit Opinion on the effectiveness of the system of internal control was presented to the Foundation Trust's Audit and Assurance Committee on 16 May 2017. The opinion was that there was significant assurance and that there is a generally sound system of internal control, designed to meet the organisation's objectives.

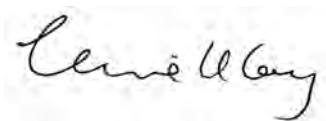
Reports with Limited Assurance opinions are reviewed by the Integrated Governance and Risk Committee and added to the corporate risk register. For each Internal Audit report where a limited assurance opinion is given, the Executive Director responsible has been asked to attend the Audit and Assurance Committee to discuss the action being taken as a result of the audit. For these 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 and Assurance Committee.

#### 3.8.9

#### CONCLUSION

No significant internal control issues have been identified. The Foundation Trust and its officers are alert to their responsibilities in respect of internal control and have in place organisational arrangements to identify and manage risk.

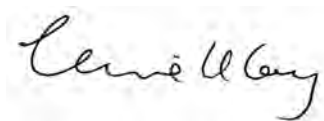
Signed



Professor Clive Kay  
Chief Executive  
25 May 2017

I also sign in respect of the Accountability report:

Signed



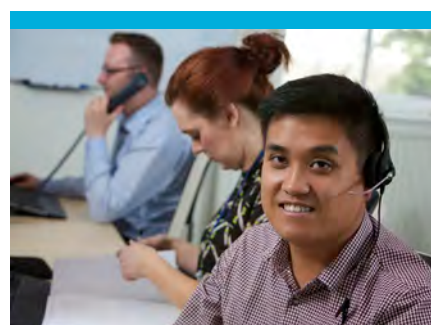
Professor Clive Kay  
Chief Executive  
25 May 2017





# Quality Report

2016 / 2017



**Our People, Our Future**  
Together, putting Patients First



It fills me with great pride to see just how much positive change and improvement we delivered during 2016. This has been a year where, by working together, we have continued to stand out in the 'Bradford way' we provide patient care by pooling our collective expertise with other healthcare providers in the NHS.

As with the majority of Trusts across the country, we have faced unprecedented demand for services. Our Emergency Department has seen extremely high rates of attendance and emergency admissions, making the Emergency Care Standard, which sets a target of treating, admitting or discharging at least 95% of patients within four hours in the Emergency Department, difficult to achieve.

However, despite a backdrop of challenging financial constraints and unprecedented demand, our staff have gone above and beyond to continually deliver high quality and safe services for all our patients.

The Care Quality Commission (CQC) issued its follow-up report on our services in June 2016 and we should all take great pride in the fact that in a raft of areas, thanks to the hard work of all staff, we have made significant improvements.

The headline news is that we no longer have any areas which are judged to be 'inadequate'. Instead, it is heartening to report that we have been awarded no fewer than 56 individual ratings of 'good' – 18 more than our previous inspection in 2014.

These 'good' ratings refer to how effective and caring we are in services such as the Emergency Department, Surgery and Critical Care, Maternity, and Children and Young People's services. We have also been rated 'good' in relation to how responsive we are in medical care and end of life care.

These improvements are clearly down to our staff, to their hard work and dedication, and to the compassion and care they show to our patients. I would like to thank all of our staff for their continued efforts and for pulling together to demonstrate tremendous teamwork – sometimes under difficult and challenging circumstances.

The report also highlights areas where we must improve. In total, it records 32 individual ratings of 'requires improvement' but I am confident that future improvements here are also achievable. Together,

the ratings awarded to us by the CQC translate into an overall score for the Foundation Trust as 'requires improvement'.

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said: "Since our last inspection in 2014, we have found some real improvements in some of the core services... This report shows that the Foundation Trust is heading in the right direction. There is a lot to look forward to."

The quality report reflects the successes we have achieved and challenges we are determined to overcome, showcasing many outstanding services and initiatives that are at the forefront of best practice and quality.

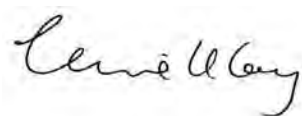
The scale and number of successes we have achieved in the last year has been outstanding given the very challenging environment we have been working in. The Foundation Trust has demonstrated that we have the capacity and capability to improve safety, break new ground with our approach to transformation, and further enhance the experience and care of our patients.

I am pleased to confirm that the Board of Directors has reviewed the 2016/17 Quality Report and confirm that it is a true and fair reflection of our performance; to the best of my belief, the information provided in this report is accurate.

We hope that our Quality Report provides you with a clear picture of how important quality improvement, patient safety, and patient and carer experience are to us all at the Foundation Trust.

Finally, I would like to extend a sincere thank you to all the staff working at the Foundation Trust who work hard, every single day, to better the lives of patients and the community we serve.

Signed



Professor Clive Kay  
Chief Executive, 25th May 2017



## FOUNDATION TRUST ACHIEVEMENTS IN 2016/17



### NEW £28M HOSPITAL WING

Our new £28m hospital wing includes world-class facilities for elderly care and paediatrics, a state-of-the-art intensive care unit and retail concourse.



### NEW PATHOLOGY SERVICE LAUNCHED

We entered a new partnership with Airedale NHS Foundation Trust to deliver a fully integrated pathology service for our patients across the district.



### EMERGENCY DEPARTMENT - £2M REDEVELOPMENT

The £2m redevelopment of our Emergency Department is providing a more efficient service and faster senior clinician involvement at an early stage in the patient pathway.



### BABYVIEW - GROUND-BREAKING VIDEO LINK

We introduced a state-of-the-art and ground-breaking video link for parents of babies in our neonatal unit. BabyView was named winner of the Patient Experience Network National Awards 2016 'Innovative Use of Technology and Social Media' category, before being voted 'overall winner' by judges and fellow award nominees after a presentation given by staff.



### NEW £2M GASTROENTEROLOGY UNIT

A £2m redevelopment of our Gastroenterology unit has enhanced facilities for patients and provides a larger endoscopy day-case unit.



### MULTI AWARD-WINNING OPHTHALMOLOGY SERVICE

The outstanding work of our Ophthalmology service was recognised by not just one award but two – both from the Bayer Awards Programme's 2016 Ophthalmology Honours.



### ROYAL SEAL OF APPROVAL

Her Royal Highness Princess Anne toured our birth centre and labour ward in her role as patron of the Royal College of Midwives (RCM), accompanied by the RCM President Professor Lesley Page and RCM Chief Executive Cathy Warwick.



### NEW SERVICE FOR PATIENTS WITH MULTIPLE SCLEROSIS

A real and positive difference in care was unveiled for our patients with multiple sclerosis as we introduced a new service at St. Luke's Hospital which prevented them having to travel to Leeds for their intravenous infusion medication.



### HISTORY-MAKING AUDIOLOGY TEAM

Our history-making audiology team and patients featured in a live Channel 4 television documentary, 'Breaking the Silence', part of a Cutting Edge series about cochlear implants.



### ROYAL SOCIETY OF MEDICINE AWARDS

Head Orthoptist, Dr Alison Bruce, was awarded the Royal Society of Medicine's 'Squint Forum Prize for 2016'.



### CLINICAL TEACHER OF THE YEAR

Elderly care consultant Dr Shabi Barodawala was voted Clinical Teacher of the Year by Leeds Medical School students.



### NATIONAL INNOVATION AWARD WINNER

Researchers at the Bradford Institute for Health Research (BIHR) won a national EHI Healthcare Product Innovation award for its development, validation and implementation of the Bradford electronic Frailty Index (eFI).



### BRITISH SOCIETY OF UROGYNAECOLOGY ACCREDITATION

Our Urogynaecology unit received accreditation from the British Society of Urogynaecology, joining just 13 other units in the country.



### EMPLOYERS NETWORK FOR EQUALITY AND INCLUSION AWARDS

We were awarded the Representative Workforce Award for our inclusive and equal workplace practices at the Employers Network for Equality and Inclusion Awards.



### NEW DIAGNOSTIC VIRTUAL WARD HAS IMPACT

A new Diagnostic Virtual Ward project was launched - allowing patients to be discharged home but undergo their tests on an inpatient timescale – resulting in a significant saving of bed days.





## 2.1 PRIORITIES FOR IMPROVEMENT

### 2.1.1

#### RETIRED PRIORITIES FROM 2015/16

The following priorities were retired in 2015/16; the information below demonstrates that progress in these areas continues to be measured, maintained and developed.

##### 2.1.1.1

##### DIABETES

The Trust implemented 'Think Glucose' to improve the care of patients with diabetes across all our hospitals in 2015. During 2016/17 the Foundation Trust has focussed on embedding the Think Glucose principles into everyday practice, moving from the implementation of this as a project, to it being "business as usual".

Training sessions are now firmly established for nursing and medical staff on our inpatient wards and all new starters routinely receive training in caring for patients with diabetes as part of their induction. The Foundation Trust continues to monitor the number and types of incidents relating to people with diabetes, investigating the causes and ensuring that actions are taken to address any problems identified.

The Diabetes Team have seen a gradual rise in the number of referrals to the team, indicating that staff are identifying patients with diabetes and appropriately referring them to the specialist diabetes team for advice and support.

In September 2016, the Trust took part in the National Diabetes Inpatient Audit, which has been conducted in all acute hospitals on an annual basis since 2010, with the exception of 2014. The results for our Foundation Trust for overall patient satisfaction are shown in the table below:

**Patients reporting that they were 'satisfied' or 'very satisfied' with the overall care of their diabetes while in hospital from 2010-2016**

Audit Year	Bradford Teaching Hospitals Foundation Trust result	Quartile	Average England result
2010	80.4%	Quartile 2	80.8%
2011	85.8%	Quartile 2	84.8%
2012	76.7%	Quartile 1	85.7%
2013	89.1%	Quartile 3	86.0%
2015	83.8%	Quartile 2	84.3%
2016	92.2%	Quartile 4	83.7%

The quartile column represents how each value compares with the England data for the same year, with quartile 1 meaning that the result was in the lowest 25% of all trusts and quartile 4 being the highest; demonstrating further improvement in performance in 2016.

The audit also provides a benchmark for the organisation compared with other Trusts in England in relation to specific aspects of care. The results for 2016 demonstrate improvement within our Foundation Trust across a number of areas, including foot care, medication management and a reduction in medication management errors, as well as improved knowledge of staff in relation to diabetes. Areas for improvement identified include use of insulin infusion, and the choice of meals.

#### **Educating people about their diabetes**

Diabetes is increasingly common, with around 3.5 million people in the UK currently diagnosed with the condition. The Foundation Trust's Diabetes Dietitians were keen to improve the care experienced by those with diabetes and led a multi-disciplinary working group to produce a six-week group education package, tailored to local patient needs. This achieved the national QISMET – Quality Institute for Self Management Education and Training – quality mark in February 2017, and seeks to improve quality of life, increase self-management and provide a positive patient experience. The staff involved in running the sessions were given group facilitation skills training to ensure they could maximise the benefits of providing education in a group setting, and this was very well received. The package is available to all patients with type 2 diabetes in Bradford, whether they are newly diagnosed or have existing diabetes.



### 2.1.1.2

#### COMMUNICATION WITH PATIENTS AND THE PUBLIC WHOSE FIRST LANGUAGE IS NOT ENGLISH

The Foundation Trust is committed to ensuring that there is effective communication with patients, relatives and carers and has excellent provision of interpreting services which utilise Telephone Interpreting, Video Interpreting, British Sign Language, Translation services and information in different formats. In the last year the Foundation Trust had approximately 38,000 interpreting requests covering over 50 languages.

All submissions to the Communication with Patients Approval Group since 1 April 2016 have been required to include an approved statement about requesting patient information in other formats and languages. This has resulted in an improved service to patients and has raised awareness amongst staff of the need to meet the requirements of the Accessible Information Standard. All patient bedside folders include sign-posting to the Interpreting Service in eleven languages.

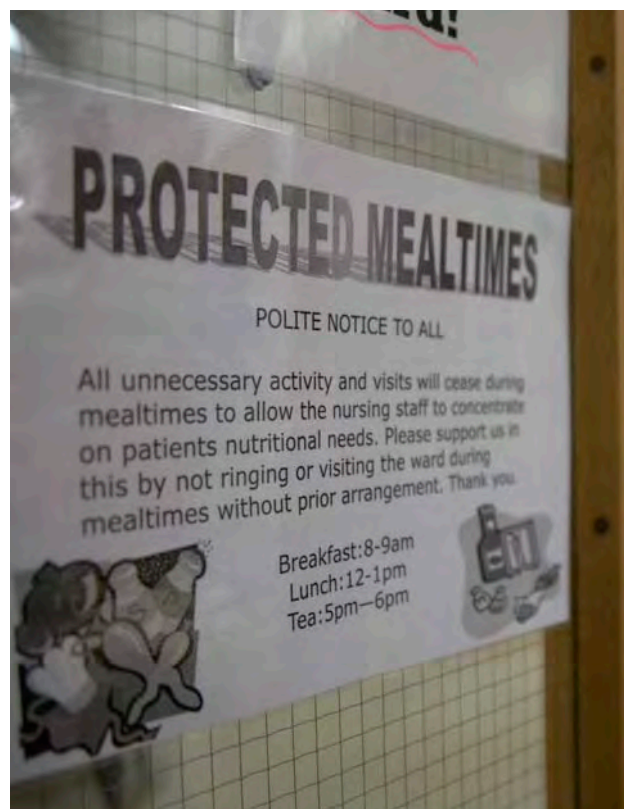
The Head of Interpreting has been working with the Centralised Patient Booking Service to develop a script for staff to use when registering patients so that patients' communication needs are appropriately recorded in their medical records, ensuring any future communication is done in an accessible way.

The Trust continues to work hard to meet the requirements of the Accessible Information Standard. Services for Braille and British Sign Language (BSL) have been provided through the Interpreting Service. Recent examples include rapid transcription of cancer information into Braille for a dermatology patient.

### 2.1.1.3

#### MEAL-TIME EXPERIENCE

Work in this area continues to be managed by the improving nutrition team, which meets on a monthly basis. The team monitors patient satisfaction, undertakes audit of practice, assesses nutritional screening information and is progressing work on finger foods. The catering team report to every meeting to enable any issues with the food to be resolved quickly.





## 2.1.2

### RETIRED PRIORITIES FROM 2016/17

The following priority was highlighted in last year's Quality Report, but will be retired this year:

- Priority 1 (safety): Hospital-acquired pressure ulcer reduction

#### 2.1.2.1

##### HOSPITAL-ACQUIRED PRESSURE ULCER REDUCTION

Hospital-acquired pressure ulcers are a type of patient harm that is preventable. To tackle pressure ulcers, the Foundation Trust initiated a quality improvement project involving areas of the Trust which had the greatest opportunity for pressure ulcer reduction. The main aim was to significantly reduce pressure ulcers of all grades.

One of the benefits of working in this way is that it will not only help us to reduce hospital-acquired pressure ulcers but will also promote the use of a project methodology which allows the teaching of quality improvement methodology to large numbers of staff resulting in the further enhancement of a safety culture with staff.

This priority is being retired for the forthcoming year as, despite still aiming to make further improvements, we are confident that we have in place a structure and methodology which will allow us to continue to achieve our aims. There is a one-page summary of the progress made since 2015/16 later in this section.

## 2.1.3

### 2017/18 PRIORITIES

The Foundation Trust will continue to focus on a broad range of projects for the coming year. We would, however, like to highlight the following key areas of work:

- Priority 1 (effectiveness and safety): Mortality Review Improvement programme
- Priority 2 (effectiveness and safety): Deteriorating patient
- Priority 3 (safety): Safer procedures
- Priority 4 (experience): Patient experience

The improvement priorities for inclusion in the Quality Account have been selected following a review of themes and areas of concern arising from a range of sources including:

- Consultation with our Foundation Trust members
- A review of complaints and Patient Advice Liaison Service (PALS) reports
- A review of serious incident and other incident reports
- A review of national and local patient surveys

A short summary of each of these areas is provided below. Further detail on the first three priorities is then provided; work to define the patient experience work programme for 2017/18 is ongoing.

#### 2.1.3.1

##### MORTALITY REVIEW IMPROVEMENT PROGRAMME

This is a new priority for 2017/18. Taking the opportunity to review the care that we give to patients and assess it for quality to capture learning is hugely important to us. We have, over the last two years, developed our processes significantly relating to the monitoring and governance of our mortality rates whilst improving our understanding and learning from mortality review. Reducing avoidable mortality is one of our key priorities in 2017/18 because we recognise that this piece of work provides a huge opportunity for improvement; indeed, processes for understanding and improving mortality are gaining attention across the National Health Service.

##### Over the coming year we will:

- Increase the percentage of inpatient deaths that we review
- Continue to promote the review methodology across the Foundation Trust
- Continue to strengthen our mortality monitoring and governance processes

### 2.1.3.2

#### MANAGEMENT OF THE DETERIORATING PATIENT

This is another new priority for 2017/18. The early detection of clinical deterioration is important in preventing subsequent cardiopulmonary arrest and to reduce mortality. However we find that sometimes patients' conditions deteriorate before nursing and medical staff recognise and respond to the signs.

##### Over the coming year we will:

- Start a quality improvement project aimed at working with wards and departments to develop tests of change (a test of change is an improvement technique whereby improvement ideas are tested on a small scale to see whether they are useful or not) that will improve the management of deteriorating patients
- Continue to develop our governance processes relating to the management of the deteriorating patient.

### 2.1.3.3

#### SAFER PROCEDURES

This priority is being rolled over for 2017/18; having a procedure in a hospital can be vital in ensuring that patients recover from ill health, but they do not come without risks.

##### Over the coming year we will:

- Continue to assess the safety culture in our theatres and develop improvement interventions and actions to continue to improve it
- Continue with the implementation of The National Safety Standards for Invasive Procedures (NatSSIPs)
- Continue with the work to improve the use of the Five Steps to Safer Surgery and the World Health Organisation Safer Surgery Checklist.



### 2.1.3.4

#### PATIENT EXPERIENCE

This priority is being rolled over for 2017/18. Constantly working to improve the experience that our patients have is always a focus for the Foundation Trust; we have had priorities which relate to improving patient experience for a number of consecutive years. We identified a number of priorities in 2016/17, which we will continue to focus on over the coming year. We will:

- Progress and implement a quality improvement project aimed at working with wards and departments to develop tests of change (a test of change is an improvement technique whereby improvement ideas are tested on a small scale to see whether they are useful or not) that will improve the experience of our patients; detailed plans continue to be developed
- Continue to progress the use of information technology to develop ways of understanding the experience of our patients, their carers' and their families when attending or interacting with our hospitals
- Continue to oversee the work done to improve patient experience at the Foundation Trust through the Patients First Committee.

In 2016/17 we introduced a number of initiatives to improve patient experience, which were all considered by the Patients First Committee:

- We introduced, and are continuing to develop, the use of Meridian - a hand-held tablet which gathers real-time feedback on patient experience whilst patients are on the wards. We have trained a group of volunteers to support patients in providing feedback in this way. The individual divisions within the Foundation Trust consider the feedback obtained, as well as that received from NHS Choices and via other avenues, and look to make the necessary improvements to improve patient experience. All feedback is shared with staff in team meetings and on study days. We have established weekly meetings to provide assurance that we are learning from complaints and seeking to improve the service that we provide, and any action plans are monitored at this meeting.
- We are working with colleagues in the Intensive Care Unit and the chaplaincy service to see how we can better use technology to meet the needs of bereaved relatives.
- We are implementing a programme for A-level students who want to work in the health service which aims to improve their ability to work with elderly patients, breaking down barriers between the generations and improving patient and carer experience.
- The patient experience team, which includes service users, is working with the estates team to develop the car-park strategy and the way-finding strategy, which will improve patient experience when travelling to and around the hospital.
- We are also involved in a patient experience research project, working with colleagues from Leeds Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust. The project aims to find out more about the patient experience data landscape, and will inform a second study that takes an innovative approach to co-design by staff teams, patient and public representatives. The overall aim will be to develop a toolkit to enhance the use of patient experience data. The project is funded by the National Institute for Health Research and led by the Yorkshire Quality and Safety Research Group.
- As a result of the opening of the new entrance and concourse at Bradford Royal Infirmary, our Patient Experience Team moved in to a new custom built workspace in January 2017, providing private areas for patients and their families to discuss issues and spend time face to face with our highly skilled team. The new information centre is also located in this area and is staffed by volunteers, who have all had training on the Accessible Information Standard and are able to provide information and signpost patients. The Communicating with Patients Approval Group considers all information that the Foundation Trust provides to patients to ensure that we can deliver the Accessible Information Standard, and this committee feeds back to the Patients First Committee.
- Training for complaint investigators has been reviewed and refreshed, and will ensure complainants receive responses that are clearly understandable, empathetic and professional. A number of Master Class training sessions were delivered in March 2017, aimed at senior staff involved in our complaints process, and we have improved training for all our frontline staff in handling complaints; this is delivered in an interactive manner advocating a problem-solving approach. The goal is to support frontline staff and give them the confidence to resolve patients issue as they arise.
- We have used social media to increase our communication to patients and families, working with colleagues in the communication department. We have 2 twitter accounts - @bthftpatientexperience and @bthft\_yourvoice - and we also have an email account patientexperience@bthft.nhs.uk where patients can contact us directly.
- The first patient experience showcase event was held in March 2017 to share and celebrate with partners the excellent work being undertaken at the Foundation Trust. We received a positive response and excellent feedback, and on the basis of this success it will become an annual event.

### 2.1.4

#### NHS QUEST

Our improvement work is supported by our involvement in NHS Quest. This is the first member-convened network for Foundation Trusts who focus specifically on improving quality and safety. NHS Quest members work together, share challenges and design innovative solutions to provide the best care possible for patients and staff. Their mission is to use improvement science methodology to drive sustainable change at pace and scale across a national network. More detail is available on the website: [www.quest.nhs.uk/](http://www.quest.nhs.uk/)

Bradford Teaching Hospitals NHS Foundation Trust is one of 10 Foundation Trusts who are working together to improve the quality of care for our patients.

NHS Quest endeavours to empower individuals at all levels of the member organisations from Board to bedside. The focus is to develop an optimistic and compassionate culture for the workforce, in order to reliably deliver the best possible care.

#### The four key areas of work to achieve this are:

- Leadership Networks – who come together through peer site visits, an Annual Conference and NHS Quest Connect- an online hub;
- Measurement – through use of an online strategic dashboard, a dashboard for each improvement programme, and data analytic support;
- Improvement Programmes – including Clinical Communities, which explore safety culture in specific clinical areas; the NHS Quest Best Employer Brand, which aims to drive best outcomes for staff; and the Breakthrough Series Collaboratives as detailed in this report; and
- Building Capability – including through the Improvement Science for Leaders (IS4L) programme, which aims to provide skills, theory and practical experience in running an improvement project to develop effective leaders and facilitators of change; the Scale Up and Spread Improvement Academy, which supports those who have successfully led an improvement project and wish to take it to the next level by scaling up and spreading change as well as sharing the valuable lessons learned and experience gained from carrying out improvements; and bespoke training and coaching.

Bradford Teaching Hospitals NHS Foundation Trust has initiatives being supported by the Quality Improvement Team in all of the 4 key areas of work. Key improvement programmes include the Pressure Ulcer Breakthrough Series Collaborative, the Mortality Review Improvement Programme, the Deteriorating Patient Breakthrough Series Collaborative, and the Safer Procedures Improvement Project. In addition, the Foundation Trust is joining the Theatre Safety Culture clinical community of practice and we have also recently been successful in our application to join the Improvement Science for Leaders programme, which is hosted by Haelo (a key partner of NHS Quest). Participants have been successfully fielded for both programmes of work, which commence in June 2017.





### Pressure Ulcer Breakthrough Series Collaborative Project

Pressure ulcers are a significant problem, with an associated mortality in elderly patients of up to 30%, but research suggests the majority are avoidable. Pressure ulcer treatment is a significant burden, costing an average of £5,600 per patient. The severity of a pressure ulcer is graded from 1-4, where 4 is the most serious.

Between 1 April 2015 and 31 March 2016, the Foundation Trust had 198 hospital-acquired pressure ulcers. 76 were grade 3 or 4. 66% were contributed by 11 wards. We estimate that the cost to the Foundation Trust was £1.2 - £1.8 million.

The Institute for Healthcare Improvement's Breakthrough Series Collaborative model has been used to work with teams where significant opportunity for improvement is expected. This creates a platform for teams to learn from each other and from experts in topic areas they may be interested in making improvements in.

The 11 'collaborative' wards involved in this project were identified based on the number of hospital acquired pressure ulcers that had occurred in their areas.



<b>WHAT:</b>	To reduce the number of hospital acquired pressure ulcers. Achieve 100 days ulcer free.
<b>HOW MUCH:</b>	40%
<b>BY WHEN:</b>	31 March 2017
<b>OUTCOME:</b>	In progress

#### Improvements achieved:

- The collaborative wards' average of total pressure ulcers has resulted in a Foundation Trust-wide drop from 66% to 58%
- As at February 2017, the Foundation Trust has gone more than a year without a grade 4 pressure ulcer
- The collaborative wards went 25 days in November 2016 with no grade 3 pressure ulcers
- Three of the wards: Ear, Nose and Throat; Cardiology and Coronary Care; and Trauma and Orthopaedics, have reduced grade 3 pressure ulcers by 100%
- Trauma and Orthopaedics has sourced an alternative to the Thomas splint (a main cause of pressure damage) and these are now available for use on the ward. Following this implementation, there has been no pressure ulcers to date (February 2017)
- Teams have identified change ideas which they are testing out using 'Plan, Do, Study, Act' cycles in their clinical areas
- Staff involved in the project have fed back positively about the project and have been enthused by the challenge
- Fortnightly ward visits provide support to collaborative wards as required

#### Further improvements identified:

- Two additional collaborative learning sessions are planned in 2017
- Quality Improvement input and support will continue on the wards to enable the spread of learning and best practice ideas in reducing pressure ulcer incidents



### Mortality Review Improvement Programme

Reducing avoidable mortality is one of our key priorities for 2017/18. We are doing this by reviewing the care we give, learning where we need to improve and making steps to improve the quality of the care we give. Over the last 2 years we have changed the way we monitor and review mortality, bringing it in line with the latest National directives. We have strengthened our mortality Governance processes to be much more open, standardised, reliable, and timely.

The Foundation Trust formally launched its Mortality Review Improvement programme in October 2016. A robust and systematic framework for managing and monitoring our mortality statistics and mortality case note review now exists. This is coordinated by the Quality Improvement team. Mortality governance is led by the Mortality Sub-Committee, which is chaired by the Medical Director.

The new nationally recognised case note review method, Structured Judgement Review, is now being used in the Foundation Trust. All relevant adult specialties within the Foundation Trust have received training and are expected to complete all mortality reviews using this method.

This new review method encourages reviewers to identify and celebrate good care as well judging when care has been less optimal. This has given us powerful peer reviewed evidence that the vast majority of our care is good or excellent (Scores 5 and 4 in graph). We have also been able to identify areas for improvement.

**WHAT:** To increase the number of inpatient deaths reviewed using the structured judgement case note review method

**HOW MUCH:** By 25%

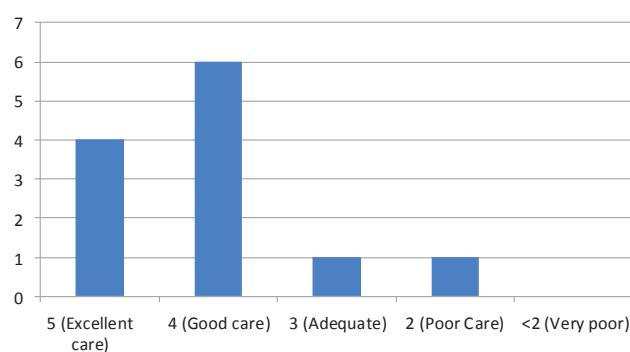
**BY WHEN:** By March 2018

**OUTCOME:** On target

### Improvements achieved:

- Establishment of appropriate governance to support quality mortality reviews, improvement and learning from mortality following periodic surveillance of mortality indicators and outlier alerts.
- To date approximately 130 staff (clinical and non-clinical) have been trained in the structured judgement method.
- From October 2016 to date, 96 reviews have been completed, which is approximately 15% of the deaths experienced in this time
- Creation of a centralised data collection system for uploading completed reviews.
- Introduction of the second reviewer process to enable a rationalised and timely approach to referring cases that may trigger the duty of candour policy.
- Thematic analysis of all reviews now allows cross-specialty learning and guidance to Trust-wide quality improvement projects.
- Development of a learning disability multi-disciplinary review group to facilitate review of all deaths in hospital.

Overall quality of care assessment scores  
Nov 16 - Feb 17



### The Deteriorating Patient Breakthrough Series Collaborative Project

Improving the care of the deteriorating patient is one of the key priorities of the Foundation Trust's Quality Improvement Strategy for 2017/18. The project was initiated to drive the improvement of the processes and systems currently in place in recognising and delivering appropriate treatment for the deteriorating patient.

A dedicated multidisciplinary steering faculty has been created, called the 'Managing the Deteriorating Patient' Steering Group. This group supports and facilitates this improvement work across the Foundation Trust.

The group, which has recently been merged with the Resuscitation Committee, will focus on integrating the learning and themes from related Foundation Trust-wide incidents, events, investigations, patient experience, mortality review themes and actions to understand the underlying causal and contributory factors in clinical deterioration to improve patient safety.

A Deteriorating Patient Breakthrough Series Collaborative project was launched in March 2017. The Institute for Healthcare Improvement's (IHI) Breakthrough Series Collaborative model is used to engage teams where significant opportunity for improvement is expected. The Collaborative improvement project framework creates a platform for teams to learn from each other and from experts in topic areas they may be interested in making improvements in.

This project involves 12 frontline teams leading and exploring ways of improving the recognition, escalation and management of acutely unwell patients in their clinical areas. The learning shared and improvement interventions tested and developed will be applied pragmatically with the intention of enabling wider spread within the Foundation Trust.

**WHAT:** To improve the management of the deteriorating patients through early recognition and timely response using the IHI's breakthrough series collaborative approach

**BY WHEN:** December 2018

**OUTCOME:** In progress

#### Key achievements to date:

- Establishment of dedicated faculty to focus on managing patient deterioration
- Combining the Resuscitation Group and Deteriorating Patient Group to establish a multi-disciplinary steering group
- Recruitment of frontline clinical teams to participate in the Breakthrough Series Collaborative project
- Development of a strategy for improving the care of the deteriorating patient in hospital



### Safer Procedures – WHO Surgical Safety Checklist improvement Project

The World Health Organization (WHO) developed a surgical safety checklist in 2009 with the intention of providing a reliable system for improving surgical processes. We have been working to ensure that the checklist is used for every patient undergoing a surgical procedure in our theatres and other settings. Additional initiatives have been adopted to promote safety: standardising aspects of surgical care, reinforcing safety processes, and encouraging open staff communication.

To facilitate this work, a 'Five Steps to Safer Surgery Improvement Group' has been established to improve compliance against these standards. The challenges to introducing changes in safety culture in the operating theatre have been significant. However, the real challenge has been in how we engage and support theatre teams to adapt to the checklist culture. It has been important that theatre staff lead, initiate and take ownership of the ideas which are being tested, as they have an integral role to play in championing any changes and improvements identified and implementing a 'modified' checklist based on the contribution of the multidisciplinary team.

**WHAT:** To enable and improve meaningful compliance with the WHO surgical safety checklist and establish safe systems of practice throughout the surgical pathway

**HOW MUCH:** > 95% compliance with completion of checklist

**BY WHEN:** May 2018

**OUTCOME:** On target

#### Improvements achieved:

- WHO surgical checklist completion compliance audits take place daily, enabling timely action against any issues identified; the overall average of completion of audited WHO checklists for all theatres has been 95% for over 12 months

- Periodic multidisciplinary team training (including simulation – this is a training method, where learners practice tasks in life-like circumstances. Using our state of the art facilities, trainees can rehearse and perfect even the most complex procedures) covering the five steps to safer surgery delivered to staff in the Anaesthesia, Diagnostics and Surgery division at clinical governance meetings
- Safety culture assessments to understand staff perception and knowledge of the five steps to safer surgery checklist and barriers to its completion. The results will be used to develop relevant education and training sessions
- Co-designed approach to developing modified 'Five Steps to Safer Surgery' guidance, which includes a briefing session at the start of the list and debrief session at the end of the list. A launch date is planned in April 2017
- A 'Local Safety Standards for Invasive Procedures' Implementation Group has been established to ensure the National Safety Standards for invasive procedures, which includes the WHO checklist, are being adopted by the Trust

#### Future improvements identified:

- Further work to be progressed with the Education and Training Department regarding incorporating the 'Five Steps to Safer Surgery' into the junior doctor induction





## 2.2 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

### 2.2.1

#### REVIEW OF SERVICES

During 2016/17 Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted 40 relevant health services.

The Foundation Trust has reviewed all the data available to them on the quality of care in all 40 of these relevant health services.

The income generated by the relevant health NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant services by the Foundation Trust for 2016/17.

### 2.2.2

#### PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

Bradford Teaching Hospitals NHS 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 prove assurance 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.

During 2016/17, 43 national clinical audits, 1 Maternal Newborn and Infant Clinical Outcome Review Programme (MBRRACE - UK) and 7 national confidential enquiries covered NHS services that the Foundation Trust provides. During that period, the Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate. The national clinical audits and national confidential enquiries that the Foundation Trust was eligible to participate in during 2016/17 are described as follows:



**Bradford Teaching Hospitals NHS Foundation Trust's (BTHFT) participation in the National Clinical Audit Programme.**

Name of audit / Clinical outcome review programme	% Case ascertainment
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	100% (462 cases)
Adult Asthma	Report not published in 2016/17
Asthma (paediatric and adult) care in emergency departments	Report not published in 2016/17
Bowel Cancer (NBOCAP)	84.7% (155 cases)
Cardiac Rhythm Management (CRM)	100% (August 2016 Report) (298 cases) 100% (February 2017 report) (291 cases)
Case Mix Programme (CMP)	100% (>750 cases)
Child Health Clinical Outcome Review Programme (as part of NCEPOD)	
-Chronic neuro-disability	Report not published in 2016/17
-Cancer in Children, Teens and Young People	Report not published in 2016/17
-Young People's Mental Health	Report not published in 2016/17
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (NICOR)	100% (292 cases)
Diabetes (Paediatric) (NPDA)	211 cases entered. (NPDA do not give or require an ascertainment figure)
Elective Surgery (National PROMs Programme)	100%
Endocrine and Thyroid National Audit	100% (173 cases)
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	94.2% (321 cases) (estimated ascertainment, team report it to be 100%)
Head and Neck Cancer Audit (HANA)	Report not published in 2016/17
Inflammatory Bowel Disease (IBD) Programme - National Clinical Audit of Biological Therapies	IBD registry is not reporting in 2016/17 Participated (6 cases)
Learning Disability Mortality Review Programme (LeDeR Programme)	Report not published in 2016/17
Major Trauma Audit (TARN)	12-13% (50 cases)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)	100% (number of cases not stated)
Medical & Surgical Clinical Outcome Review Programme (NCEPOD)	
-Acute Pancreatitis	100% (5 cases)
-Mental Health in General Hospitals	Participated (5 cases)
-Non-invasive ventilation	Report not published in 2016/17
-Acute Heart Failure	Report not published in 2016/17

National Audit of Dementia: Care in General Hospitals	Report not published in 2016/17
National Cardiac Arrest Audit	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Report not published in 2016/17
National Comparative Audit of Blood Transfusion – Audit of Red Cell & Platelet Transfusion in Adult Haematology Patients	100%
National Diabetes Audit - Adults	
-National Diabetes Insulin Pump Audit	125 cases (ascertainment figure not reported / required)
-National Diabetes Inpatient Audit	100% (105 cases)
-National Pregnancy in Diabetes Audit	100% (37 cases)
National Emergency Laparotomy Audit (NELA)	69.1% (126 cases)
National Heart Failure Audit	60% (70% target) (292 cases)
National Joint Registry – Knee replacement and Hip replacement	100% (624 cases)
National Lung Cancer Audit (NLCA)	100% (255 cases)
National Ophthalmology Audit	100% (725 cases)
National Prostate Cancer Audit	>100% (601 of 586 expected cases)
National Vascular Registry	97% (AAA) 107% (Carotid endarterectomy) of estimated cases. (271 cases)
Neonatal Intensive and Special Care (NNAP)	100% (711 cases)
Nephrectomy audit	89% (208 cases) (2013-15, 100% current year)
Oesophago-gastric Cancer (NAOGC)	>90% (their highest category) (188 cases)
Paediatric Asthma (British Thoracic Society)	55 cases (BTS audits do not have an ascertainment figure)
Paediatric Pneumonia	Report not published in 2016/17
UK Parkinson's Audit	100% (20 cases)
Percutaneous Nephrolithotomy (PCNL)	100% (36 cases)
Radical Prostatectomy Audit	99% (309 cases)
Renal Replacement Therapy (Renal Registry)	Report not published in 2016/17
Rheumatoid and Early Inflammatory Arthritis	18 cases (ascertainment figure not reported)
Sentinel Stroke National Audit programme (SSNAP)	>90% (their highest category) (521 cases)
Severe Sepsis and Septic Shock – care in emergency departments	Report not published in 2016/17
Stress Urinary Incontinence Audit	100% (17 cases)

The reports of 30 national clinical audits that were reviewed by the Foundation Trust during 2016/17 and any actions that the Foundation Trust intends to take to improve the quality of healthcare provided are described in the table below:

**Bradford Teaching Hospitals NHS Foundation Trust's intended actions following review of the recommendations from national audits published during 2016/17**

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
National Diabetes Insulin Pump Audit Report, 2013-15	April 2016	The insulin pump audit is part of the National Diabetes Audit and evaluates insulin pump users using nine National Institute for Health and Care Excellence (NICE) key care process achievement rates. Case records between 1 January 2014 and 31 March 2015 were submitted for pump users followed up at BRI Diabetes Unit. Results for the Foundation Trust did not raise any concerns, but at the time of the audit there were difficulties submitting data which have now been resolved.
National Audit of Percutaneous Coronary Interventions (PCI) Annual Public Report January 2014-December 2014	April 2016	Report summarises UK experience with cardiac intervention in 2014. For most indicators the Foundation Trust was average or better. Median time to PCI for some patients is longer than the national average and the proportion of patients achieving PCI within 72 hours is lower than the national average. The Division has an action plan to address these concerns.
National Ophthalmology Database Audit Year 1 Annual Report – Piloting of the National Ophthalmology Database Audit Methodology 2016	April 2016	100% (725 cases) ascertainment, outcomes were within expected values. The division reviewed the results and determined that an action plan was not required.
NPDA National Paediatric Diabetes Audit Report 2014-15 Part 1: Care Processes and Outcomes	June 2016	The median HbA1c levels, although slowly improving, still remains above the national average. The Specialty has agreed a work programme to improve this clinical outcome.
The Second Patient Report of the National Emergency Laparotomy Audit (NELA) December 2014 to November 2015	June 2016	Final case ascertainment for this audit was amber, and work has been carried out since to improve data collection. This has now increased to green. The Foundation Trust's results were similar to the national picture. The Division have an action plan in place to try to meet the aspirational best practice standards set out in the report.
Medical and Surgical Review Programme – Acute Pancreatitis  Treat the Cause: A review of the quality of care provided to patients treated for acute pancreatitis	July 2016	This report describes the national quality of care for acute pancreatitis and makes recommendations based on this. The division has reviewed the recommendations, and were already compliant with all but three. The Foundation Trust is exploring options for implementing the remaining recommendations.

National Heart Failure Audit	July 2016	The eighth annual report of the National Heart Failure Audit presents findings and recommendations for patients with an unscheduled admission to hospital, with a primary diagnosis of heart failure. The Division has reviewed the results of the audit and feel they need to put in place an outreach pathway, and increase access to a specialist heart failure nurse. Recruitment to this role is ongoing.
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis: 2nd Annual Report 2016	July 2016	The Foundation Trust has reviewed the results of this national audit and is aware of concerns about referral pathways. The Foundation Trust has met with commissioners to discuss the referral pathway from general practice for patients with synovitis. Referral forms have been redesigned to ensure required information is received to aid decisions about the urgency of treatment.
National Audit of Cardiac Rhythm Management Devices	August 2016 and February 2017	This 10th Annual Report of the Cardiac Rhythm Management Audit describes cardiac device implants in England and Wales. The report details implant rates for pacemakers, implantable cardioverter defibrillators and cardiac resynchronisation therapy. The patient outcomes and implant rates for the Foundation Trust were within expected ranges and no action plan was required.
UK Parkinson's Disease Summary Report	August 2016	The Foundation Trust has reviewed the report and was not an outlier and there were no major concerns. Opportunities for improvement have been identified in relation to the recoding of non-motor complications, and reviewing patients every six months. An action plan is in place to make these improvements.
National Oesophago-Gastric Cancer Audit	September 2016	Overall outcomes were within the expected range, including 30 day mortality. Case ascertainment was >90% (the highest rank in the report). The report makes a national recommendation that the treatment of high grade dysplasia is limited to centres with more than 15 cases and the Foundation Trust are close to this level.
13th Annual Report 2016 National Joint Registry (NJR) for England, Wales, Northern Ireland and the Isle of Man	September 2016	The core purpose of the NJR, to collect, manage and analyse data to provide early warning of issues related to patient safety and improve the quality of outcomes and cost effectiveness of joint replacement surgery. Historically, the Foundation Trust had higher than expected rates of knee revision, but results for the 2011-15 period indicates that this has resolved.
Falls and Fragility Fracture Audit Programme (FFFAP) National Hip Fracture Database (NHFD) annual report	September 2016	This report details an excellent performance by the Bradford Hip Fracture Unit. Bradford Teaching Hospitals NHS Foundation Trust was the only Trust in Yorkshire and the Humber to score in the top 25% of all Trusts across the key indicators, and had the 14th highest score out of all 177 Trusts that took part.



Inflammatory Bowel Disease Programme National clinical audit of biological therapies: UK inflammatory bowel disease (IBD) audit	September 2016	Submission to IBD was affected by system incompatibility (now resolved). Bradford is included as participating but specific results not given due to low numbers. Submission was also reduced due to staffing issues which have subsequently been addressed. Data entry should improve moving forward.
National Neonatal Audit Programme 2016 Annual Report	September 2016	The Foundation Trust returned data for 711 babies. Outcomes were within expected values. The report made a series of general recommendations, and the Foundation Trust were already compliant with most of these. There are plans within the Division to address these areas for improvement.
National Pregnancy in Diabetes Audit Report, 2015: England, Wales and the Isle of Man 21 October 2016	October 2016	The National Pregnancy in Diabetes (NPID) audit measures the quality of care and outcomes for women with pre-gestational diabetes who are pregnant and aims to support quality improvement. The report did not identify any practice concerns for the Foundation Trust but did identify a low rate of first contact with the diabetes team within early pregnancy. This is a community issue beyond the control of the Foundation Trust so the Foundation Trust is working with partners to promote early referral.
Sentinel Stroke National Audit Programme (SSNAP) Acute organisational audit report November 2016: National Report England, Wales and Northern Ireland	November 2016	The Foundation Trust has reviewed the recommendations of the annual report and has produced an action plan to improve data quality and the results have been included in a quality improvement programme for stroke services.
British Thoracic Society National Paediatric Asthma Audit Summary Report	November 2016	The Foundation Trust results were consistent with the national picture and there were no concerns. The report makes general recommendations that the Foundation Trust is planning to implement. These are to improve the recording of children's exposure to environmental tobacco smoke, reducing the use of chest x-rays; reducing the use of antibiotics, and increasing the use of personal asthma action plans at discharge.
National Vascular Registry 2016 Annual Report	November 2016	The National Vascular Registry reports on key indicators such as staffing and organisation of care. The Foundation Trust already complies with all of the recommendations and results are better than the national average.
Maternal, Newborn and Infant Clinical Outcome Review Programme Saving Lives, Improving Mothers' Care: Surveillance of maternal deaths in the UK 2012-14 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-14	December 2016	This report focusses on deaths and severe morbidity from cardiac causes, deaths from pre-eclampsia or eclampsia and related causes, deaths in early pregnancy, and messages for critical care. This national report makes many recommendations. There are no current performance concerns as work has been completed to become compliant with the similar recommendations from previous reports.

NPCA National Prostate Cancer Audit Third Year Annual Report – Results of the NPCA Prospective Audit and Patient Survey 2016	December 2016	The Foundation Trust results were average or better for all outcomes except for the recording of nerve sparing, which was still within the expected range. No actions were needed due to these good results.
National Bowel Cancer Audit Annual Report 2016	December 2016	The Foundation Trust results were consistent with the National results and there were no concerns requiring an action plan.
National Lung Cancer Audit: Annual report	January 2017	The Foundation Trust has reviewed the report and recommendations. The Foundation Trust results were average or better when compared to the national results, but below the aspirational targets set by the audit. The Division are considering the results to determine if improvements are needed as results are satisfactory.
Medical and Surgical Clinical Outcome Review Programme: Mental health in acute general hospitals report (NCEPOD)	January 2017	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.
Myocardial Ischaemia National Audit Project Annual Public Report	January 2015	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	February 2017	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.
National audit of Cardiac Rhythm Management Device	February 2017	This 11th annual report of the cardiac rhythm management audit describes cardiac device implants in England & Wales. The report details implant rates for pacemakers, implantable cardioverter defibrillators and cardiac resynchronisation therapy. The patient outcomes and implant rates for the Foundation Trust were within expected ranges and no action plan was required.
National Paediatric Diabetes Audit Report Part 1: Care Processes and Outcomes	February 2017	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.
National Diabetes Audit (NDA): Footcare Report	March 2017	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.
National Diabetes Audit (NDA): National Diabetes Inpatient Audit	March 2017	The Foundation Trust is currently reviewing the recommendations from this report and completing a “Plan on a Page” to describe the recommendations and action planning to address them.



The reports for 26 local audits and two locally developed audit programmes were reviewed by the Foundation Trust in 2016/17; the key actions that it intends to take to improve the quality of healthcare provided are described in Appendix A, which includes examples of local audits reported in 2016/17.

A more detailed review of the outcomes of the Foundation Trust's local audit programme will be published in its Annual Clinical Audit Report later in the year.

### 2.2.3

#### PARTICIPATION IN CLINICAL RESEARCH ACTIVITIES

In 2016/17 Bradford Teaching Hospitals NHS Foundation Trust is recruiting patients to 155 National Institute for Health Research (NIHR) portfolio projects (figures correct at the end of January 2017).

The number of patients receiving relevant health services provided or sub-contracted by the Foundation Trust in 2016/17 that were recruited during that period to participate in NIHR portfolio research was 5087 (figures correct at the end of January 2017).

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

Further information is detailed in the section on Research Activity later in the Quality Report.

### 2.2.4

#### COMMISSIONING FOR QUALITY INNOVATION FRAMEWORK (CQUIN)

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 Bradford Teaching Hospitals NHS Foundation Trust is actively engaged in discussing, agreeing and reviewing local quality improvement priorities with our local Clinical Commissioning Groups (CCGs).

A proportion of the Foundation Trust income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between the 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 2016/17 are available online at:

[www.england.nhs.uk/wp-content/uploads/2016/03/cquin-guidance-16-17-v3.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/03/cquin-guidance-16-17-v3.pdf)

A list of Foundation Trust performance against the 2016/17 CQUIN indicators can be found in the Local Performance Measures section of this report.

The monetary total for the amount of income in 2016/17 conditional upon achieving quality improvement and innovation goals is £6.84m and the monetary total for the associated payment in 2015/16 was £6.68m.

### 2.2.5

#### CARE QUALITY COMMISSION (CQC) REGISTRATION

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.

The Care Quality Commission has not taken enforcement action against the Foundation Trust during 2016/17.

### 2.2.6

#### CQC INSPECTION

The report describing the outcome of the follow up inspection undertaken by the CQC in January 2016 was published on 24 June 2016. The table below shows the aggregated ratings grid from the outcome of the inspection undertaken in 2014 and the follow up inspection undertaken in 2016. Overall Bradford Teaching Hospitals NHS Foundation Trust continues to be 'requires improvement'. The CQC, during the inspection process, found improvements across the safe domain and the effective domain, and within critical care, outpatients and diagnostic imaging, and our community hospitals. We are very proud of the achievement of our teams in those areas.

As following the inspection in 2014, the report published in June 2016 identified areas where the Foundation Trust was required to take compliance actions ('must do's'), which related to the safety, effectiveness, responsiveness and the leadership of services.

##### Are we safe?

The CQC concluded that we 'require improvement'. They found that:

- In some areas, staffing levels did not meet national guidance;
- In some areas infection control practices were not always consistent with policy;
- Record management in the Accident and Emergency Department was not consistent with policy;

- The management of Patient Group Directions in the Accident and Emergency Department was not consistent with policy; and
- There was inconsistent implementation of the WHO surgical checklist.

Concerns were identified during the inspection in relation to medicines reconciliation, medication storage and resuscitation equipment and were dealt with immediately.

##### Are we effective?

The CQC concluded that we were now 'good'. However they found that:

- Not all policies and procedures had been reviewed and the latest national guidance was not always referenced in documents; and
- There was an inconsistency with the application of the Deprivation of Liberty Standards (DoLS).

##### Are we caring?

The CQC did not inspect this domain during the 2016 inspection.

##### Are we responsive?

The CQC concluded that we 'require improvement'. They found that:

- Further work was required in relation to out-patient access targets;
- There was evidence of delayed transfers from critical care; and
- Improvement was required in response times for complaints.

##### Are we well led?

The CQC concluded that we 'require improvement'. They found that:

- There was inconsistent practice at ward level which meant that assurance processes developed during 2015/16 needed time to embed and become fully effective.

## Our aggregated ratings from 2014 and 2016 - at a glance

## Bradford Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & 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	Good	Good	Good	Good	Requires improvement	Good
Maternity & Gynaecology	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients & Diagnostic imaging	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

## St Luke's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Outpatients & Diagnostic imaging	Good	Inspected but not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

## Community health inpatient services - community hospitals Westwood Park and Westbourne Green

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

## Notes:

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

We developed a response document to the inspection report and the key findings as described above, which was signed off by the CQC. The response document was also shared with the Clinical Commissioning Groups and the Bradford Health and Social Care Overview and Scrutiny Committee. The response document contains action plans associated with the 11 compliance actions ('must do's') identified by the CQC, and describes how we will ensure that our action plans are effective. We also reviewed the inspection report to enable the identification of further opportunities for change and improvement. Essentially, we see the report as a key source of significant intelligence supporting the answer to the question 'what do we know about our compliance with Fundamental Standards and how do we know it?'

We provide regular evidence to the CQC in relation to progress with, and outcomes of, action plans, and have implemented our own internal challenge and assurance process through ProgRESS (which stands for a Programmed Review of Effectiveness, Safety and Sensitivity), a programme of work underway in the Foundation Trust in relation to understanding and ensuring compliance with the CQC Fundamental Standards. This is discussed in more detail in the section in part 3 of this report on the Monitoring and Assurance Process.

Bradford Teaching Hospitals NHS Foundation Trust has participated in a Joint Targeted Area Inspection by the CQC during 2016/17 relating to partnership arrangements in relation to domestic violence. The review took place during February 2017 and the findings were published in April. A response from the Director of Children's Services, including actions for the partnership and, where appropriate, for individual organisations will be submitted by 24 July 2017.

### 2.2.7

#### NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics that are included in the latest published data by the Service. The percentage of records in the published data that included patients' 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**

Record type	Area	2016/17	2015/16 (April 2015 to January 2016)	2014/15 (April 2014 to January 2015)	2013/14	2012/13	2011/12
Patients Valid NHS number	Admitted Patient Care	99.59%	99.00%	99.60%	99.60%	99.60%	99.50%
	Outpatient Care	99.83%	99.00%	99.40%	99.40%	99.40%	99.80%
	A&E Care	98.71%	98.00%	98.50%	98.60%	98.40%	98.30%
Patients Valid General Medical Practice Code	Admitted Patient Care	99.26%	100%	99.90%	100%	100%	100%
	Outpatient Care	99.89%	100%	100%	100%	100%	100%
	A&E Care	99.06%	100%	99.09%	100%	100%	100%



### 2.2.8

#### 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 2016 was satisfactory.

### 2.2.9

#### PAYMENT BY RESULTS CLINICAL CODING AUDIT

Bradford Teaching Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

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

Bradford Teaching Hospitals NHS Foundation Trust was subject to the Information Governance clinical coding audit during the reporting period. The specialties audited consisted of a sample of urology and paediatric medicine specialties selected at random from activity between April - June 2016. The error rates reported in the latest preliminary published audit for that period for diagnoses and treatment coding (clinical coding) were as follows:

Clinical Coding Error Rate					
Coding Field	% incorrect 2016/17	% incorrect 2015/16	% incorrect 2014/15	% incorrect 2013/14	% incorrect 2012/13
Primary Diagnoses Incorrect	8.17%	5.50%	9.00%	8.00%	10.45%
Secondary Diagnoses Incorrect	9.2%	4.80%	9.47%	5.90%	11.82%
Primary Procedures Incorrect	9.09%	9.10%	2.00%	0.70%	6.45%
Secondary Procedures Incorrect	14.79%	5.60%	8.02%	8.70%	10.50%

The audit was based on the methodology detailed in the current Version 10.0 of the Clinical Coding Audit Methodology set out by NHS Digital Classifications Service undertaken by an approved Clinical Coding Auditor.



**A number of observations and recommendations to correct coding errors, and the current position, are summarised below:**

Audit Observation/Recommendation	Response/Current Position
The level of coding is generally good and within the attainment level 2 of the IGT. No trainer was in place.	A trainer is now in place.
There were five vacancies, impacting on the quality of work.	Vacancies have reduced to two.
No encoder is in place and the current Patient Administration System (PAS) allows incorrect codes. Routine checks on coded data were, at time of audit, not carried out.	An encoder has been purchased, along with a new PAS, and is in the process of being implemented for the end of the summer 2017. Routine checks are now in place.
There was a period of time where the ungrouped activity was not reviewed.	This temporary suspension of the review was as a result of a transition to a new data warehouse that required the report to be rewritten. A weekly review is in place.
Data extraction is carried out on the discharging wards which are busy and may not have a quiet area or desk and chair for the coder to work.	The team has reviewed their working processes and is in the process of adjusting them to ensure provision of a quiet workspace.
The main errors were due to information recorded within the whole of the health record not being fully utilised. It is entirely possible that in order to complete coded episodes due to the staffing problems described that this process was rushed.	Additional coders are now in place. Improvement in this area is forming a part of our Counting and Coding Project.
Clinical awareness and participation is being rolled out to ensure good coding and improvements were seen in the rolled out areas. A clearly documented diagnosis on discharge was not always seen for non-electives and some information was recorded after the coding work. The standards of clinical coding had not been adhered to in some episodes audited. Rules around applying codes for scans and methods of approach and imaging were not consistently considered.	Improvement in this area is forming a part of our Counting and Coding Project.



### 2.2.10

#### DATA QUALITY

Good quality information underpins the effective delivery of improvements to the quality of patient care. High quality data has a positive impact and means better patient care and patient safety.

Bradford Teaching Hospitals NHS Foundation Trust continues to implement data quality initiatives. Data quality tools have been updated and developed to better reflect operational requirements. The tools provide a method for staff to identify trends and put in place corrective actions. The Data Governance Group, whose membership includes data owners across the Foundation Trust, continues its work of increasing overall understanding and accountability for data quality and governing the organisation's critical data.

#### **The Foundation Trust will be taking the following actions to further improve data quality:**

- Further development of systems and processes within the Data Quality Team and the operational divisions to continue to improve the quality of Trust data;
- Development of new data quality metrics for both current and future systems, including the new Electronic Patient Record and data warehouse, to enable staff to access real time information;
- Strengthening of the data quality governance arrangements with now more active and proactive engagement of Information Asset Owners; and
- Structured 'deep dive' cleansing exercise on specific areas with historical data issues to support the data migration to the Electronic Patient Record.

The Foundation Trust will also continue to develop and implement a communication strategy across the organisation to better inform staff of their responsibility to maintain good quality data and get the data right from source.

### 2.2.11

#### REPORTING AGAINST CORE INDICATORS

The Department of Health and Monitor first introduced mandatory reporting of a small, core set of quality indicators in the 2012/13 Quality Account. The indicators that are relevant to Bradford Teaching Hospitals NHS Foundation Trust for 2016/17 are reported in Appendix B.

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, has governance arrangements to review and improve data quality, and has acted upon recommendations of internal and external data quality audits.

All of our data-reporting processes have standard operating procedures that ensure that 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, and where this does not occur, is checked by another member of the team to ensure there are no data anomalies.

### 2.2.12

#### DUTY OF CANDOUR

Regulation 20 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, introducing the statutory Duty of Candour for the NHS, came into force on 27 November 2014. It is designed to ensure that providers are open and transparent with people in relation to care and treatment, specifically when things go wrong, and that they provide people with reasonable support, truthful information and an apology.

Healthcare treatment is not risk free. Patients, families and carers usually understand this, and want to know that every effort has been made to put things right, and prevent similar incidents happening again to somebody else. We know that trust in our organisation is directly related to how we respond when things go wrong. Being open is comparatively easy when all is well, but can be far more challenging in cases of actual or possible harm, whether caused by error or when a known and accepted complication occurs during treatment.

Bradford Teaching Hospitals NHS Foundation Trust is committed to making this duty a reality for the people who use our services. We want to ensure there is clear, strong organisational support for staff to supplement their professional and ethical responsibility in being open and honest with patients. We understand that the impact and consequences of mistakes or errors made during the course of care or treatment can affect everyone involved and can be devastating for individual staff or teams; we aim to ensure there is sustained support for staff in reporting incidents and in being open with their patients. Clinicians already have an ethical Duty of Candour under their professional registration to tell patients about any errors and mistakes related to their care.

The Foundation Trust has therefore built on that individual professional duty and is implementing a new policy which places an obligation on the organisation, not just individual healthcare professionals, to be open with patients when harm has been caused. The policy describes how the Foundation Trust will meet its statutory and contractual Duty of Candour. The intention is to support a culture of openness, transparency and candour between healthcare professionals and patients and/or their carers when

an incident or a prevented incident has occurred and to learn from the error, whatever the level of harm caused.

The implementation of the policy has been supported by a masterclass for our clinical leaders and the development of a Foundation Trust-wide education programme that was developed during early 2016/17. This will ensure a consistent approach to being open where staff feel supported reporting errors and being honest with patients and families when something unexpected happens, and ensure compliance with statutory, contractual and professional requirements.

We routinely monitor our compliance with the statutory and contractual requirements relating to our Duty of Candour using our incident reporting system and report details of any breaches, their impact and opportunities for change and improvement through both our Quality and Safety Committee and Performance Committee and to our Commissioners. During 2016/17 there have been two Duty of Candour breaches reported; one in Quarter one and one in Quarter two. The incident in Quarter one resulted in moderate harm and the incident in Quarter two was reported as a serious incident.

The Foundation Trust has agreed that our approach to making Duty of Candour a meaningful reality should underpin our commitment to providing high quality care, understanding and sharing the truths about harm at an organisational as well as an individual level, and learning from them. The principles of meaningful staff engagement, professional accountability and leadership are central both to ensuring we deliver our Duty of Candour and also our drive to continuously learn and improve.



### 3.1 KEEPING PATIENTS SAFE

#### 3.1.1

##### PATIENT SAFETY PROGRAMMES

In 2014 the Foundation Trust signed up to the “Sign up to Safety” campaign, and in 2015 we successfully bid for £28,000 of additional funds through this programme. This was used to deliver the Foundation Trust’s Quality Improvement Strategy, and we have continued to develop this; the strategy incorporates a variety of innovative programmes to improve patient safety. These are described over the coming pages:

##### Quality and Safety Leadership Walk-round programme

A key corporate priority of the Foundation Trust is to improve the quality and safety of care delivered to patients by empowering staff to be safety champions in their areas of practice. The leadership walk-round process provides a structured way of doing this. Leadership walk-rounds are not a one-off event but part of the Foundation Trust’s continuing cycle of improvement.

The format of the walk-round visits has recently been changed to more informal and reflective sessions to create the space and time for real meaningful conversations between staff, patients and the senior Executive team.

It is anticipated that clinical teams will share their stories and experiences of the many innovative work practices developed as well as staff passion and pride in their areas of work. This will increase

staff engagement and develop a culture of open communication where the safety of patients is seen as a priority of the organisation.

<b>WHAT:</b>	To increase the visibility of the senior executive team with frontline staff and patients
<b>HOW MUCH:</b>	By 100%
<b>BY WHEN:</b>	By March 2018
<b>OUTCOME:</b>	On target

##### Improvements achieved:

- Creation of a standard operating procedure to improve the quality of the leadership walk-round process and ensure all parties involved have a clear understanding of their roles and responsibilities
- Launch of the revised walk-round documentation and process to enhance the experience for staff and patients
- Positive feedback from staff relating to the new style walk-round visit format which is more informal, reflective and conversational
- Facilitation of a mix of walk-round formats by the Executive management team which includes informal Executive Director paired walk-round and in-hours and out of hours Executive and Non-executive Director walk-round visits, demonstrating the organisation’s commitment to building a culture of safety



## PRASE – Involving Patients in Patient Safety

The PRASE (Patient Reporting and Action for a Safe Environment) tool was created by the Yorkshire Quality and Safety Research Group, which is part of the Bradford Institute for Health Research (BIHR). It is a validated and evidence-based patient safety questionnaire developed for use in an acute inpatient care setting. It enables patients and their carers to provide real time feedback of their experiences of the safety and quality of care received whilst in hospital.

The Foundation Trust led the project implementation work, in collaboration with the BIHR and the Yorkshire and Humber Improvement Academy, which was completed in July 2016. The project, which included Hull and East Yorkshire Hospitals and Barnsley NHS Foundation Trust, was funded by the Health Foundation, an independent charity that is committed to bringing about better healthcare in the UK.

The project was tasked with determining whether hospital volunteers can be used as a sustainable means of collecting patient feedback; this was very well received and has been acknowledged widely as a novel approach. The ability of ward staff to use this information and the PRASE approach to making improvements was also tested.

**WHAT:** To involve hospital volunteers in the collection of patient feedback using the PRASE tool. This is with the intention that reports generated will be used to make safety improvements in quality and safety of care delivered on the ward.

**HOW MUCH:** All inpatient wards using a timetabled approach

**BY WHEN:** March 2018

**OUTCOME:** In progress

## Improvements achieved:

- Recruitment and development of a team of PRASE Volunteers
- Development of a PRASE volunteer role outline/specification
- Development of training and resources to facilitate training of PRASE volunteers and ward staff
- Development of a volunteer retention plan
- Generation of ward feedback reports using data collected by the PRASE volunteers
- Organisation of the multidisciplinary ward action planning meetings and ward action plans
- Development of the PRASE IT software
- Creation of a PRASE animated information movie: <http://bit.ly/1RldUIM>
- Development of promotional materials and souvenirs to increase awareness and understanding of PRASE
- A free celebratory event organised in November 2016 at 'The Studio' Leeds for all volunteers and staff involved in the project



## Sepsis Improvement Project

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. If not recognised and treated promptly, it can lead to multiple organ failure, septic shock and ultimately death.

The Sepsis Improvement Group has recently been reinvigorated. The improvement activities embarked on by this group will increase staff knowledge and recognition of sepsis. This work will involve the development and the implementation of a standardised approach to sepsis identification and its management across the organisation based on best practice guidance.

The group comprises multidisciplinary and multi-specialty members with representation from the Emergency Department, Critical care Outreach Team, Acute Medical team (nurses), Paediatrics, Maternity, Specialist nurses from surgical teams, Clinical effectiveness representation, Infectious Diseases consultants and senior nurse representatives from other specialties within the Foundation Trust.

<b>WHAT:</b>	To implement a reliable process for identifying and managing sepsis in the Foundation Trust
<b>HOW MUCH:</b>	To increase use of the sepsis screening tool on all applicable wards
<b>BY WHEN:</b>	By March 2018
<b>OUTCOME:</b>	In progress

### Key achievements to date:

- Creation of a sepsis driver diagram which describes the group's strategy and rationale for improvement
- Development of an Adult and Children Sepsis one page screening tool template to be kept in the patient's records – The Paediatric tool will also be used in the Emergency department and inpatient wards.
- Creation of a sepsis e-learning package which is available to all clinical staff

- Introduction and development of a 'champion' role – to serve as a key ward level resource to support, embed and sustain knowledge and awareness of the sepsis pathway
- Sepsis awareness week promotion - 20 to 24 March 2017
- Introduction of a sepsis mantra – Think Sepsis! Think BUFALO!! Save Lives!!!

### Further improvements identified:

- Sepsis monitoring and measurement for improvement plan to be developed following implementation of the screening tools
- Development of a patient information leaflet
- Development of a one page maternity specific screening tool
- Facilitation of future sepsis awareness promotional sessions to increase staff alertness to recognising sepsis



## Learning and Surveillance Hub

The Learning and Surveillance Hub is a new initiative and a key part of our quality oversight system. We have developed a virtual network of partners who work across the Foundation Trust.

The Hub brings together all Divisions and Corporate Departments and their respective information and intelligence, gathered through performance monitoring and regulatory activities and our day to day work. The group works to collectively consider and review this information, with members working together to safeguard the quality of care that people receive through identifying learning and ensuring translation into practice.

The Hub identifies learning from incidents and produces 'Learning Matters', a monthly publication that describes high impact learning from incidents that have taken place in the Foundation Trust. It has also developed its first issue of 'Responding and Improving', describing how the Foundation Trust has responded to serious incidents, and how we know that the actions undertaken have been effective, thus reducing the likelihood of similar incidents.

**WHAT:** To develop and facilitate a multi-disciplinary forum that translates data from our surveillance mechanisms into opportunities to learn

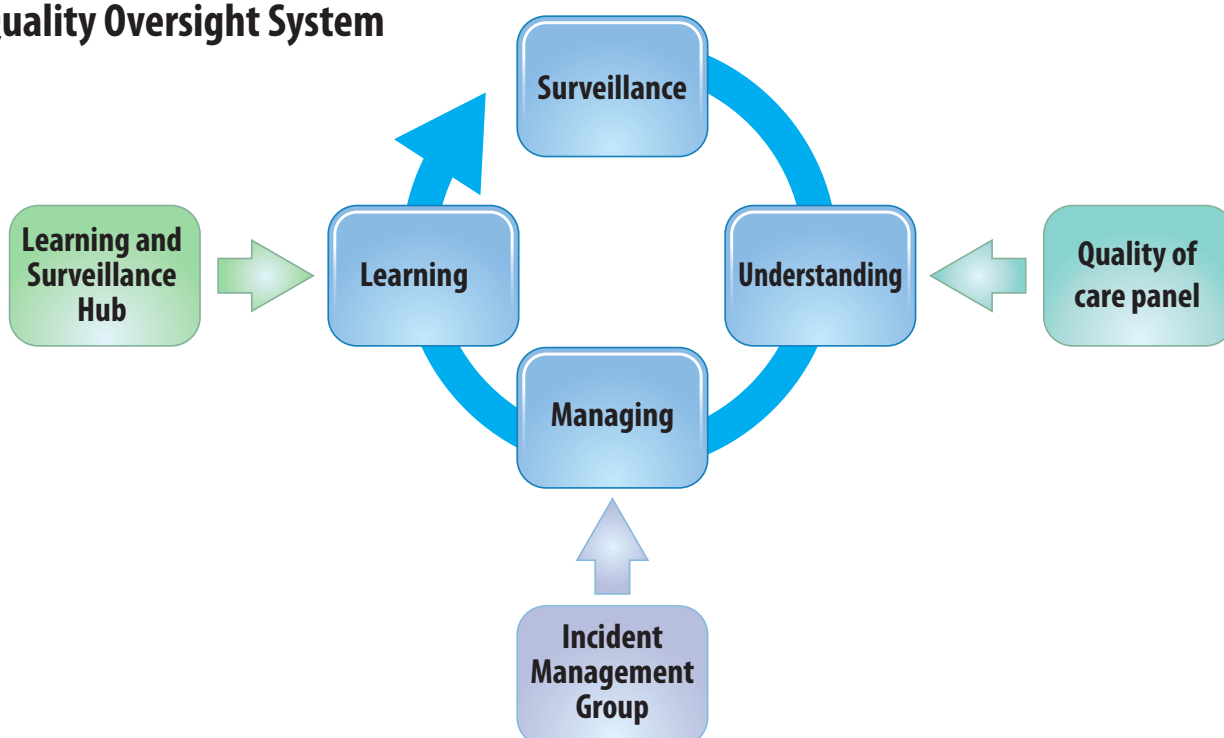
**BY WHEN:** October 2016

**OUTCOME:** Complete

### Improvements achieved:

- Identification and agreement of learning strategies and information sharing mechanisms across the Foundation Trust
- Development and testing of an action planning development, management and assurance toolkit
- Development of 'Learning Matters', a monthly publication that describes high impact learning from incidents
- Development of testing methodologies ensuring learning and information is received and utilised by the intended audience
- Development of 'Responding and Improving', a quarterly publication which describes the response and its effectiveness to serious incidents in the Foundation Trust

## Quality Oversight System





## Tackling Acute Kidney Injury (AKI) Project

Acute Kidney Injury (AKI) is a sudden reduction in kidney function. It is common, harmful and often preventable, therefore representing a major patient safety challenge for the NHS. AKI occurs in as many as 10-15% of hospital admissions, usually in conjunction with other acute illnesses.

The Tackling AKI project is funded as part of the Health Foundation's 'Scaling Up Improvement' programme involving four Trusts in England. The Bradford Teaching Hospitals Foundation Trust has worked collaboratively with the Yorkshire and Humber Improvement Academy to develop and introduce a bundle of care to improve the prevention, detection and management of AKI. The project also includes a multicentre peer review and qualitative evaluation process.

<b>WHAT:</b>	To implement a package of interventions to help manage patients with Acute Kidney Injury
<b>HOW MUCH:</b>	Initially to be tested on 7 acute wards
<b>BY WHEN:</b>	March 2017, with the intention of scaling up to all wards within 2018/19
<b>OUTCOME:</b>	Improved staff recognition and treatment of AKI (In progress)



### Improvements achieved:

- Successful development and implementation of the AKI care bundle on seven of our wards, to be adapted for use in the new EPR
- Introduction of an AKI electronic alert system to alert staff to patients identified with an AKI
- Development of educational materials to promote AKI awareness
- Regular updates and communication with frontline staff through targeted forums
- Collaborative working and development of opportunities for learning with partner Trusts and the Improvement Academy
- Development of an AKI patient information leaflet
- Introduction of a Sick Day alert on SystmOne which alerts primary care and secondary care colleagues to patients at risk of developing AKI
- Development of a template for a virtual AKI clinic in SystmOne that will facilitate earlier hospital discharge and a safer conclusion to an AKI episode
- Modification of the electronic discharge summary to include prompts for communicating key information about an episode of AKI to primary care colleagues
- Critical Care Outreach team AKI nurse role in place to provide support and education around AKI prevention, detection and management
- Electronic learning packages for medical and nursing staff
- Development of an AKI animation YouTube video learning aid, available here: <https://youtu.be/kcHtqq3StkA>
- Prevention work in primary care including through advanced nurse practitioners, community matrons, heart failure teams, and Local Care Direct teams

## Measurement and Monitoring of Safety Framework - Safety Huddles

The Safety Measurement and Monitoring Framework, proposed by Professor Charles Vincent and colleagues on behalf of the Health Foundation - an independent charity that is committed to bringing about better health and health care for people in the UK, introduces a new context to patient safety that encourages deeper inquiry into the safety profile of an organisation which is more holistic, pro-active and forward looking. The Foundation Trust was amongst the NHS organisations selected to test and develop this new way of measuring and monitoring safety.

The framework enables organisations, units and individuals to question "How safe is our care?" It consists of five 'dimensions' and associated questions that can help discern the safety of services. Used over time, its use will help to give a rounded, accurate and 'real-time' view of safety and will support efforts to identify those areas which present the greatest opportunity for safety improvement.

One of our key successes whilst participating in this project was the implementation of Safety Huddles. Safety Huddles provide dedicated time and 'headroom' for meaningful but quick multidisciplinary conversations by using the five dimensions of safety which increases staff situational awareness and oversight of key patient safety issues of concern.

Safety Huddles also introduce a safety culture of staff reflection on their clinical practice. They also provide a non-judgemental platform to discuss specific patient harms of importance and relevance to the team. They are led by a senior clinician (doctor or nurse) and take place daily at a regular time for approximately seven to ten minutes.

### Improvements achieved:

- Introduction of safety huddle data collection templates improved the quality of the huddle process. It also increased the confidence of staff leading it
- The Safety Huddles have been positively evaluated by the ward staff involved

### Further improvements identified:

- Work with staff to understand barriers to doing a safety huddle
- Encourage staff to take ownership of the safety huddle data collection process
- Scaling up of Safety Huddles in Bradford Teaching Hospitals NHS Foundation Trust

#### WHAT:

To promote the introduction of the Safety Huddle approach in all wards across the Foundation Trust

#### HOW MUCH:

In all appropriate wards

#### BY WHEN:

By March 2018

#### OUTCOME:

To improve ward multidisciplinary conversations, around patient safety matters that are of importance and relevance to the team



## National Safety Standards for Invasive Procedures (NatSSIPs)

National Safety Standards for Invasive Procedures (NatSSIPs) were introduced in September 2015, along with a National Patient Safety Agency alert stating that Local Safety Standards for Invasive Procedures (LocSSIPs) must be developed by September 2016. The aim of this initiative is to standardise, educate and harmonise the practice and learning around invasive procedures and hence reduce the frequency of Never Events and improve the standard of patient care.

The NatSSIPs outline 5 organisational standards and 8 sequential standards and emphasise the need for a change in culture and improvement in the understanding of patient safety and how to improve it. The training of teams in human factors and in-situ team crisis training is also emphasised. Introducing the standards is a considerable piece of work requiring multidisciplinary working across many areas.

<b>WHAT:</b>	To develop local safety standards for invasive procedures and introduce the relevant governance to support their implementation and the delivery of safer care to patients
<b>HOW MUCH:</b>	Implementation in all relevant theatres and invasive procedure rooms
<b>BY WHEN:</b>	By March 2018
<b>OUTCOME:</b>	In progress and on target

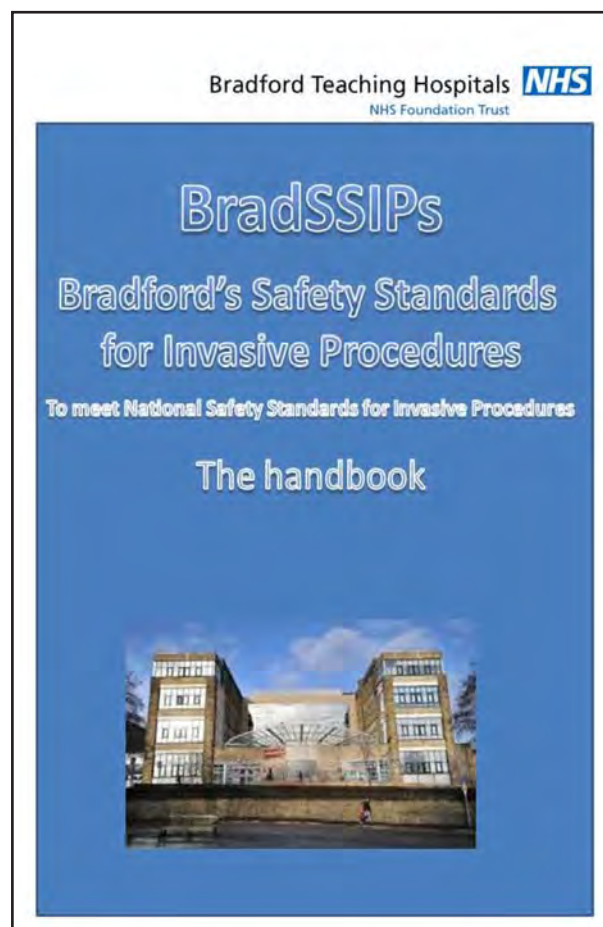
### Improvements achieved:

- Revision of the Safer Procedures Policy to ensure implementation of the NatSSIPs
- Creation of our own local identity for the Local Safety Standards for Invasive Procedures – the 'BradSSIPs': Bradford's Safety Standards for Invasive Procedures - to create a Bradford way of working that all staff will adopt and be proud of
- Creation of an easy reference guide for staff, outlining each BradSSIP, especially useful at induction

- Completion of a mapping exercise of the invasive procedures that occur across the Foundation Trust
- Scoping and identification of a number of relevant existing policies that can be mapped as compliant to BradSSIPs
- On-going awareness raising with divisional representatives of the BradSSIPs work

### Further improvements identified:

- Plans in place to work with clinical divisions and specialties covered by the BradSSIPs for their review and input into any ongoing revisions of the policy
- The LocSSIP Implementation group to attend all Clinical Governance and relevant divisional safety meetings to discuss the BradSSIPs and plans for implementation in the near future



### 3.1.2

## LEARNING FROM INCIDENTS AND NEVER EVENTS

### 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.

The Foundation Trust's Risk Management Team continues to review all reported patient safety incidents and investigate when serious incidents occur. When themes and trends are identified the Team ensures the organisation continues to learn and improve patient safety. An overview is maintained by the Incident Management Performance Group, and potential serious incidents and concerns are raised at the weekly meeting of the Quality of Care Panel, which is chaired by an Executive Director.

The Foundation Trust has recently established a Learning and Surveillance Hub, which is developing its role in relation to testing dissemination of learning methodologies. All Serious Incident reports are distributed for consideration of the actual and potential learning for operational divisions, through the divisional quality and safety systems.

Three of the key areas of learning for the Trust, which also offer the opportunity for proactive action through collaboratives, are in relation to pressure ulcers, safer procedures and the deteriorating patient. These areas of learning have been used to drive quality improvement work and also support the response to the National Patient Safety Alerting System deteriorating patient alert. Further details of these collaboratives can be found within the Priorities for Improvement section of this Quality Report.

Work has been undertaken to learn from a small number of incidents relating to the discharge of vulnerable patients from the Emergency Department. All medical staff have been made aware of the high risk groups of patients which require senior medical sign off prior to discharge from the Department. A ProgRESS review has been commenced; further details on these reviews are contained within the section on our Monitoring and Assurance process later in this Quality Report.

### Never Events

Some incidents that occur are serious, largely preventable patient safety incidents that should not occur if the preventative measures have been implemented by healthcare providers. These are defined nationally and called Never Events. It is important to recognise that Never Events hold a high potential for severe harm or death.

The Trust has had two Never Events reported in the period 1 April 2016 – 31 March 2017:

- One relating to the wrong route administration of medication (intravenous administration of epidural)
- One relating to wrong site surgery (wrong tooth extracted).

The Foundation Trust is committed to learning lessons from all incidents, and we take the learning from Never Events extremely seriously. The key lesson learned from the Never Event relating to the wrong route administration of medication is that the interchangeability of the Luer connection system, whilst clinically useful, can aid the administration of drugs via the incorrect route. Clinical caution is required when setting up different infusions via different routes in the same patient, to avoid potentially harmful drug errors. Steps were taken to provide more focused training on the administration of epidural medication and emphasise that the responsibility for the connection of the epidural infusion is that of the anaesthetist commencing the infusion.

The Never Event involving the extraction of the wrong tooth has resulted in the development of an intra-operative checklist, led by the surgeon, which confirms that each of the steps of the standard operating procedure in place have been completed and agreed by both the operator and the assistant for each tooth extraction.





### 3.1.3

#### SAFEGUARDING CHILDREN

The profile of safeguarding children within the Foundation Trust remains a high priority. During 2016 there was a particular focus on training, with staff within the organisation having a mandatory training requirement based on their job role. Training figures have seen year on year improvement, with training being provided as either a 'face to face' session or through 'e-learning'. At the higher levels of training, multi-agency training is provided. As a result of increased staff awareness throughout the Trust, the Safeguarding Children Team has witnessed a 22% increase in activity notified to them during 2016/17.

Bradford currently has 140,000 children and young people under the age of 19, which means that as an area it has one of the largest populations of young people in the UK. Safeguarding activity within the district has risen from previous years with 542 children currently being subject to child protection plans as of January 2017, many of which have frequented our service at both Bradford Royal Infirmary and St Luke's Hospital during the past year. The reasons for referrals are 26 (5%) children for risk of physical abuse, 201 (37%) for neglect, 273 (50%) for emotional abuse and 42 (8%) at risk of sexual abuse. These figures are in addition to nearly 900 'Looked After Children' within the district, who are nationally recognised as having additional health requirements.

#### Statutory requirements

When agencies and individuals are working in the safeguarding children's arena, Section 11 of

the Children Act places a duty on them to ensure that their services, and any services they contract out to others, are carried out with the purpose of safeguarding and promoting the welfare of children. The Foundation Trust demonstrates that it complies with this requirement by way of submitting a Section 11 declaration.

The Bradford Safeguarding Children's Board (BSCB) and Bradford and Airedale CCGs request assurance from the Foundation Trust that they are compliant with 9 Standards, which are set as part of Section 11. An online tool allows evidence to be uploaded against each of the standards, and the Performance Management Subgroup to the BSCB provides management oversight, challenge and scrutiny of this process for additional assurance. The Foundation Trust is currently 98% compliant, with the only area where further work is required being around Standard 9, which is the 'Early Help Offer'. Early help means providing support as soon as a problem emerges, which can prevent further problems arising,

The Foundation Trust has recently undergone a safeguarding children inspection by the Care Quality Commission (CQC) as part of the Joint Targeted Area Inspection (JTAI). This took place over the week commencing 27 February 2017, where the Foundation Trust was represented by the Chief Nurse, Deputy Chief Nurse and Divisional General Manager for the Division of Women and Children, as well as the Named Professionals for Safeguarding Children, all of whom met directly with inspectors.

The inspection focused on our leadership and management arrangements as a partnership. Inspectors undertook a review of cases across all the agencies involved in safeguarding children and reviewed multi-agency working between Health, Children's Social Care, the Police, and Probation services. The review included a specific focus or 'deep dive' on the theme of 'Children living with domestic abuse'.

Specific onsite inspection by the CQC took place over 2 days, with direct visits from the inspectors to 'front-door' services, which included the Emergency Department and the Maternity Unit at the Foundation Trust. These visits provided the opportunity for inspectors to meet with front-line staff and also to talk to patients about their own experiences. Staff were challenged and questioned about their safeguarding knowledge in general and about awareness of children at risk when an adult attends following an injury that may be the direct result of domestic abuse. The inspector spent time with the Paediatric Liaison Nurse in the Emergency Department who was asked to give examples of recent practice and multi-agency working. The findings were published in April. A response from the Director of Children's Services, including actions for the partnership and, where appropriate, for individual organisations will be submitted by 24 July 2017.

### Structure of the Safeguarding Children Team

The team consists of a Named Nurse and Named Doctor for Safeguarding Children; the role of the Named professionals is to provide advice and expertise on all areas of safeguarding children within the Foundation Trust. This work entails ensuring good safeguarding practice is delivered by developing policy and guidelines to support workers, providing supervision and auditing practice, and highlighting areas of risk. Named professionals represent the Foundation Trust at district wide meetings in relation to safeguarding children, Serious Case Reviews (SCRs), Lessons Learnt Reviews (LLRs) and Domestic Homicide Reviews (DHRs), where children have been involved. They also attend a number of sub-groups of BSCB.

The team is supported by two specialist safeguarding children's practitioners and two paediatric liaison nurses (based in the Emergency Department). The wider team support clinical staff (nurses, doctors and allied health professionals) with any safeguarding matter, host regular case discussion meetings in individual areas, for example the neonatal unit, and

hold a general fortnightly meeting for Foundation Trust-wide case oversight. They also facilitate a comprehensive training programme. The Named Midwife works closely with both the children and adult safeguarding team, addressing all elements of safeguarding along the maternity journey.

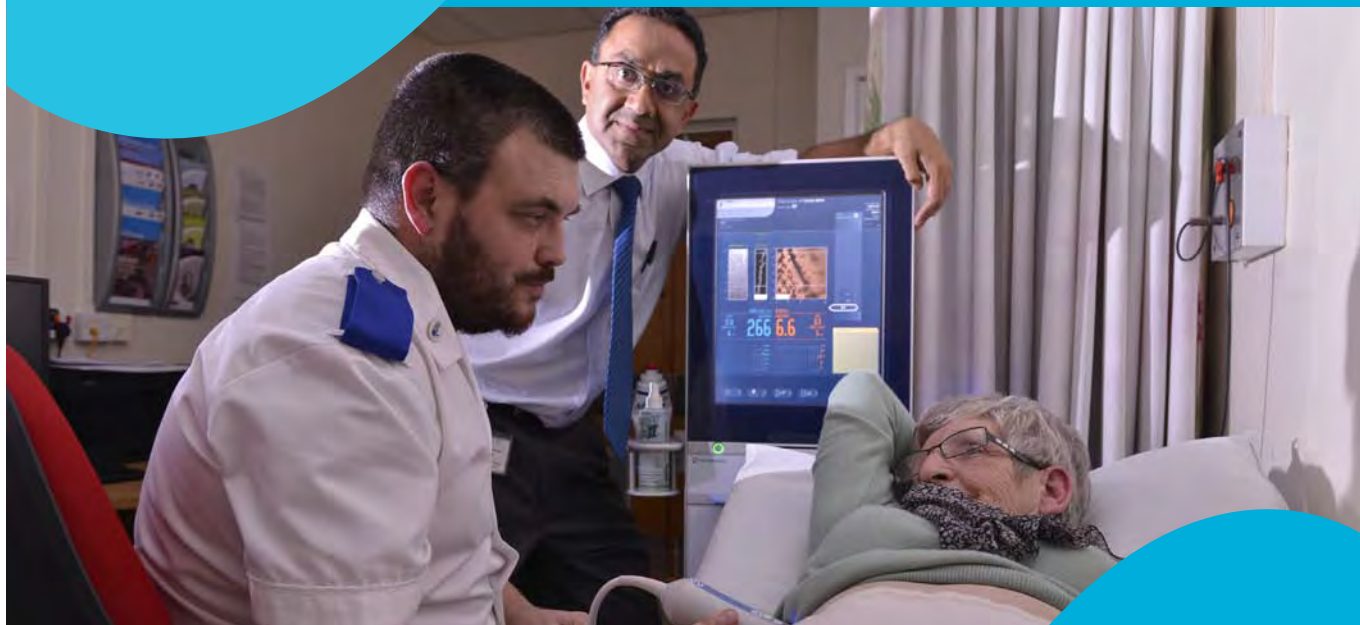
The Foundation Trust holds an Integrated Safeguarding Meeting which is chaired by the Chief Nurse as the Executive lead for safeguarding children and adults. The overarching children and adults safeguarding meeting ensures that legal requirements and national guidance are incorporated into the Foundation Trust's processes. In addition it provides the Quality and Safety Committee, and in turn the Board of Directors, with assurance and evidence that the Foundation Trust is meeting the standard required for CQC registration.

Operational safeguarding children's business is discussed at the bi-monthly safeguarding children's steering group meetings, which is chaired by the Divisional General Manager for Women and Children. During this meeting the monitoring of training figures, supervision and audit results takes place, along with feedback from the BSCB and its subgroups.

### Supervision and Audit

Safeguarding supervision is nationally recognised as essential for good practice. Policy and procedures have recently been reviewed and updated and there are further plans for development within this area to reflect the new 'Signs of Safety' model that Bradford as a district is currently adopting. There are a number of formally trained safeguarding supervisors (both medical and nursing), who are available to support staff throughout the organisation, both on a regular basis and during ad-hoc sessions. For Consultant Paediatricians, a regular 'Peer Review' programme is offered, for case review, as recommended by the Royal College of Paediatrics and Child Health.

An annual safeguarding children's Audit Strategy is produced by Named professionals. This includes some particular 'hot topics', for example child and family feedback and staff knowledge of safeguarding. The strategy is also influenced by findings from Serious Case Review action plans. Many audits are on-going and have annual summaries produced and form part of the Safeguarding Children's Team's key performance indicators (KPIs).



#### Key achievements 2016/17

- Safeguarding children's policy procedure and guidance reviewed and updated;
- Safeguarding children's supervision policy reviewed and updated;
- Created an annual safeguarding children's work plan;
- Development of Key Performance Indicators (KPIs) for safeguarding children;
- Production of annual safeguarding children's Audit Strategy;
- Participated in the development of the new Electronic Patient Record (EPR) to ensure safeguarding processes were considered effectively;
- Contributed to Bradford Safeguarding Children's Board safeguarding week in October 2016;
- Development work to capture the 'Voice of the Child', to ensure that health professionals take account of children's views;
- Ensuring that the Trust meets the requirement to identify and report upon Female Genital Mutilation, taking action to protect children from harm;
- Provision of service for non-acute sexual abuse in children; and
- Development of a new level 2 e-learning package for safeguarding children, along with joint working with the Yorkshire Deanery to adapt this for a regional paediatric training package. This will be completed by all medical trainees in the region, giving assurance of safeguarding training for non-paediatric trainees.

#### 3.1.4

#### SAFEGUARDING ADULTS

Further to the investment in the Safeguarding Adults Team in 2015/16 there has been continued work on developing all the areas of work within Safeguarding. This is both internally within the Foundation Trust and externally in collaboration with partner agencies.

There has been a rolling programme of development of the Safeguarding Adults training. This has resulted in all staff training requirements being re-assessed to ensure they receive an appropriate level of training which enables them to understand their responsibilities within safeguarding.

The Safeguarding Adults Team work closely with the Safeguarding Children Team. Each attends the others' safeguarding meetings as well as the Integrated Safeguarding Committee meeting. The teams work particularly closely in relation to Domestic Violence, with targeted work in the Emergency Department.

Responsibility for raising awareness of the needs of patients with Learning Disabilities now sits with the safeguarding teams. Work has been undertaken with the learning disabilities team from Bradford District Care NHS Foundation Trust (BDCFT) to raise awareness amongst staff and ensure information and support is available to staff and patients.

#### Work with Partners

The Safeguarding Adults Team has continued to attend the district-wide Safeguarding Adults Board and its sub groups, the Domestic and Sexual Violence Board and the Multi Agency Risk Assessment Conference



(MARAC). Other district-wide meetings are attended as necessary such as those on the West Yorkshire Human Trafficking and Anti-Slavery Network (WYHTASN) and Prevent (the Government's counter terrorism strategy), with established links for receiving information. A workshop to raise awareness of Prevent has been delivered. Data is provided on a quarterly basis to NHS England on activity relating to Prevent, which includes training, and this demonstrates our recognition of the importance of this agenda.

The Team participates in Domestic Homicide Reviews (DHRs), not only within the Bradford District but from any area who requests information. The Team receives the notifications, monitors progress and collates information relating to any action plans devised. They have also provided independent management reports and attended overview panels as required.

The Team works closely with the hospital social work team to make enquiries on behalf of the Local Authority when there is a concern that abuse has occurred. This often involves joint visits and ensures that all aspects of care need identification and safety plans are considered.

Training is delivered externally in collaboration with partners to assist in the awareness raising and understanding of the West Yorkshire Safeguarding Adults procedures. This allows for greater understanding of the various agencies' roles within the safeguarding process. It also allows for effective links to be made across agencies. The team attended the multi-agency planning meetings to ensure messages were consistent and avoid duplication of training offered. Training was provided during Safeguarding week in October. This training was opened up to all professionals within the District's health economy. A training session was delivered with the Safeguarding Children Team specifically looking at patients aged 16–18, and a day event on Domestic Abuse was also delivered.

### Progress and Outcomes

There has been a continued increase in the number of Safeguarding contacts with the team across the full range of the agendas within Safeguarding. Referrals to the Local Authority relating to concerns of abuse are relatively low in comparison to the contacts; this is due to the implementation of the Making Safeguarding Personal agenda and the involvement of the patient from the outset. The team have worked with staff and patients to ensure their wishes and views are at the centre of decision making. This work has also enabled further understanding for staff in relation to the Mental Capacity Act and the importance of ensuring the patients well-being is central to all care provision.

There has been continued development of the routine questioning of staff relating to domestic violence during the

sickness absence process. The policy aims to support staff to disclose domestic violence following periods of sickness with one of the aims being to support staff and make the question routine so staff feel able to ask patients.

An internal audit of the Mental Health Act identified some areas requiring improvement, specifically in relation to the process and knowledge. Work has been undertaken to provide Matrons and ward areas with support documentation to ensure paperwork is completed correctly and therefore legal. Monthly meetings occur between the Named Nurse for Safeguarding and the Mental Health Act advisor within Bradford District Care Foundation Trust to corroborate information and ensure there are no unlawful detentions within the Foundation Trust.

### Future Work

Over the coming year we will see:

- Further development of the Safeguarding Adults training, with specific focus on level 3 training and making this as flexible as possible to ensure compliance. This will include access to external training, the use of supervision to focus on specific areas and face to face training;
- Ongoing participation and involvement with district-wide work across all networks to ensure staff have access to consistent advice and current practice guidance;
- Staff continuing to attend multi agency meetings and assist with the delivery of multi-agency training;
- A programme of clinical audits. Any areas of need identified from these will be used to adapt training as necessary;
- Further development of the Learning Disabilities processes within the Foundation Trust in conjunction with Bradford District Care Foundation Trust;
- Ongoing training in relation to 'asking the question' for domestic violence for relevant staff in relation to the sickness absence policy. Staff to have training include those working in Human Resources, Occupational Health and supervisors and managers within Estates and Facilities;
- Involvement with the Electronic Patient Record (EPR) development to ensure the system designed will allow for the identification of patients who may require support and or protection; and
- Further work with other departments in relation to Enhanced Care and the specific staff roles within this.



### 3.1.5

#### SAFE NURSE STAFFING LEVELS

Following a requirement from the Chief Nursing Officer for England and the Care Quality Commission, all hospitals are required to publish retrospective monthly data information through UNIFY about the number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

We take the care of our patients very seriously and already have a number of robust mechanisms in place to ensure that our wards are safely staffed, including displaying information for patients and visitors in all of our wards, daily staffing reports to Board level, and weekly staffing meetings with ward sisters and matrons.

During November and December 2016, we reviewed all our nurse and midwifery staffing establishments on all inpatient wards and a report of the results was presented to the Board of Directors. The review set out to:

- Provide high quality and safe nursing/midwifery care that meets the individual needs of the patients;
- Address compliance with national standards and good practice in relation to nursing/midwifery care; and
- Ensure the effective management and mitigation of current and future nursing/midwifery care delivery risks.

During February 2017, the Trust implemented a new electronic system to support the management of safe staffing levels on a daily basis across all the wards. The 'Safecare' system works as part of the electronic staff roster to assist matrons and heads of nursing to

use the nursing workforce in the most effective and efficient way possible according to live information about our patients care needs.

#### **Actions taken by the Foundation Trust for nurse recruitment**

- We have held three recruitment events, one at the University of Bradford in November 2016, and two further events in the Foundation Trust in December 2016 and February 2017. These have been publicised by a very successful Nursing Team Bradford Facebook campaign. This focused on the recruitment of newly-qualified nurses, healthcare assistants and operating department practitioners. From this campaign, we recruited 61 members of staff who will start in September. The second campaign was aimed at attracting more experienced nurses. From this campaign, 40 were recruited, 12 of whom are experienced nurses. 56 appointments of healthcare assistants have also been made;
- In May 2015, the Foundation Trust interviewed and offered 36 nurses from the Philippines a post; nine of these nurses have arrived within the Foundation Trust and more Skype interviews are planned;
- Eight nurses from the European Union have secured staff nurse posts in the Foundation Trust;
- The Foundation Trust continues to support the return to practice programme, with two nurses joining us in February 2017;
- Our first careers clinic was held in March for registered nurses. They met with education providers and other staff to discuss career development and options to move within the Foundation Trust to develop new skills; and



- Work is also underway to look at the age profile of the nursing workforce with a view to discussing retire and return opportunities as a means of retaining the skills and knowledge of experienced nurses, and how this can contribute to developing the current and future nursing workforce.

The Foundation Trust is one of six regional partnership sites participating in the Health Education England pilot to recruit Nurse Associates. The Nurse Associate role bridges the gap between health care assistants holding the care certificate and qualified nurses. The roles are supported by a two year foundation degree programme with the aim of introducing an improved career pathway within nursing and allowing qualified staff to focus on the more advanced elements of their roles. We have appointed 15 nurse associate trainees who started their employment with the Trust at the end of January 2017. They are based on elderly care wards, the stroke unit, surgical wards, the respiratory ward, and theatres.

There is an ongoing programme of recruitment to both the registered and unregistered bank workforce to appoint new recruits and reduce the reliance on the use of agency workers.

### 3.1.6

#### MEDICAL STAFFING

##### Post-Foundation Fellows

August 2016 saw the recruitment of 12 Post-Foundation Fellows. This followed a review of recruitment to trainee rotation gaps with the emphasis on moving to generic-type appointments rather than individual specialty-specific posts. These junior doctors

had just completed their foundation training, and many were unsure of their future career path in light of the new junior doctor contract negotiations. Whilst they were utilised across specialties to cover gaps in training rotations and long-standing non-training posts, the Fellows were also offered the opportunity to 'try out' other specialties of their choosing during the daytime (they cover rota gaps out of hours), granted up to 3 months unpaid leave (in agreed blocks), and given study leave time to complete post graduate certificates in education. In addition, each fellow covers the Discharge Lounge for up to a month, removing reliance on expensive agency locums. There are plans in place to recruit another cohort for August 2017 and to include a rotation of Fellows through Education to assist the clinical education team.

##### Medical Training Initiative

The Medical Training Initiative (MTI) is a national scheme designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months, so that they can benefit from training and development in NHS services before returning to their home countries. It has been in place with the Academy of Royal Colleges for a number of years, however over the past 12 months the number of MTI doctors recruited to BTHFT has increased considerably. MTI doctors work for a period of 6 months on core trainee rotas, at which point they join registrar level rotas (subject to competence assessment). The newest cohort of MTI doctors will be three joining our Anaesthetics team. They will be used to cover service needs and out of hours duty whilst our newly appointed core trainee novices gain their competencies.





### 3.1.7

## 2016/17 ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Guidance from NHS Employers states that the annual 'guardian report on safe working hours' will be included in the Foundation Trust's annual quality account. The report is presented below:

### Introduction

The 2016 junior doctor contract includes a requirement for there to be a guardian of safe working hours who will submit an annual report to the Board to provide assurance that doctors and dentists in training are working safe rotas and that working hours are compliant with the new terms and conditions. Where junior doctors exceed their working hours or miss training opportunities, they are expected to declare these through an electronic exception reporting process, which is monitored by the guardian of safe working hours and director of medical education respectively.

The 2016 junior doctor contract was implemented in the Foundation Trust in December 2016 for the August 2016 cohort of Foundation Year 1 (FY1) Doctors. This was followed by Specialist trainees in paediatrics and pathology in February 2017. Other specialties will transition in May, August and October 2017.

### Trust High level data

Number of doctors / dentists in training (total): 357

Number of doctors / dentists in training on 2016 contract (total): 73

### Exception reports

Exception reporting only applies to those on the 2016 contract. All the exception reports submitted for the year 2016/17 came from junior doctors in their first year (FY1) of training. The reports all related to hours breaches due to heavy workload and a need to stay beyond shift finish time to deal with ongoing acute problems. In these circumstances, an additional payment or time-off-in-lieu is agreed.

The table below outlines the exception reports submitted during the period December 2016 – March 2017:

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Medicine	0	5	5	0
Surgery	0	11	3	8
Paediatrics	0	1	1	0
Pathology	0	0	0	0
<b>Total</b>	<b>0</b>	<b>17</b>	<b>9</b>	<b>8</b>

### Hours monitoring

The junior doctors who have not yet transferred to the new (2016) contract continue to complete hours monitoring twice yearly. This monitoring of hours has been in place since the 2002 junior doctor contract was implemented. The September 2016 data showed good compliance with contracted hours and there were no reported working time regulation breaches. Full details are outlined in Appendix C.

### Vacancies

There were 23 junior doctor rota gaps in Feb 2017, some of which were covered by Post Foundation Fellows and trust doctors. Full details are provided in Appendix D.

### Fines

The guardian of safe working hours can apply fines if breaches of working hours and rest periods occur. Examples of potential breaches are exceeding the 48 hour average working week, exceeding 72 hours of work in 7 consecutive days, lack of 11 hours rest between shifts, or missed breaks. Fine monies are used to pay locum rates to the affected doctors and to enhance the working lives of trainees. No fines have been made so far.

### Qualitative information

Through our engagement forums with junior doctors the FY1 doctors have fed back that they have a heavy workload at times, although this is only partially corroborated by the low rate of exception reporting. A specific challenge has been a rota gap and long term sickness, which has had a significant impact on the current FY1 surgical rota.

### Issues arising and actions taken to resolve issues

Early indications are that the exception reporting rate at the Foundation Trust has been lower than comparable trusts. This could represent lack of engagement by trainees with the 2016 contract. Another possibility is a lack of understanding of the process by juniors and their educational supervisors. However, real efforts have been made by the Foundation Trust to engage our junior doctors in feeling valued during their time in Bradford and to bolster morale. These include:

- The associate college tutor initiative, which gives trainees an opportunity to be part of managing

their training with the college tutors as well as sitting on the Junior Doctor Forum.

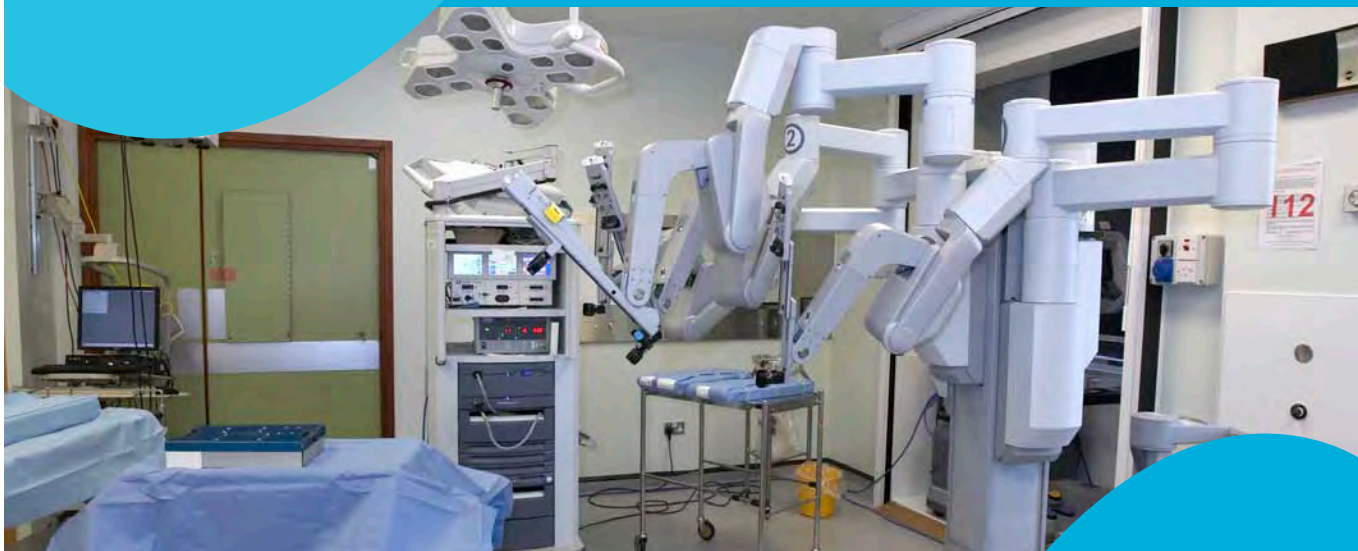
- The Junior Doctor Forum, a contractual requirement, has met twice and is an opportunity for trainee reps to share problems and concerns, but also ideas. It is chaired by the guardian and additionally attended by the director of education, Local Negotiating Committee chair and medical HR manager.
- The doctors' mess was re-established last year and has a proactive mess president. This provides junior doctors with facilities and a location to meet whilst at work, and also acts as a hub for social events.
- An open door policy by the education department allows trainees easy access to discuss problems which is encouraged at an early stage.
- A surgical forum to discuss workload has been established - a workforce review is planned to assess new ways of working.

Engagement by educational supervisors has been variable. The exception reporting process is new, and does require timely input from supervisors. Exception reporting data is an important part of mitigating risk to doctors and patients from unsafe working hours; engagement from all parties is essential. There are ongoing efforts by the guardian of safe working hours, director of education and medical personnel to raise awareness and understanding of this new process as the remaining trainees transition to the 2016 contract.

### Summary

It is clearly early in the implementation of the new contract and the findings from the low exception reporting rate need to be treated with caution. A programme of work will be undertaken in 2017/18 to embed the understanding and practice of exception reporting in order to provide a clearer picture of working hours for our junior doctors.

The junior doctors who have transitioned to the 2016 contract have exhibited a professional attitude to patient care. Support for the planned review of new ways of working in surgery is recommended.



### 3.2 FOCUS ON THE EXPERIENCE OF PATIENTS AND THE PUBLIC

#### Helping cancer patients understand their surgery and its effects

Each month, the uro-oncology team runs an information and education group session for patients who are about to embark upon robotic surgery to remove their prostate due to cancer. The session is open to both the men undergoing the surgery and their partner, friend or relative. Information is provided on the surgery itself as well as issues associated with erectile dysfunction and continence.

The session is supported by a specialist surgeon, physiotherapist, and a nurse specialist, and a patient who has been through the surgery also attends to tell their 'story'.

The sessions have received a high level of positive feedback for preparing patients for that which they will experience, and each is attended by 10-20 patients and companions.

#### End of life companions

Anecdotally, nursing staff report that they would like to spend more time with dying patients in the last hours and days of life. In early 2016 the Hospital Palliative Care Team discussed with the Chaplaincy team the idea of using existing chaplaincy volunteers to sit with dying patients and offer simple care, presence and comfort. It was agreed that bringing expertise from both teams would enable us to train the companions effectively. This joint scheme would be in line with the Foundation Trust's commitment to patient care, National Institute for Health and Care Excellence (NICE) guidelines (2015) and the CQC advice around end of life care.

12 interested volunteers were trained by the Palliative Care and Chaplaincy teams in 3 teaching sessions covering communication skills, knowing limitations and providing comfort such as mouth-care.

Referrals are made from ward staff or the Palliative Care Team to Chaplaincy and the end of life companions (ELCs) are contacted for availability. Nursing staff support the end of life companions in the ward area and remain responsible for patient care.

We have run 5 supervision sessions allowing the ELCs an opportunity for debriefing, feedback and a space to air any concerns. We regularly ask the ELCs and ward staff for feedback which to date has been overwhelmingly positive. ELCs have felt privileged to support families and nursing staff have felt reassured that patients are not alone. We now aim to sensitively capture any feedback from families and carers for audit purposes.

11 ELCs are currently providing support. So far there have been 96 separate patient referrals/visits (30 dying patients). This equates to approximately 5 weeks of nursing hours. We have found that ELCs are also supporting family members whilst they are visiting therefore improving carer experience as well as providing company for the patient.

The programme was recently a finalist in the Patient Experience Network National Awards 2016 'Personalisation of Care' category.



### 3.2.1

#### PATIENT STORIES

##### WHAT ARE WE AIMING TO ACHIEVE?

Patient Stories bring the experience of patients, and sometimes of their families or others who care for them, into the spotlight and are a rich and valuable source of learning for improvement. These continue to be a regular feature of our Board of Directors' meetings, with other types of story from time to time for example to highlight improvement work or clinical research. Patient Stories can:

- Identify problems, issues, risks, causes and potential solutions as well as highlight good practice;
- Actively provoke debate about change and improvement; hence they can have transformative power;
- Enrich and extend our knowledge, understanding, and empathy and open up a different way of knowing and understanding patient experience; and
- Connect organisational processes, systems and protocols with humanity, values and ethical practice and have a potential positive impact on thinking/decisions.

A good variety of clinical and non-clinical areas have been the focus of the Patient Stories at Board, and we continue to pro-actively seek out stories from a wide range of patients.

##### HOW ARE WE DOING IT?

Patient stories come from a variety of sources including patient feedback mechanisms, personal contact with people in community organisations and events, and staff suggestions. On one occasion this

year the presenting of a Patient Story, and the making of a film about this, formed part of the Foundation Trust's response to a Serious Incident.



In order to rectify some gaps in the range and type of areas covered through this medium, we have pro-actively sought out stories which have highlighted, for example, the experiences of some seldom-heard groups including physically and cognitively disabled patients and BME patients.

Most often the person concerned attends the Board meeting in person, with support, to tell their story in a way they are comfortable with. If someone does not want to or cannot do this, an advocate of their choosing can present it for them. We have continued the excellent partnership with the University of Bradford's Working Academy to produce additional films for our suite of Patient Stories. These are a valuable learning resource for individual staff, teams and on other occasions.

##### WHAT HAVE WE ACHIEVED?

When it is appropriate, a formal action plan can be requested by the Board to take forward any necessary learning and improvements which may be identified from a story. On other occasions more informal discussions to share good practice or embed positive changes are more appropriate. Participants have told us that taking part in this has been important for them, either as an opportunity to share the good care they have received, or to help us to improve.

A recent survey of Board members showed that:

Question	Response
How strongly do you support the regular use of Patient Stories at Board?	80% Strongly Agree/ 20% Agree
What proportion of stories had an impact on you at the time?	100% had an impact at the time
What proportion of stories had a more lasting impact on your thinking and decision-making in your role?	50% most of them / 50% some of them

### 3.2.2

## PATIENT AND PUBLIC INVOLVEMENT (PPI)

### WHAT ARE WE AIMING TO ACHIEVE?

We aim to continually develop a range of effective ways to involve patients, patient representatives and the wider community at all levels and in all aspects of our work. At this time of change and challenge for the NHS, enabling dialogue with the communities we serve and harnessing their expertise by experience is paramount.

### HOW ARE WE DOING IT?

All departments and services within the organisation are responsible for making sure that they think about, and plan adequately for patient and public involvement in their services. Support and advice to do this has been provided 'as needed' by the patient and public involvement lead. Examples of this are:

Plans have been agreed via the new Patient Experience work programme to develop the knowledge and skills of staff and patients or members of the community who are involved with us.

New standards and frameworks for patient and public involvement have recently been published which will be reviewed and applied appropriately to our approach to involvement.

Initial pilot efforts this year to improve the diversity of people involved with us, sometimes in partnership with other local organisations, have been fruitful, particularly in relation to young adults, disabled people and people from BME communities. We plan to build on this through increased community outreach.

Department/Service	Action
Clinical Research	Continuing support for development of Patient Research Ambassadors.
Estates	Sourcing and supporting representatives for the Car Parking Strategy group and the West Yorkshire collaborative patient food mini-competition.
Estates	Development of representation on Patient-Led Assessments of the Care Environment (PLACE) to increase diversity and increase range of staff involved.
Informatics	Advice and support in involving the public in the development of Electronic Patient Records (EPR).
Renal	Advice and support for patient involvement in the Chronic Kidney Disease project 'Transforming Participation'.
End of Life Care	Facilitating patient input and providing advice on content and design of the Bereavement Survey.
Radiology (Paediatrics)	Working with Barnardos to plan and carry out evaluation by children and young people of the radiology environment and experience of imaging services (ongoing).
Cardiology	Supporting the involvement of patients on the Ward 22 improvement project.

We have continued to develop productive collaborative work with other local NHS organisations, Bradford Metropolitan District Council, the Strategic Disability Partnership, Bradford Talking Media, Healthwatch, Barnardos, Alzheimer's Society, and the Stroke Association.

### WHAT HAVE WE ACHIEVED?

- Membership and diversity of the Involvement Register has continued to grow, enabling us to meet the needs of services who want to involve people with specific experience and expertise;
- Sustained involvement of patient representatives in strategic work has increased this year.
- Relationships with community groups and organisations continue to underpin the development of involvement.
- Social media use and engagement has increased, raising the profile of patient and public involvement at the Foundation Trust and creating new connections.

### 3.2.3

#### FRIENDS AND FAMILY TEST (FFT)

##### WHAT ARE WE AIMING TO ACHIEVE?

We want to continually use near real-time patient feedback to improve patient experience. The Friends and Family Test (FFT) provides an opportunity for people who use NHS services to provide feedback on their experience in real or near real-time. It asks people if they would recommend the services they have used to friends and family if they needed similar care or treatment and offers a range of responses. The Foundation Trust combines the core question with brief follow-up questions to provide more detailed insights, sometimes on areas specifically targeted for improvement, for example, linking to the results of the National Patient Surveys or quality initiatives.

##### HOW ARE WE DOING IT?

The Friends and Family Test is now part of the NHS contract for most NHS-funded services in England, including inpatient, day-case, outpatient, community, maternity and paediatric services.

Different methodologies can be used depending on the context and type of care. The Foundation Trust offers two main routes for patients to provide their views: postcard type forms and using a tablet device whilst in the ward. The option to use a link in a text message to access an online version is also available for patients attending the Emergency Department who have given us permission to use their mobile phone numbers.

Work continues to develop the electronic collection in particular as the main route for inpatient environments, as this has greater potential to support a swift response to any reported issue and track participation levels on a regular basis, so that the level of feedback remains at a useful level.

We have begun a pilot scheme to help the Foundation Trust gain more insight into issues identified as a priority for improvement based on the results of the 2015 Maternity Survey Results (reported in 2016). This uses the Friends and Family Test interface to ask patients further questions relating to those issues, and if this proves useful could be extended to other areas.

Divisions report monthly to the Patients First Committee on their performance and identify themes and actions relating to Friends and Family data, and work with the Patient Experience team to assess this 'in the round' along with other sources of patient feedback.

##### WHAT HAVE WE ACHIEVED?

The Foundation Trust has implemented the Friends and Family Test across all divisions and services in accordance with NHS England requirements.

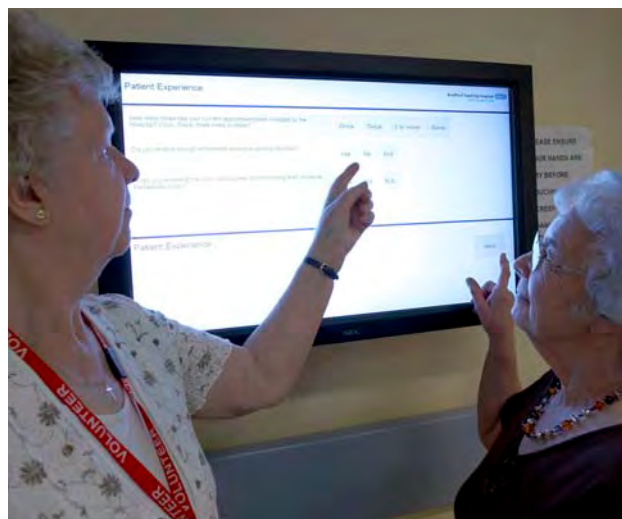
## Friends and Family Test 2016/17 results

	Q1		Q2		Q3		Q4		2016/17	
	% of patients		% of patients		% of patients		% of patients		% of patients	
Area	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend	Recommend	Not Recommend
Wards	98%	1%	97%	1%	98%	1%	98%	1%	98%	1%
A&E	93%	3%	79%	16%	88%	7%	80%	13%	84%	10%
Maternity	99%	1%	99%	0%	99%	0%	99%	0%	99%	0%
Day Case	100%	0%	99%	0%	99%	0%	98%	1%	99%	0%
Outpatients	96%	2%	95%	2%	95%	2%	96%	2%	95%	2%
<b>BTHFT Trust Total</b>	<b>97%</b>	<b>1%</b>	<b>96%</b>	<b>2%</b>	<b>97%</b>	<b>2%</b>	<b>96%</b>	<b>2%</b>	<b>96%</b>	<b>2%</b>

The Foundation Trust is working on ensuring that each ward is displaying up to date FFT data, including “You Said, We Did” information that shows how we are acting on the issues raised; this includes the improvement of waiting times in the Accident and Emergency Department through Department and Foundation Trust-wide patient flow initiatives; and a reminder to staff across the Foundation Trust to keep patients informed of waiting times and delays.

### Supporting carers when someone dies in hospital

In March 2017 the Foundation Trust introduced a Bereaved Carer Survey. This is given to a family member when a patient dies in any of the hospital wards and provides us with useful feedback on how the Foundation Trust supports families at this difficult time. The Foundation Trust will review all the responses to improve and shape the care it offers.





### 3.2.4

#### NATIONAL PATIENT SURVEYS

##### WHAT ARE WE AIMING TO ACHIEVE?

We want to continue to work on strategies to make sure we make best possible use of the data the surveys provide alongside other patient feedback.

Participating in the Care Quality Commission's (CQC) national patient survey programme is a mandatory activity. This year has seen a number of changes in the CQC programme and methodology, such as increasing the minimum sample size for all surveys, increasing the frequency of some surveys, and new publicity requirements to make sure patients are aware they may receive a survey and offer them the opportunity to opt out of this. There is ongoing consideration of how to capture other areas of care.

These surveys provide an opportunity for patients and, in the case of children, their parents, to provide us with more detailed and comprehensive feedback on their experience with us. The results contribute to assessments of NHS performance and are also used for regulatory activities such as registration, monitoring and on-going compliance.

NHS Patient Survey results are analysed using standard methodologies and sent on to the Foundation Trust by Patient Perspective – the external contractor who carries out the survey activity and analysis for the Foundation Trust. Shortly afterwards, a further set

of results are published on the CQC website using a different type of analysis. So in effect two sets of results are received for each survey, which can highlight different findings and interpretations.

Each survey page shows England level results and provides access to Foundation Trust level results, including results of earlier surveys. Because of the methodology CQC uses, care must be taken as it does not allow drawing comparisons directly from one Trust to another, although it does provide a sense of how an organisation is performing comparative to all other participating organisations.

##### HOW ARE WE DOING IT?

All national patient surveys are provided for the Foundation Trust by Patient Perspective, working closely with our staff. Provision is made, at the point when a postal survey questionnaire is received, for patients who do not read English, or need other support to take part. However it is the patient's prerogative to access this or not. As the Foundation Trust serves an area with a relatively high BME population, this is likely to have an impact on our response rate, and achieving a good response rate continues to be a challenge.

There are strict limitations on what we are allowed to do to publicise and promote the survey, so as to ensure methodologies remain as standardised as possible across all participating organisations.



An in-depth analysis is provided by Patient Perspective, which is used alongside the CQC analysis to help staff understand the experience of patients and identify areas where improvement or change is needed.

The only survey reported in the time period of this report was the 2015 Adult Inpatient Care survey, reported by Patient Perspective at the end of 2015/16, with further analysis reported by CQC in June 2016.

During 2016/17 three more surveys have begun the cycle of activity and will report in 2017: Accident & Emergency, Children and Young People, and Inpatient.

This year, the Foundation Trust introduced workshops led by Patient Perspective to enable key staff to gain a more in-depth understanding of the findings and identify priority areas for improvement work.

#### Key points from the survey

- Sample drawn from adult inpatients in July 2015
- 474 completed surveys returned
- Response rate improved: 40%, compared to 36% last year

- BME population under-represented
- 61% of respondents aged 51-80
- Significant improvement on one question since 2014
- Reduced score on 21 questions since 2014
- In bottom 20% of Trusts on 29 questions including 'overall rating of experience'

#### Improved results

There were significant improvements seen in two areas, these were:

- Discharge delayed due to wait for medications/to see the doctor/the ambulance.
- How long was the delay (before discharge)?

#### Areas for improvement from the inpatient survey

The table below highlights the specific questions which had a significant fall in patient satisfaction in comparison to the survey for the previous year.

Patient survey questions that saw a significant fall		
Question	2014	2015
<b>The Hospital and Ward</b>		
Q 22 Were you offered a choice of food?	8.6	8.1
<b>Doctors</b>		
Q 24 When you had an important question to ask a doctor, did you get answers that you could understand?	8.3	7.9
<b>Care and Treatment</b>		
Q 35 How much information about your condition or treatment was given to you?	8.3	7.7
Q 39 Were you given enough privacy when being examined or treated?	9.6	9.2
<b>Leaving Hospital</b>		
Q 59 Were you given any written or printed information about what you should or should not do after leaving hospital?	6.9	6.0
Q 65 Did hospital staff take your family or home situation into account when planning your discharge	7.2	6.4
Q 73 During your hospital stay, were you ever asked to give your views on the quality of your care?	2.3	1.5
Q 74 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	2.8	2.1



### Unsatisfactory results

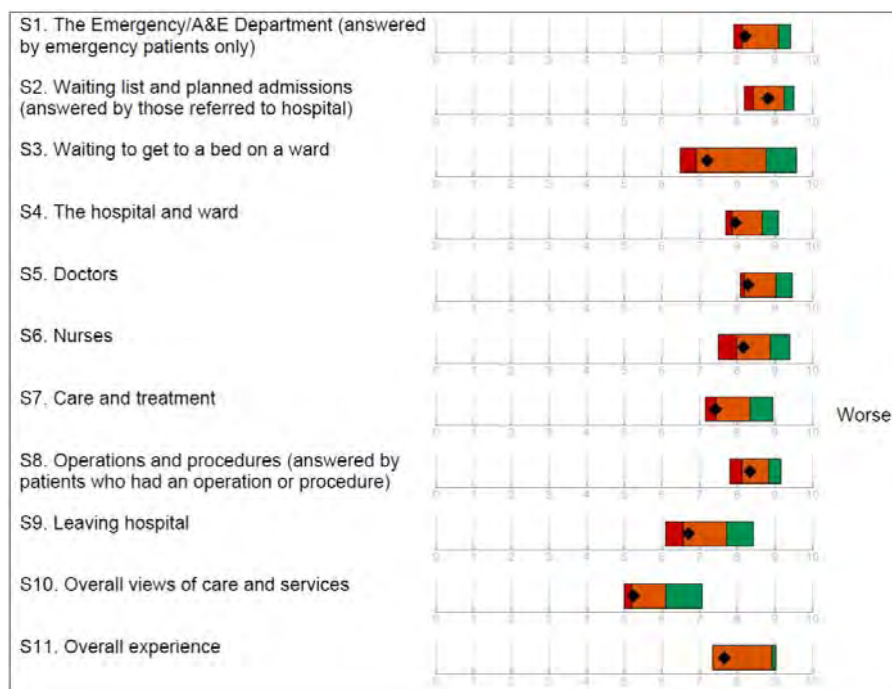
In addition to the areas noted above where the results this year showed a deterioration from the previous year, there were 8 questions where the Foundation Trust's scores fell into the lowest 20% of results, when compared with other Trusts. These were:

- Did you ever share a sleeping area with patients of the opposite sex?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when being examined or treated?

- Did you think the hospital staff did everything they could to control your pain?
- Were you given clear written or printed information about your medicines (on discharge)?
- Did hospital staff take your home situation into account when planning your discharge?

In addition to the analysis by Patient Perspective, standardised benchmark reports were published by the CQC in June 2016. The survey questions were grouped into 10 key lines of enquiry and an overall score calculated for each trust.

The data below represents the Foundation Trust's scores on this analysis across each of the key areas:



### What have we achieved?

#### Immediate actions: prior to Inpatient survey 2016

The Patient Experience team and representatives from Divisions and other key areas engaged in a workshop with representatives from Patient Perspectives to discuss key areas for on-going focused improvement. In order to decide on key topics each of the survey questions were considered in accordance with the following criteria:

- How well has the Foundation Trust scored in this area?
- How wide is the variation between Trusts in this area? Where a topic saw a greater range of variation between Trusts it was proposed that this reflected a wider window for improvement.
- How much control do we have over this aspect of care? Aspects of care which are more easily defined are more suited for improvement strategy.

**Based on these criteria the following topics were highlighted for focus:**

- **Pain Control:** While fractionally above the bottom 20%, this scored poorly but provides easily defined improvement indicators. The Foundation Trust has an acute pain service which sees all patients with Patient Controlled Analgesia, epidural or paravertebral analgesia on a daily basis. The team writes the plan for the patient's continuing pain management, reviews certain postoperative patients who have problematic pain management issues, reviews patients at the request of other consultants and gives advice on management of acute pain. The team are currently updating the patient information leaflets on pain that are provided to patients.
- **Noise at Night:** Patients expressed poor scores in two aspects of inpatient sleep. This poses a large range for improvement of between 4.8 and 8.5; there are also easily defined parameters in reducing noise at night. We can provide eye masks and earplugs, and need to ensure these are consistently offered across the Foundation Trust. All new estate improvement work includes soft close doors and soft lighting to reduce the negative impact of noise and light on patient experience.
- **Discharge Information:** This scored poorly and has potential safety implications and therefore must be a priority. While it is not reflected in the inpatient survey, it is felt that this topic should include a focus on patients who first language is not English. In December 2016 the Foundation Trust launched the 'SAFER' patient flow bundle, introducing a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. This is discussed in more detail in the section on service transformation later in this document. A key part of this is ensuring that patients are given an "EDD – estimated date of discharge" following their first medical senior decision maker review and within 24hrs of admission. This enables patients, their families and the clinical teams to work together to achieve discharge in a timely and planned manner; any potential complexities and problems are identified early in a patients admission so that they can be tackled ahead of discharge rather than on the day or sadly, in some instances, after

discharge. Working in this way also helps to identify any communication issues that may need to be overcome.

Whilst there is a significant amount of data on patient experience included within the survey this is not always easy to translate easily into actions for service improvement. It is important that the Foundation Trust addresses those key areas which fall into the lowest 20% of patient experiences. However, it is also apparent that there are a wide range of issues which must be addressed to improve experiences across a range of areas.

The next survey commenced at the end of July 2016, only weeks after the CQC publication of results, therefore there was little time to enact focussed improvement work. However, a number of steps have been outlined to improve patient engagement prior to this. These include encouraging patients to take part through improved publicity, improving understanding of what it measures, and encouraging staff to be pro-active in mentioning it to patients, parents and carers so they are primed to respond if they receive a questionnaire.

#### **The 'Catheter Passport'**

After patients had left hospital with a catheter, the urology team found that they were receiving numerous telephone calls from community nurses and patients who were asking questions. The team realised that there must be a way of giving clearer information to patients upon discharge and they worked with the procurement team to develop a 'Catheter Passport'. This contains information for patients on how to care for the catheter, and information for community nurses on the system used and who can change it - return to hospital is only necessary in a small proportion of cases. The Passport also contains a trouble-shooting guide to aid patients when the catheter is leaking or not draining properly, empowering them to take control of their own care. The Catheter Passport has been very well-received, with district nurses requesting one for all their catheterised patients; the Passport scheme is now being rolled out throughout the entire hospital and will ensure all patients receive the information they need in an easily-understandable format, reducing their anxiety on leaving hospital and easing pressure on the nursing teams from follow-up questions.



### 3.2.5

## PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)

### WHAT ARE WE AIMING TO ACHIEVE?

Patient-Led Assessments of the Care Environment (PLACE) is a voluntary programme of assessments, run by the Department of Health, via NHS Digital, which the Foundation Trust participates in every year. All providers of NHS funded care are encouraged to be involved in these unannounced assessments which aim to:

- Assess what matters to patients/the public;
- Report what matters to patients/the public;
- Ensure that the patient/public voice plays a significant role in determining the outcome.

Assessments focus on the environment in which care is provided with particular emphasis on:

- Cleanliness (including hand hygiene)
- General condition, appearance and maintenance of buildings, fixtures and fittings including safety

- Access (for disabled patients and other people who use the Foundation Trust premises). This is mostly assessed via question in existing domains rather than being a separate section
- Dementia friendly environments
- Privacy, dignity and wellbeing
- Nutrition and hydration (including choice of food and drink and other elements of the food service assessed at the point of service on wards)

### HOW ARE WE DOING IT?

Assessments are undertaken over several months by teams of 'patient assessors' – in effect volunteers representing the perspective of patients and the public - supported by staff facilitators. The Foundation Trust asks all potential patient assessors and staff facilitators to attend training, usually training staff and volunteer assessors together, before taking part in an assessment. Additional staff, from a wider range of services, were added to the team this year, which brought useful additional experience and perspectives to the process, and eased the workload and logistical challenges for those carrying out the assessments.

Assessments were carried out over a wider range of days and times than ever before, to sample the

standards on areas assessed across the week, and to enable people to take part who are not available during normal working hours.

All assessing teams include at least two patient assessors and teams must have a minimum ratio of 50% patient assessor representation in each team.

Assessors are recruited from a variety of sources, including Healthwatch, voluntary and community groups, the Foundation Trust membership and Council of Governors, the Foundation Trust Involvement Register, local colleges and university, and through communications with the local press, media and Foundation Trust social media.

In 2013-15 we had very few disabled, young or BME assessors. Through collaboration with Bradford Council Strategic Disability Partnership, Bradford Talking Media, local college and university networks, and community organisations some headway has been made in addressing all of these, and we will continue to build on this.

The Foundation Trust goes beyond the requirements of the formal process, using the opportunity to check on related areas and request action on issues which may not form part of the assessment criteria but which teams consider need to be addressed.

In Quarter 4 of 2016 we began the use of an internal use version of the process called PLACE-LITE. All aspects of this are identical to the national assessments, however the number and frequency of assessments is decided by the Trust, and the data generated is only for internal use. This will be used as part of the continual quality assurance process across the Foundation Trust, sampling a small number of clinical and non-clinical areas each quarter and reporting any issues and required actions. This will require a larger number of both volunteers and staff to support its delivery.

The national assessment period is March – June each year, and the internal programme takes place when the national process is not taking place.

## WHAT HAVE WE ACHIEVED?

Assessments were successfully carried out on all eligible sites. Small satellite sites are now included, such as Shipley Hospital, under the banner of one of the two main sites, to make sure they receive equivalent scrutiny. Over the last three years assessments have taken place across all areas within the Foundation Trust, with different areas each year, apart from annually mandatory areas such as Accident and Emergency, to ensure wide coverage. This was commended by a Health and Social Care Information Centre (the predecessor body to NHS Digital, which previously oversaw PLACE) representative as a positive approach, which is not as robustly applied in all organisations. PLACE is about being honest and open, making an assessment in a snapshot of time, against set criteria. The assessments are not a reflection on the whole Foundation Trust, however they add to the intelligence for improvement to services.

The Foundation Trust has improved or maintained performance in relation to cleanliness and condition, appearance and maintenance but has demonstrated deterioration in Food and Hydration; Privacy, Dignity and Wellbeing; and Dementia in comparison to the 2015 results.



The tool used to produce the PLACE scores is continually evolving; new aspects of the environment to be assessed have been added in each of the last 3 years, questions have been added and removed, changes have been made to the wording and criteria to be met to be fully compliant, and changes have been made to scoring and weighting. In addition, different areas of the Foundation Trust are assessed each year, each of which has different strengths and weaknesses. These combined factors mean that year on year comparison of scores for a particular site or organisation must be treated with caution. As such, the Foundation Trusts uses the results to identify priority areas of the care environment, or practice which impacts on this, for improvement, at both operational and strategic levels.

Nevertheless, the Foundation Trust performed worse, comparing raw scores, in all domains except cleanliness when compared to the national average for 2016. However, the analysis does not include assessment of whether this difference in scores is statistically significant, and this should be borne in mind, particularly where the difference between the

Foundation Trust and the national average, or any other participating organisation, is small. Results for each site and the Foundation Trust overall formed the basis of a report to the Board of Directors, including an action plan. The overall results by domain are shown in the table below, and compare 2016 scores with those for the previous year for the Foundation Trust.

Domain	Foundation Trust Average 2016	National Average 2016
Cleanliness	98.14	98.1
Food and Hydration	78.88	88.2
Privacy, Dignity & Wellbeing	77.80	84.2
Condition, appearance and maintenance	87.43	93.4
Dementia friendly	64.47	75.3
Disability (test data)	65.30	78.8

Domain	Foundation Trust Average 2016	Foundation Trust Average 2015
Cleanliness	98.14	98.10
Food and Hydration	78.88	80.67
Privacy, Dignity & Wellbeing	77.80	85.32
Condition, appearance and maintenance	87.43	86.31
Dementia friendly	64.47	80.77
Disability (test data)	65.30	n/a

Key:		Green rating indicates that performance was higher than the comparator
		Red rating indicates that performance was lower than the comparator

A more detailed breakdown of performance in each domain is provided below:

### Cleanliness

The Foundation Trust average score is above the national average. Compared to 2015, the scores remained stable across all sites within the Foundation Trust with very small changes in the scores, both positive and negative, across the four sites assessed. Given the number of areas assessed whilst there were building works in the area or nearby, this was a good outcome for the Foundation Trust and demonstrated the commitment of the cleaning services team.



### Food and Hydration

Nationally food and hydration scores fell very slightly overall when compared to the previous year but fell by 12 percentage points at St Luke's Hospital; both sites now have similar scores. Each year's set of scores provides a 'snapshot' of an area at a specific point in time, with assessors instructed to make judgements based on what they observe or sample on the day, so it is quite possible for isolated or temporary problems to impact on the score. For example, on the day of one ward assessment at St Luke's, one and a half trays of roast turkey delivered to that ward were overcooked to the point of being unusable. Understandably this, and the consequent delays and difficulties in providing patients with an alternative meal acceptable to them, had an impact on the food assessment scores for that particular ward.

Assessors also expressed concern about the suitability of the range and type of food provided for children and young people, and menus have now been reviewed by catering services. Some food dishes were considered particularly low quality, and this was considered when the delivered meals contract went out to tender. Concerns were also raised about the support given to patients in preparing for meals, and wards have been reminded of their responsibilities in this area.

Food scores improved from their already very high level at Westwood Park and Westbourne Green. Assessors were very impressed with the range, flexibility and quality of food served and the evident passion for quality shown by the catering staff at these sites, but also appreciated that catering on small sites is considerably different from larger sites.

### Privacy, Dignity and Wellbeing

With the exception of Westwood Park where scores have improved by 3.16 percentage points, the Foundation Trust average score and scores at all sites have fallen by varying amounts. The largest drop is at Bradford Royal Infirmary (-10.23 percentage points). This is disappointing after the improved scores of 2015, but some of the variation is due to methodological changes, and the different sample of areas assessed; in 2015 only two areas within any specific location were required to be assessed, but in the 2016 assessment five separate areas were assessed. It is also vital to view the year's results in the

context of the specific make-up of the assessment for that year. Each year's sample of the two main sites (Bradford Royal Infirmary and St Luke's Hospital) is made up of different areas and the balance of older areas to newer or recently refurbished areas can have an impact on scores. For example in 2016 at St Luke's the ground floor of C block (Radiology), which is acknowledged as being one of the oldest elements of the building stock in the Foundation Trust's premises, was assessed, and scored poorly on a number of questions. Similarly, one of the paediatric wards formed part of the Bradford Royal Infirmary sample at a time when new accommodation for this service was under construction, in recognition of the need to improve the environment for that service.

Examples of areas which the Foundation Trust failed to meet wholly or in part in 2016 for Privacy, Dignity and Wellbeing include: provision for family overnight stays; TV, Radio and Internet provision; aspects of ward design such as availability of private rooms for discussions, treatment rooms and social spaces on wards; provision of sufficient and varied types of seating; space around reception desks; toilets for single sex use with appropriate signage in both text and pictures (which stipulated in 2016 that this must be visible from all areas on the ward); provision of outdoor space including space specifically for children; and provision of privacy curtains in bathrooms. It is acknowledged by the Department of Health that improvements on some aspects can be implemented more quickly and easily than others, and this is reflected in how the Foundation Trust responds to each aspect, for example improving local provision of privacy curtains can be undertaken relatively quickly, but an issue which requires more fundamental or extensive change may be reflected in the longer term capital investment programme.

### Condition, Appearance and Maintenance

Scores for this domain remained stable or rose slightly overall and on all sites against 2015 scores, although they were lower than the national average (87.43% compared with 93.4% nationally). Assessors recognised the challenges particularly in older parts of the estate, and were conscious of the impact of the considerable amount of refurbishment work during the assessment period. In most areas there were fewer issues relating to maintenance and repairs than in previous years.



One notable exception to this is the lower score for C Block at St Luke's (75.86%) where assessors noted a significant need for improvement to the environment for Imaging Services.

There were 2 elements of this domain where there was a fairly consistent failure to meet the criteria: general storage and general tidiness, which were often clearly inter-related issues. A further area for improvement is provision of handrails in key areas. However, a significant improvement was noted by experienced assessors across all trust sites in relation to noticeboard content, relevance and quality of display.

### Dementia Friendly Environment

Scores for Bradford Royal Infirmary and St Luke's Hospital fell by 17.74 and 14.06 percentage points respectively and rose slightly at Westwood Park and Westbourne Green. This resulted in an overall drop in the Foundation Trust average score of 16.3. This was a concern and results were scrutinised to ensure that we understand where we need to make changes and improvements. However, as the assessment of the dementia friendly environment was new in 2015, these statistics are still considered 'experimental', and therefore year to year comparisons should be treated with caution. New requirements were also added in 2016; for example clocks had to have a minimum 18 inches diameter face. Every clock-face in the Trust therefore failed that question, reducing the score on that domain, but would have passed it the previous year when no size was prescribed, and will pass again in 2017 as this requirement has now been removed. Nevertheless, we are constantly striving to ensure our environment supports the best possible care for all our patients and works on our buildings to make them more dementia friendly have been prioritised.

### Next steps

Significant areas where improvement was needed were identified in the action plan; some were already embedded into existing work or planned work and will have a positive impact on the PLACE scores once implemented e.g. the Wayfinding and Car Parking Strategy, and the improved facilities and access offered by the new hospital wing. Other potential actions for improvement needed more detailed discussion and evaluation. The action plan is monitored through the Patients First Committee and the Estates and facilities Improvement Board.





### 3.3 STAFF EXPERIENCE

#### 3.3.1

#### OUR PEOPLE, OUR FUTURE: TOGETHER, PUTTING PATIENTS FIRST

Our patients are at the heart of all we do and our people are vital to the delivery of the Foundation Trust's strategy, vision and values. During 2016/17 we engaged key stakeholders to develop Our People, Our Future: Together Putting Patients First, our first people strategy. This sets out our strategic aims for the next five years. It brings together our organisation, cultural and leadership work, providing direction for all people related activities, so we are all working towards the same patient centred goals.

Our work during the last year has focused on three interrelated areas and some of our key achievements include:

##### Our People

- Reviewed our induction programme for new staff, to make sure it is based on our values and has the patient at the heart of all we do;
- Worked on initiatives to improve the health and wellbeing of our staff;
- Continued our work to improve attendance and reduce sickness absence;
- Worked across the Bradford District to develop an integrated workforce strategy.

##### Our Leaders

- Delivered a Senior Leadership Development programme;

- Worked with the NHS Leadership Academy to train a group of staff as internal coaches, to support the development of our staff;
- Supported a number of staff through Engaging Leaders - a leadership development programme, and Moving Forward - a Black and Minority Ethnic (BME) Talent Management programme, both delivered by the Bradford District Care NHS Foundation Trust.

##### Our Culture

- Reviewed our appraisal system for non-medical staff to make sure they receive effective appraisals and regular one to ones;
- Started a programme of workshops to increase the confidence and capability of managers in carrying out effective appraisals;
- Worked with a number of teams across the Foundation Trust, building on the leadership development work, to develop a coaching culture and improve team working.







### Recognition of success for work on employment targets

In July 2016, the Foundation Trust won the prestigious Representative Workforce Award from the Employers Network for Equality and Inclusion (ENEI) for the work we have been doing on our employment targets for Black and Minority Ethnic staff.

Pat Campbell, Director of Human Resources and Lorraine Cameron, Head of Equality and Diversity received the award at the Law Society in London on 7 July. The Foundation Trust was in competition with Remploy and the Bank of England.

As a result of these achievements, the Head of Equality and Diversity has been asked to talk about what we are doing with other regional Trusts. To date, she has shared our approach with Calderdale and Huddersfield NHS Foundation Trust; Sheffield Teaching Hospitals NHS Foundation Trust; and Central Manchester CCG.

The Director of Human Resources and the Head of Equality and Diversity also met with a contingent of Human Resources Directors from the North West to explain the work.

### 3.3.2

#### STAFF SURVEY

##### Outcomes

Although our staff responses in the national NHS Staff Survey 2016 showed no significant changes, we were:

- Successful in maintaining our level of engagement despite the challenging times;
- In the top 20% of Acute Trusts for percentage of staff reporting most recent experience of harassment, bullying or abuse;
- In the top 20% for staff not working extra hours;
- Better than average for quality of appraisals;
- Better than average for confidence and security in reporting unsafe clinical practice;
- Better than average for staff satisfaction with level of responsibility and involvement.

We will build on these areas with a particular focus on increasing staff engagement.

##### Areas for improvement

- Number of staff experiencing physical violence from staff;
- Number of staff experiencing harassment, bullying or abuse from patients, relatives or the public;
- Reporting of errors, near misses or incidents witnessed;
- Experience of discrimination at work;

- Opportunities for flexible working;
- Making the best use of our patient feedback.

We take this very seriously and will be focusing our attention to make sure this is addressed, learning from best practice elsewhere in the NHS.

### Workforce Race Equality Standard

NHS England has agreed a set of standards which we have to meet to comply with the NHS standard contract. As discussed in the Equality Report section of the Annual Report, the Workforce Race Equality Standard (WRES) forms the first stage in a process of addressing workforce equality issues. Four indicators from the 2016 Staff Survey contribute to our WRES data, which we submit annually in July. From the 2016 staff survey we saw the following results:

- **Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months from patients, relatives or the public in the last 12 months:**

White: 34%; BME: 29%. The figure for white staff is 7% above the average for Acute Trusts. There has been a significant improvement from the 2015 results for BME staff when 48% experienced harassment, bullying or abuse BME in 2015 but it is still 3% above the Acute Trust average;

- **Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:**

White: 24%; BME: 28%. This is a significant improvement on the 34% BME in 2015 but is 1% above the Acute Trust average;

- **Percentage believing that the Trust provides equal opportunities for career progression or promotion:**

White: 88%; BME: 80%. There is a significant fall from 94% of white staff who felt there were equal opportunities. Conversely, there has been an increase from 78% of BME staff who said this in 2015. The response from white staff is in line with the national average, but our BME staff response of 80% is 4% higher than the Acute Trust average of 76%; and

- **Percentage who have personally experienced discrimination at work from managers/team leaders or other colleagues:**

White: 6%; BME: 17%. There has been a significant improvement from the 2015 results for BME staff when 24% experienced discrimination, but it is still 3% above the Acute Trust average.

### Future work

- Focused activities in our five strategic aims of our people strategy, in particular work on recruitment and retention strategies and apprenticeships;
- Continuing our leadership development work;
- Creating the right cultural environment to support our transformation work;
- Increasing capability and confidence of our managers, with a continued focus on appraisals, health and wellbeing and addressing bullying and harassment;
- Addressing the outcomes of the nurse and midwifery survey and BME workshops;
- Continuing to build on the success of Project SEARCH, more detail on which is set out in the Equality Report section of the Annual Report;
- Collaborative working on leadership, management and organisational development across the district, supporting the transformation of health and social care across the system.





## 3.4 PERFORMANCE AGAINST NATIONAL AND LOCAL INDICATORS, AND MANAGEMENT OF PERFORMANCE

### 3.4.1

#### National Performance Measures

The Foundation Trust's performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement is reported in the table below. More detailed definitions of these indicators are provided at Appendix C. For 2016/17 these are the indicators that appear in both of the below lists, enabling reporting for the whole year:

- i. The Risk Assessment Framework for 1 April – 30 September. The applicable indicators are listed in appendix A of that document.
- ii. The Single Oversight Framework for 1 October – 31 March. The applicable indicators are listed in Appendix 2 and Appendix 3 of that document.

#### Performance against indicators and targets for 2016/17

Area	Indicator	Current Target	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11
Access	Total time in A&E: maximum wait time of 4 hours	>=95%	88.5%	93.5%	95.1%	96.2%	95.7%	95.9%	96.7%

The Foundation Trust has struggled to achieve the 95% threshold for the Emergency Care Standard throughout the financial year which is a position reflected nationally, with the majority of NHS organisations experiencing pressures in achieving this standard. A number of remedial actions have been undertaken with the focus on improving patient flow throughout the hospital, the results of which were seen in the latter months of the new year with improved performance reported in February and March 2017. The Foundation Trust will continue to focus on improving the experience of patients accessing emergency care services in the new financial year, with further developments planned.

Access	Cancer 2 week wait standard	>=93%	95.3%	94.8%	95.5%	95.5%	95.1%	94.0%	96.0%
	Cancer 62 day standard - first treatment	>=85%	84.4%	88.7%	86.3%	88.8%	93.3%	83.7%	86.9%
	Cancer 62 day standard screening	>=90%	92.5%	97.1%	97.0%	97.2%	98.8%	96.2%	96.5%

The Foundation Trust has historically performed well against the Cancer Standards, reporting performance which compares favourably to the national position. This has continued in 2016/17 for the majority of Cancer Standards, however the Foundation Trust has experienced considerable pressures to achieve the Cancer 62 Day Standard for first treatment. This is reflected in the failure to achieve this standard in Quarter 3 and Quarter 4 of the financial year. The Foundation Trust has treated significantly more patients this year but has struggled to accommodate all patients within the threshold.

Access	Referral to Treatment Waiting Times <18 weeks – Incomplete pathway	>=92%	90.29%	92.60%	96.50%	97.20%	n/a	n/a	n/a
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The Foundation Trust did not achieve the RTT Incomplete threshold in 2016/17 for the first time in several years. This reflects the difficulties experienced during the year with regards to capacity and acute demand. The Foundation Trust has a recovery plan in place to reduce waiting times for patients and ensure a better overall patient experience.

Outcomes	Incidence of Clostridium Difficile	<=51	24	24	32	43	58	88	87
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The Foundation Trust has continued to perform well against the threshold set for Clostridium Difficile cases and will report a maximum of 24 cases with 3 cases currently still pending attribution. This reflects the efforts of all staff to incorporate infection control procedures into their normal working practice.

#### Key:

- Green rating indicates that the target was achieved
- Red rating indicates that the Foundation Trust failed to meet the target







### 3.4.2

#### LOCAL PERFORMANCE MEASURES

In determining the quality indicators for inclusion in the 2016/17 Quality Report 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 Report indicates that the Foundation Trust is actively engaged in discussing, agreeing and reviewing local quality improvement priorities with Bradford City and Bradford Districts Clinical Commissioning Groups.

National CQUIN goals reflect areas where there is widespread need for improvement across the NHS. They aim 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 goals selected by the Board of Directors in consultation with the lead commissioners and an explanation of their importance is presented in the table below:

		Quality Domain			
Goal Name	Description of Goal	Safety	Effectiveness	Patient Experience	Innovation
Staff health and wellbeing	Trusts should develop and implement plans to introducing a range of physical activity schemes, improve access to physiotherapy services and introduce a range of mental health initiatives for staff. Trusts are also expected to achieve a step-change in the health of the food offered on their premises in 2016/17 and ensure at least 75% of clinical staff receive influenza immunisation vaccinations.		Yes	Yes	

		Quality Domain			
Goal Name	Description of Goal	Safety	Effectiveness	Patient Experience	Innovation
Sepsis	This CQUIN focusses on patients arriving in the hospital through the Emergency Department and seeks to incentivise providers to screen for sepsis all those patients for whom sepsis screening is appropriate, and to rapidly initiate intravenous antibiotics, within 1 hour of presentation, for those patients who have suspected severe sepsis, Red Flag Sepsis or septic shock. In 2016/17, the CQUIN requirements have been extended to all acute wards.	Yes			
Antimicrobial Resistance and Antimicrobial Stewardship	To reduce antibiotic consumption and increase the percentage of antibiotic prescriptions reviewed within 72 hours.		Yes		
Dementia – John’s Campaign	Implement a policy on welcoming carers and family members of people with dementia according to patient’s needs and not restricted by visiting hours.			Yes	
Mental health frequent A&E attenders	Joint working with our community and mental health providers to reduce inappropriate attendances at A&E		Yes		
Optimising joint working and discharge planning	The CQUIN aims to change the culture and mind set of staff and patients around discharge planning to ensure the right care vision is achieved and will build on the Perfect Week event run in 2015/16.		Yes	Yes	
7 day services	Lead and participate in the 1st wave implementer 7 day services programme.	Yes			
Public health screening	Improve uptake of Public Health Screening and Immunisation Programmes for people with learning difficulties or mental health conditions		Yes		
Dental	Audit of Day Case Activity		Yes		
Adult Critical Care Timely Discharge	This CQUIN aims to support removal of delays of more than 4 hours, whilst continuing to encourage more emphatically removal of delays of more than 24 hours.		Yes		

		Quality Domain			
Goal Name	Description of Goal	Safety	Effectiveness	Patient Experience	Innovation
Activation system for patients with long term conditions	The CQUIN scheme aims to encourage use of the “patient activation measurement” (PAM) survey instrument, to assess levels of patient skills, knowledge, confidence and competence in self-management		Yes	Yes	
Optimal Device	This CQUIN has been designed to ensure that appropriate device specification is maintained and where required improved.	Yes	Yes		
Improving Haemoglobinopathy Pathways through Operational Delivery Networks	To improve appropriate and cost effective access to appropriate treatment for haemoglobinopathy patients by developing Operational Delivery Networks (ODNs) and ensuring compliance with ODN guidance.		Yes		

A summary of our 2016/17 performance against the indicators within both the locally-selected and national goals is outlined in the following table:

Indicator	Description	2016/17				2015/16
		Q1	Q2	Q3	Q4 Forecast	
CCG National						
Staff Health & Wellbeing	Introduction of health and wellbeing initiatives	G	G	G	G	NA
	Healthy food for NHS staff, visitors and patients	G	G	G	G	NA
	Improving the uptake of flu vaccinations for front line staff within Providers	A	A	G	G	NA
Sepsis	<b>Emergency Departments:</b> % of eligible patients (based on local protocol) screened	R	R	A	A	A
	<b>Emergency Departments:</b> % patients with severe sepsis, Red Flag Sepsis or septic shock administered intravenous antibiotics within the appropriate timeframe and had an empiric review within three days of the prescribing of antibiotics	A	A	R	R	G
	<b>Acute Inpatient Settings:</b> Departments: % of eligible patients (based on local protocol) screened	R	R	R	R	NA
	<b>Acute Inpatient Settings:</b> % patients with severe sepsis, Red Flag Sepsis or septic shock administered Intravenous antibiotics within the appropriate timeframe and had an empiric review within three days of the prescribing of antibiotics	R	R	R	R	NA
Antimicrobial Resistance and Antimicrobial Stewardship	Reduction in antibiotic consumption per 1,000 admissions – total antibiotics	R	R	R	R	NA
	Reduction in antibiotic consumption per 1,000 admissions – carbapenem	R	R	R	R	NA
	Reduction in antibiotic consumption per 1,000 admissions – piperacillin-tazobactam	R	R	R	R	NA
	Submission of consumption data for 2014/15 & 2015/16 to PHE	G	G	G	G	NA
	Empiric review of antibiotic prescriptions	G	G	G	G	NA
CCG Local						
Dementia: John's Campaign	Implementing a policy on welcoming carers and family members of people with dementia according to patient's needs and not restricted by visiting hours	G	G	G	G	NA
Mental health frequent A&E attenders	Joint working with BDCFT to reduce MH frequent attenders at A&E	G	G	G	G	NA
Optimising joint working and discharge planning	The CQUIN will aim to change the culture and mind set of staff and patients around discharge planning to ensure the right care vision is achieved and will build on the Perfect Week event run in 2015/16	G	G	G	G	NA
7 day services	Lead and participate in the 1st wave implementer 7 day services programme	G	G	G	G	NA
NHS England						
Public health screening	Improve uptake of Public Health Screening and Immunisation Programmes for people with learning difficulties or mental health conditions	G	G	G	G	G
Dental	Audit of Day Case Activity	G	G	G	G	NA
Adult Critical Care Timely Discharge	This CQUIN aims to support removal of delays of more than 4 hours, whilst continuing to encourage more emphatically removal of delays of more than 24 hours	A	A	R	A	NA
Activation System for Patients with Long Term Conditions	The CQUIN scheme aims to encourage use of the “patient activation measurement” (PAM) survey instrument, to assess levels of patient skills, knowledge, confidence and competence In self – management. The trust will continue with the pilot work for dialysis patients and extend to pre-dialysis cohort	G	G	G	G	NA
Optimal Device	This CQUIN has been designed to ensure that appropriate device specification is maintained and where required improved. This will be measured by the number of medium/standard specification High Cost Tariff Excluded cardiac devices used as a percentage of the total number of such devices used	R	A	A	G	NA
Improving Haemoglobinopathy Pathways through ODNs	To improve appropriate and cost effective access to appropriate treatment for haemoglobinopathy patients by developing ODNs and ensuring compliance with ODN guidance.	G	G	G	G	NA
QIPP	Drugs audit	G	G	G	G	G
	Oral chemotherapy					
	ICD Devices Procurement					
	Renal transplant repatriation					
	Parenteral Nutrition – ODN work					
	Dose Standardisation in Chemotherapy					
	Anti Fungal Stewardship					
	IVIG					
	Drugs: Invoice validation and contract variation / adjustment					
	Generic Drugs					

Green	Achieved
Amber	Partially achieved / Undecided
Red	Not achieved
White	To be confirmed



### 3.4.3

#### QUALITY MANAGEMENT SYSTEM

The Foundation Trust recognises the importance of having a comprehensive system which enables us to identify, measure, control and improve our core processes. These processes include our governance structures, management and escalation of risk, learning from when things have gone wrong and looking at ways in which we can improve quality and meet our patients' expectations. In our Quality Report 2015/16 the Foundation Trust described the whole system review and development process that it had undertaken in relation to its quality management system.

As a result of the review described above a number of changes were implemented. The effectiveness of some of these changes has been reviewed during 2016/17. These included:

- The 2015 revision of the terms of reference of the sub-committees that support the Quality and Safety sub-committee of the Board. A full review of the effectiveness of these sub-committees was undertaken during quarter 4 of 2016/17; the outcome and recommendations associated with these will be reported to the Quality and Safety Committee in early 2017/18;
- The baseline assessment of the position of each Division, Directorate and Specialty in relation to the: clinical governance system currently in use; education and training; and the management of risk registers. A preliminary review was undertaken during 2016/17 and as a result, additional central resource was identified and devolved to support each Division with their quality management system.

The quality management system, and in particular the Foundation Trust's governance framework, has been further developed during 2016/17:

- A Learning and Surveillance Hub has been established. It is designed to support the intelligence gathering and information and learning dissemination within the quality management system. It has developed an action planning toolkit to support effective action planning across the Foundation Trust and has developed, and is supporting, a strategic approach to information dissemination and learning. It is also beginning to support the better integration of quality improvement projects and programmes across the governance structure of the Foundation Trust as it is a joint venture across the Offices of the Director of Governance and Operations, the Medical Director and the Chief Nurse. The hub includes representation from all clinical staff groups, divisional non-clinical staff and corporate teams.
- A daily risk and safety huddle using innovative tools and techniques to 'horizon scan' for areas of potential problems with quality and safety has been implemented. The huddle involves staff from risk, governance, legal services and complaints and enables immediate escalation of significant concerns and thematic analysis.
- An incident performance management group has been established and proactively manages incident investigations, monitors the completion of action plans and reviews the evidence generated to support assurance of the effectiveness of the action plans.



The Foundation Trust also continues to expand its use of quality improvement methodology running large scale projects aimed at making specific improvements in patient harm. Examples of the methodologies used in 2016/17 were:

- The Institute for Healthcare Improvement Breakthrough Series Collaborative Model: this is a project framework which brings together a number of wards and departments to develop interventions and test them around a specific problem. We have launched one of these projects aimed at reducing pressure ulcers and another related to the management of deteriorating patients; these are discussed in more detail in the section on priorities for improvement, above.
- The Model for Improvement: this is a framework based around three simple questions (what are we trying to accomplish, how will we know that a change is an improvement and what changes can we make that will result in an improvement) and the plan, do, study, act cycle. This is a framework that helps teams to develop and test interventions on a small scale and is used widely across healthcare.

#### The Bradford Diagnostic Virtual Ward

Hospital patients who are recovering from their acute illness on downstream wards may become well enough to go home, but still require diagnostic tests on an urgent basis. The Bradford Diagnostic Virtual Ward has enabled clinicians to send patients home earlier than normal, in the knowledge that the test will be performed in an inpatient timescale, and that a coordinator will track appointments and results.

This innovation is simple but it breaks new ground, because, at present, the vast majority of hospitals in the UK do not have an equivalent. In essence, the diagnostic virtual ward is a set of agreements with the investigation departments to handle test requests as though the patients were still in hospital, combined with a coordinator who liaises with staff and patients to ensure that appointments are arranged and attended, and that the result is forwarded promptly to the requesting clinician. It is currently available to adult patients on downstream medical and surgical wards, who are deemed very low risk for deterioration by their consultant, and do not live alone.

In the first 23 weeks of this pilot programme, 322 patients were successfully referred to the service, for 384 tests. This saved 870 bed days (days from discharge to investigation). Feedback surveys from 1 in 10 of the patients that have taken part showed 100% overall satisfied with the service, and 100% felt ready to go home and able to manage at home. In addition, we have shown a reduction in the number of MRI scans performed for patients in hospital, and a corresponding increase in scans for those patients who are at home, which supports the idea of a genuine shift of patients from hospital to home.

The Bradford Diagnostic Virtual Ward provides a new way for patients to leave hospital sooner, and so is making an important contribution to patient flow and patient satisfaction at a time of increasing pressure on inpatient beds.

#### 3.4.4

#### MONITORING AND ASSURANCE PROCESS

The Foundation Trust is required to provide and demonstrate assurance that it complies with regulatory standards of care as described by its external regulators. During 2016/17 we have implemented ProgRESS (which stands for a Programmed Review of Effectiveness, Safety and Sensitivity) which is our approach to understanding the quality and safety of the care we provide.

We are using ProgRESS to embed the understanding of regulatory standards, the skills in identifying risks and opportunities for change and improvement, and the confidence in implementing and monitoring change within our frontline staff.

Frontline staff engagement in ProgRESS is key to its success. A strategy for supporting frontline staff participating in the reviews has been initiated, and training is provided for those that choose to be involved in the review process. It is also important to us that external stakeholders including commissioners, Healthwatch and patient representative groups have been and will continue to be explicitly involved in both setting priority areas for review and the review process itself.



ProGRESS provides routine oversight of the implementation of the fundamental and other regulatory standards in the Foundation Trust. It involves the implementation of a rolling 2 year programme of planned reviews (programmed reviews). The programme also provides the capacity to undertake responsive reviews, where issues or potential for learning are identified within the Foundation Trust or by our external stakeholders. It also includes programmes of assurance in relation to the effectiveness of our implementation of our CQC compliance action plan that was developed following our inspections in 2014 and 2016 and the effectiveness of our response to learning and recommendations from serious incidents and complaints.

The programme is designed to use a range of methodologies, including clinical audit, analysis of incident reports and complaints, observation, focus groups and interviews with staff and patients.

During 2016/17 we have undertaken Foundation Trust-wide programmed ProgRESS reviews in the following areas:

- Consent
- Management of paediatric pain
- Compliance with the Mental Capacity Act
- Management of controlled drugs
- Transition from paediatric to adult service
- Management of complaints

In addition we have undertaken responsive ProgRESS reviews - when potential issues have been identified through routine review of information that supports the understanding of our compliance with fundamental standards - in the following areas:

- Moving and handling
- Documentation in the Emergency Department
- Management of deteriorating patients
- Accessible standards
- Management of vulnerable patients

The outcomes of the programmed and responsive reviews and the assurance programme related to the CQC compliance action plan is managed through the CQC steering group and reported to the Quality and Safety Committee. The effectiveness of our response to learning and recommendations from serious incidents is reported to the Quality and Safety Committee. This established governance ensures that any risks identified are escalated within the organisation for action and mitigation as appropriate. Any opportunities for change and improvement and any areas of best practice are also identified and communicated as appropriate.

During 2017/18, now that ProgRESS is embedded in the Foundation Trust, we will be developing an additional strategy to support the programme, which is aligned to our aspirations to move beyond just assuring our compliance with fundamental standards, and directly supports further tangible improvements in our CQC ratings.



### 3.5 IMPROVED USE OF TECHNOLOGY AND E-SOLUTIONS

The Foundation Trust will need to make the best use of IT 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 of Directors in 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 of Directors in February 2015. The Foundation Trust has secured a market-leading EPR which has a track record of making care safer across all care settings. The supporting IT Strategy and Intelligent Use of Information Strategy were collaboratively developed and approved. These strategies will 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.

#### 3.5.1

#### ELECTRONIC PATIENT RECORD

Over the past two years we have been developing a new Electronic Patient Records system (EPR). This is a major project impacting every area of the Foundation Trust, and will complete in 2017.

Our journey to EPR commenced in February 2015 when, in partnership with Calderdale and Huddersfield NHS Foundation Trust (CHFT), the Cerner Millennium system was purchased, to help us treat our patients more effectively. The NHS Integrated Digital Care Fund has provided some funding to support this initiative.

EPR was launched at our partner organisation, CHFT, at the end of April 2017. The go-live for our Foundation Trust will follow at a later date.

#### What will the introduction of EPR change?

At present (prior to the introduction of EPR) our patient records are held in a number of different ways, including paper-based notes and computer records on a number of different systems. This means that different sets of information are in different hospital departments, even different hospitals, which could sometimes cause unnecessary delays. The EPR has been specially designed to help us treat patients more effectively and to give healthcare staff quicker and easier access to up-to-date information about a patient's treatment.

#### What will EPR do?

Every time a patient uses one of our services or has an appointment with one of our staff we write down what was discussed, any treatments or advice received and any procedures. This is a patient record. This information is useful for many reasons. It helps clinicians to take advantage of the knowledge of everyone involved in a patient's care. It offers a continuous record so that patients do not need to repeat information to us. It also tells us things like what medicines patients are taking, and any allergies they might have. It also has results of any investigations.



With our new EPR system, this information will be held electronically in one place. All hospital staff who are directly involved with a patient's care will have some level of access to the system to enable updates to be done continuously.

### Confidentiality

Only those directly involved in a patient's care will be allowed access to patient records. To do this they will have been assigned a secure access method which is unique to them (like the card and PIN number used to take money from a bank account). They will have their details recorded for every action that is taken on the system.

As an NHS organisation we have a legal duty to protect confidentiality and keep all information secure. The NHS Care Record Guarantee for England, which we work within, says how the NHS will collect, store and allow access to electronic records and choices for how a patient's information is stored and looked at. It has been published by the National Information Governance Board for Health and Social Care (NIGB).

Further information about the EPR programme can be obtained on the programme website: [www.epr.this.nhs.uk](http://www.epr.this.nhs.uk)

### 3.5.2

#### IMPROVED COMMUNICATION

In the past years 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 (BAWC) on Digital 2020, a new Board formed with senior leaders to promote and implement the innovative use of technology and data to transform the way health and care is delivered across the area. The vision is that by 2020, BAWC will be a place where:

- Health and care information is collected once and used many times;
- Health and care is digitally facilitated to enable individuals to take control of the health and well-being of themselves and of others;
- Citizens have confidence in the security of their health and care data security and application in benefitting the health and wellbeing of the population;
- The health and care workforce are skilled and confident users of technology and data, and use these skills to deliver care more efficiently and effectively;
- Rapid and accelerated adoption of proven technology and data innovation takes place to improve the health and well-being of citizens;
- Big problems and issues in the health and care system are addressed through technology and data;
- The evaluation of the impact and benefits of utilising technology and data to improve health and care outcomes provides evidence for digital health adoption for other parts of the country (and beyond);

- Others from around the country come to learn how health and care organisations, local government, the business sector, and academia have overcome organisational boundaries to work effectively in partnership for their local communities; and
- New digital health and care businesses are formed and existing businesses are attracted to the area to develop their digital health and care products and services.

The Foundation Trust continued work on adoption and use of 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.

### 3.5.3

#### MAKING INFORMATION EASIER TO USE

The Foundation Trust is moving towards the use of interactive dashboards to monitor performance and quality with specific investments in improvement. The dashboards are providing an easy to understand method of interacting with information that was not available previously. The next year will continue to see further dashboards deployed to facilitate group meetings for various purposes.

To support improved information, the Foundation Trust has implemented an industry-standard data warehouse that is now actively in use. The data warehouse will underpin the dashboards and will connect with the new Electronic Patient Record (EPR) so that we will have a comprehensive set of information for clinical and management use.

### 3.5.4

#### KEEPING OUR TECHNOLOGY CURRENT FOR CLINICAL CARE

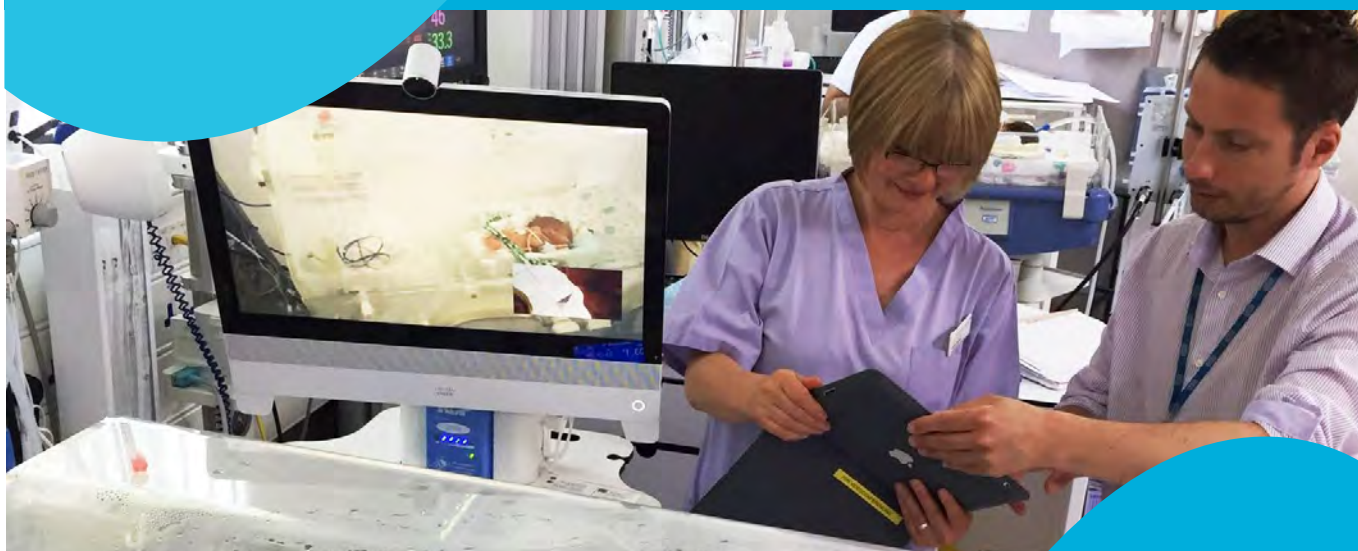
The Foundation Trust has also updated technical infrastructures to ensure that we do not interrupt clinical care.

This included upgrading a number of information systems as we do each year. This coming year will include a major upgrade of our wired network.

The Foundation Trust is a leader this year in initiating a nine-Trust joint procurement for a regional imaging solution. The aim is to provide a solution that will improve the patient experience in imaging regionally, be cost effective, and provide a foundation for networked working. The procurement work is now completing and the focus is shifting to using the technology to consider transformation opportunities.

This past year, the Foundation Trust successfully deployed a chemotherapy e-prescribing solution to harness technology in making chemotherapy safer alongside the Electronic Patient Record. This system is an excellent example of partnership working between IT and clinical teams.





### 3.5.5

#### TAP AND GO

The increased use of computer systems to manage care has also increased the need for staff to sign in (and out). Working with clinical systems which hold important and sensitive information has made the use of user names, passwords and cards a necessity of work – however they can rapidly become a frustrating barrier to work tasks.

*Tap and Go* has been successfully deployed to provide clinicians with easy and secure access to their needed technology. Using the same technology as a contactless payment debit card, or the Metro Card used on local public transport, access to EPR and other clinical systems is now simple. The card offers a fast route to sign in using a single ‘tap’ – and dispenses with the need to sign into each system separately and remember lots of different passwords.

#### Using technology to bring separated parents and babies together

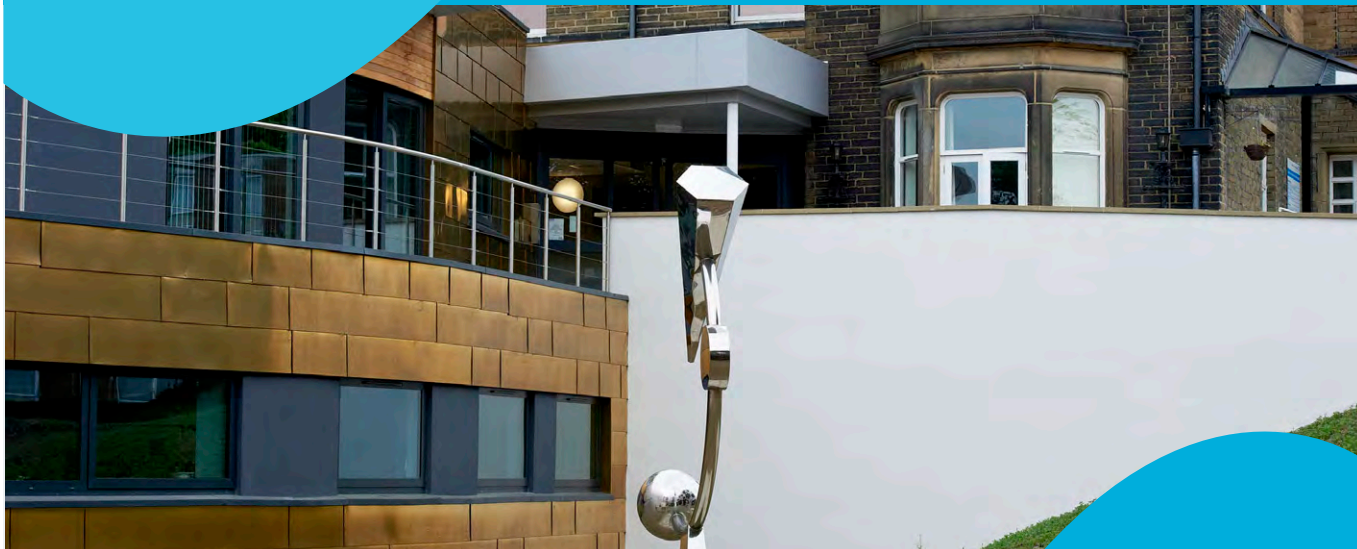
In 2016/17 we introduced an innovative video-link system where a close-up and detailed image of a baby in the neonatal unit can be beamed directly to parents wherever they are.

They are able to see baby on a PC screen, an iPad or tablet and even on a smartphone, simply by accessing the web address on their internet browser or by downloading an app, and the system is Trust-controlled and encrypted, which makes it safe and secure. For mums and dads who are apart from their tiny babies for one reason or another, this revolutionary system is not only bringing joy but peace of mind too.

Our Assistant Chief Nurse said: “There are lots of reasons why mum or dad can’t always get to visit baby in the neonatal unit. Mum may be poorly herself and therefore still on the ward or it could be that she is in a different hospital to her baby. There can also be the cases of a multiple birth, where one of the babies is brought to the neonatal unit here in Bradford, and the logistics of travelling are difficult meaning visiting is not possible every day.

If parents have other children already at home or are travelling a distance, then that too can have an impact. But this system takes away all that worry and anxiety of not being able to see your little one every day – because now it’s possible!”

The set-up costs were funded by the Bradford Hospital Children’s Charity, but there will be minimal outlay from now on. We have received some amazing feedback from parents who have used the link, and we are sure it will bring joy to many families over the coming years.



## 3.6 RESEARCH ACTIVITY

### 3.6.1

#### A NEW FOUNDATION TRUST RESEARCH STRATEGY

In order to continue and strengthen our research endeavours, the Foundation Trust developed a new five year Research Strategy in 2016/17: *'Together, making research real – A research strategy that changes a city'*. This strategy focuses on increasing the opportunities for our patients and staff to participate in high quality research to enable better patient outcomes and improved healthcare. Further information can be found at:

[www.bradfordhospitals.nhs.uk/uploads/uploaded\\_file/bthft\\_research\\_strategy\\_final\\_-20160823135700.pdf](http://www.bradfordhospitals.nhs.uk/uploads/uploaded_file/bthft_research_strategy_final_-20160823135700.pdf).

The Foundation Trust continues to be the third highest recruiter in the region to National Institute for Health Research (NIHR) portfolio studies, with 5087 patients recruited by January 2017. Work continues to expand our commercial research portfolio and there has been an increase in our commercial research activity with existing and new industry partners. We have seen a 61% growth in the number of ongoing commercial studies, from a 2013/14 baseline, and our commercial research income has reached a projected £669,720, which represents an increase of 34% since 2013/14. This success is attributable to the established research teams having a new focus to deliver high quality commercial studies working with longstanding and new industry partners.

### 3.6.2

#### WOLFSON CENTRE FOR APPLIED HEALTH RESEARCH

The Foundation Trust, along with the Universities of Leeds and Bradford, has been working over the last 18 months to prepare a bid to the Wolfson Foundation for funding towards a new Centre for Applied Health Research, which is research that seeks to solve practical problems in healthcare. A final stage bid, led by the University of Leeds, was submitted in September, and we are delighted to have received confirmation that the Wolfson Foundation will provide a £1 million grant to support the building of this Centre.

The new building is planned to be sited adjacent to the Bradford Institute for Health Research and will provide around 1000 square metres of accommodation for applied health research teams. It will cost approximately £3 million to build, with the additional funding provided through matched funding from the two University partners; the Foundation Trust will provide the land for the building and car parking facilities.

#### The Centre will:

- Provide a creative space for health researchers and practitioners from education, clinical, and community settings to work in close collaboration;
- Provide a platform for applied health researchers to harness population and system-level research in order to change the city. It will emulate the Crick Institute's premise of increasing value by bringing together the best scientists from different disciplines under one roof to push back the boundaries of research;



- Adopt the principles used by Google and the BBC Media City Centre to promote an imaginative and communitarian identity, with design architecture supporting an informal and nurturing environment. It will act as the 'halfway house' between education and health service providers and academic research teams, supporting them to come together. It will offer a space to learn how to identify patients' needs, match the right interventions to needs, and a chance to participate in studies to develop new interventions.

In order to develop and test new ideas and evaluate new interventions, our population laboratory requires strong community engagement and NHS-wide leadership. The Bradford Institute for Health Research already has a strong track record of community engagement in its research and our primary, secondary and community organisations are committed to working together to develop system-wide solutions for future health service delivery.

The Wolfson Centre for Applied Health Research will focus on two crucial periods of life – healthy childhood and healthy ageing – with an underpinning theme of enhancing quality and safety across the care pathway during those periods.

Work will commence in the new year with our University partners to develop the initial design of the building and how it will operate.

### 3.6.3

#### CONTINUING WORK IN APPLIED HEALTH RESEARCH

The Foundation Trust has continued to increase its expertise in applied health research with the work of the following teams being the main focus for applied health research:

##### **Academic Unit of Elderly Care and Rehabilitation**

The Academic Unit of Elderly Care and Rehabilitation has been established for over twenty years and has a national and international reputation in elderly care and stroke research.

The Unit's programme of applied health research uses a wide range of methods including randomised controlled trials, systematic reviews – it leads on three Cochrane Reviews, cohort studies and qualitative evaluations. The Unit's research is supported by strong patient groups and clinical colleagues.

Work undertaken addresses key questions such as: care for people susceptible to delirium; the role of medical day hospitals and community hospitals; in-hospital and post-discharge care after stroke; and care for patients with dementia, and the support provided to caregivers.

Currently large workstreams are being implemented focused on the needs of the frail elderly and residents of care homes. In the former the Unit has established the Community Ageing Research 75+ (CARE 75+) study using an innovative cohort multiple randomised controlled trial design. The study is recruiting older people aged 75 and over to investigate frailty and disability trajectories and evaluate interventions to improve outcomes.

In the latter the research team are working closely with care home owners, managers, staff, and residents to implement a range of projects considering ways to improve the care environment.

Our work in stroke has been referenced in National Clinical Guidelines and highlighted in national audit reports.

##### **The electronic Frailty Index (eFI)**

Colleagues in the Academic Unit of Elderly Care and Rehabilitation have developed and validated an electronic Frailty index using existing patient level data in primary care.

The eFI team, led by Dr Andy Clegg, Senior Lecturer and Honorary Consultant Geriatrician; Professor John Young, Professor of Elderly Care Medicine; and Dr Tizzy Teale, Senior Lecturer and Honorary Consultant Geriatrician has been shortlisted for two top national awards.



They are finalists in the Royal College of Physicians Excellence in Clinical Care awards, which recognise outstanding clinical activity that contributes to excellent patient care in an innovative and forward-thinking way, and the Medipex NHS Innovation Awards, which showcase outstanding projects and initiatives from across the Yorkshire, Humber and East Midlands regions. Last year, the eFI won the prestigious Healthcare IT Product Innovation category at the EHI Live 2016 Awards.

The eFI is now being rolled out to GP practices across the UK, allowing them to identify and consider offering treatment options to their frail elderly patients.

### **Born in Bradford**

Established in 2007, the Born in Bradford research programme is one of the largest health research projects in the UK. By focusing on key public health priorities for families and conducting cutting edge research it is exploring the reasons why some people fall ill and others stay healthy. This information is being used to develop and evaluate interventions to improve the lives of families.

Over the past five years the Born in Bradford research team have attracted over £20 million in research grants from national and international funders. The Born in Bradford research programme hosts two internationally recognised birth cohort studies - Born in Bradford and Born in Bradford's Better Start, an established programme of applied health research - Connected Yorkshire, and the Better Start Bradford Innovation Hub.

Their funders include the National Institute for Health Research, Wellcome Trust, Economic and Social Research Council, Medical Research Council, National Lottery, and British Heart Foundation. Further details can be found on their website [www.borninbradford.nhs.uk](http://www.borninbradford.nhs.uk)

The team conduct research into all aspects of health and wellbeing including obesity, adiposity and child growth, allergic diseases, dental health, and the impact of environmental influences such as pollution on health. With their Connected Yorkshire programme they are pioneering routine data linkage to provide a region-wide digital community programme covering over five million people that will provide a shared platform for developing innovative approaches to improving health and wellbeing. This platform will allow interventions to be developed and tested. Born in Bradford aims to make Bradford the world's first 'City of Research' by engaging with citizens and stakeholders to become an international centre of discovery and innovation, conducting research which improves the health and wellbeing communities locally and globally.

Following prestigious funding from the Economic and Social Research Council and Medical Research Council, 2017 will see the Born in Bradford team embarking in an ambitious programme of research which will see them revisiting 10,000 Born in Bradford aboard a state of the art research bus to collect measures of health and wellbeing.

They will also be working with 90 primary schools across this city to assess the cognitive development and wellbeing of 20,000 children aged 7-9.

The key to the success of the Born in Bradford team lies in their engagement with families, and those working across health and education within this city. They host regular family festivals and scientific conferences in the City. They have two artists in residence, Ian Beesley, photographer, and Ian McMillian, poet, who aim to inspire and engage the people of Bradford and disseminate the findings in novel and exciting ways.

### Quality and Safety Research Team

The Quality and Safety research team are a multidisciplinary team of applied health researchers who deliver research that directly addresses the issues most affecting the NHS. Over the last year the team have continued their work on three key projects.

First, in collaboration with the Academic Health Science Network Improvement Academy and with funding from a Health Foundation 'Closing the Gap' grant they have been working with Bradford, Hull and Barnsley and their group of volunteers to collect feedback from patients about the safety of care during their hospital stay. The team have also carried out exciting work to understand what hospital ward teams do with this data and the challenges they experience when using this information to improve services.

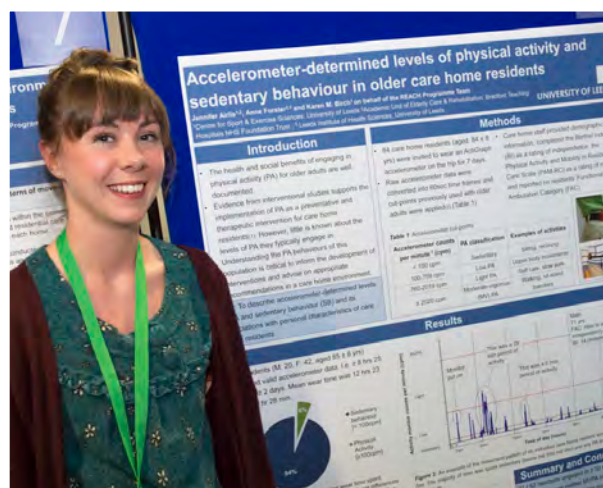
Second, they have continued their research to enhance the use and usefulness of patient experience feedback. Working with the Trusts in Bradford, Leeds and Harrogate they have developed a patient experience toolkit together with staff and patients and in January launched this on six wards. Over the next year, they will observe the implementation of this toolkit and attempt to understand whether using the toolkit helps teams to make changes that improve patient experience. This involves collecting data from more than 800 patients.

Third, their work on understanding how hospital teams achieve excellence in safety, where they have been focusing on elderly medicine and elective hip and knee surgery, is beginning to deliver some interesting findings that they are sharing across the region and beyond.

Not surprising is the finding that 'positively deviant wards and services' seem to be those that facilitate multidisciplinary working, where staff know and trust one another and help each other out when things get tough and where everyone feels they can speak up and understand their own contribution to delivering safe care.

In January 2017, the team embarked on a five year programme of research, funded by a £2.3 million NIHR Programme grant, that will develop and evaluate a Partners at Care Transition (PACT) intervention. This intervention will seek to involve older patients and their carers more closely in the transition from hospital to home. The first stage of this study, involving our Foundation Trust and Leeds Teaching Hospitals NHS Trust will follow 30 older patients from the point of admission to hospital to three months after discharge. Through interviews and observations they will try to gain a better understanding of what factors support patients to navigate this transition safely and avoid readmissions.

Finally, great news for this year is that the Quality and Safety Research Group have been successful in a competitive bid to become the third national Patient Safety Translational Research Centre based on a longstanding partnership between our Foundation Trust and the University of Leeds. The award of £3 million over five years will see our Foundation Trust hosting this national centre, whose mission is to 'deliver research that makes care safer'. Led by Professor Rebecca Lawton, the centre will be working closely with our Foundation Trust to develop and test novel approaches to improving safety.







### 3.7 SERVICE TRANSFORMATION

During 2015/16, a Programme Management Office (PMO) was established by the Transformation Team to support and separate the governance and assurance processes supporting the Foundation Trust's Improvement Programme. The PMO implemented a revised governance framework and established the Foundation Trust Improvement Board to support and manage its Improvement Programme.

During 2016/17, supported by the PMO, the Foundation Trust's Improvement Programme was revised to include the following key Programmes:

- Emergency Care Improvement Programme
- Elective Care Improvement Programme

#### 3.7.1

#### EMERGENCY CARE IMPROVEMENT

The Emergency Care Improvement Programme has focused its efforts on understanding and managing patient flow for patients attending our Emergency Department and those subsequently admitted on a non-elective basis.

During the autumn of 2016, workshops were held across the Foundation Trust for all colleagues to attend and contribute to the plans for managing the increasing pressure on urgent and emergency care. The workshops took the form of a 'Call to Action' led by our Chief Executive. As a direct result of this 'Call to Action' several significant improvements have been made to prevent overcrowding in the Emergency Department, the main ones of which are as follows:

#### Urgent Care Centre

Unfortunately, significant numbers of patients attend the Emergency Department when an alternative provision would be more appropriate. Funding was secured during the year to extend the existing Urgent Care Centre GP-led service over seven days - 4pm until 12pm weekdays and 12pm until 12am at weekends - by the deployment of additional employed GPs or Urgent Care Nurse Practitioners.

#### Nurse-Led Streaming

In November 2016, the Foundation Trust successfully introduced nurse-led streaming at the Emergency Department reception. This has resulted in up to 30% of ambulatory patients (which is 20% of all attendances) being sign-posted to other services such as the Urgent Care Centre.

#### Increased Ambulatory Care Provision

The Ambulatory Care Unit (ACU) opened in spring 2015 (Monday to Friday from 8am to 6pm) as an assessment area for direct referrals from GPs and from the Emergency Department. The unit focusses on patients unlikely to require an overnight stay and prevents 'trolley waits' for acute medical admissions.

The ACU has been shown to improve the quality of care and the outcomes for patients who previously may have waited for extended periods in the Emergency Department. It also provides a better environment for these patients and reduces the number of patients being admitted as 'less urgent' patients to acute inpatient facilities.

During 2016/17 funding was secured to open the unit until 10pm during the week and to provide the same level of care for patients attending at the weekend from 10am to 4pm.

### Mental Health Services

The Foundation Trust continues to work collaboratively with partner providers to improve the range of services available to patients with Mental Health issues.

Developed in partnership by Bradford District Care NHS Foundation Trust and the Cellar Trust, a new Haven facility has led to a dramatic reduction in repeat and often unnecessary attendances for patients who felt they had no alternative other than to self-present to the Emergency Department. The service aims to support people in distress and work with them to develop their plans to stay well and improve coping strategies to manage distress in the future.

### Short Stay Ward

Approximately 80% of patients admitted to the Division of Medicine stay in hospital less than four days. On 1 March 2017, a Short Stay Facility was opened on Ward 6 to cohort and intensely manage patients with a diagnosis requiring a predicted short-stay. Early evidence has shown a significant reduction in medical patients accommodated on surgical wards with a similar positive impact on patient flow.

### SAFER Bundle

In December 2016 the Foundation Trust launched the 'SAFER' patient flow bundle, introducing a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. This is focused around **Senior** review of patients before midday; **Assessment** of their needs and setting of a planned discharge date; **Flow** of patients commencing at the earliest opportunity from assessment units to inpatient wards; **Early** discharge for patients, with one in three being discharged from base inpatient wards by midday; and **Review** of patients with extended length of stay. By routinely and systematically ensuring senior review and an early planned discharge date with timely interventions, the SAFER patient flow bundle has been proven to improve the journey our patients experience when they are admitted to our hospital.

A workshop to introduce the SAFER Bundle was attended by more than 100 clinical colleagues from across the Trust. This was introduced by Dr Vincent Connolly, Clinical Lead Emergency Care Intensive Support Team and Consultant Physician at The James Cook University Hospital.

All wards have seen improved identification of patients for discharge before 10 am, with increased utilisation of the discharge lounge and improved access to inpatient beds for patients admitted via the Emergency Department.

### Integrated Discharge Hub and Discharge to Assess

Analysis shows up to 50 patients per day are medically fit for discharge across acute and community beds. A successful discharge to assess model has already been adopted for Care of the Elderly patients, whereby patients who are clinically optimised and so no longer require an acute hospital bed but who may still require care services are safely discharged home with short-term support. Whilst at home further assessment takes place to support their longer-term care, to be undertaken in the most appropriate setting and at the right time for the individual and their family.

Work has commenced on roll-out of this approach to 'all ages and all conditions'. Additional resources will be utilised to expand current teams and extend functionality across seven days to create an integrated person-centred approach to the safe and timely transfer of all medically stable patients. This requires a joint work programme with Local Authority, Voluntary and Community partners and as such a new facility has been created in the centre of the hospital to accommodate the new multi-agency integrated discharge team.

### Diagnostic Virtual Ward

A Diagnostic Virtual Ward was introduced in September 2016 and facilitates discharge home whilst awaiting a diagnostic test. The virtual ward co-ordinator ensures there is a seamless transfer for patients who are ready to be discharged but need to return for their final test. Patients will have their appointment date and time booked before discharge as if they were an inpatient. Travel arrangements are made for the patient and checks are in place to ensure they attend for their planned test. In the first 23 weeks of the programme, 870 bed days were saved. Patients are highly satisfied with the service; patients who have used the Diagnostic Virtual ward so far have said they would "definitely recommend it".



### 3.7.2

#### ELECTIVE CARE IMPROVEMENT

The objective of the Programme is to minimise waiting times for patients requiring elective treatment by ensuring our clinics and theatre sessions are efficient.

The Improvement Programme has had a challenging year in 2016/17 with national shortages of qualified Operating Department Practitioners and the Junior Doctors' industrial action, together with cessation of routine elective surgery over the busiest winter period, all compounding to reduce available Theatre capacity. Whilst challenged, the improvement programme has focused its efforts on opportunities to improve safe and efficient Theatre list utilisation.

##### Seamless Theatre Lists

Working with Gynaecology and Orthopaedic Surgeons, heavily supported by Anaesthetist and Theatre teams, we have seen the introduction of seamless Theatre lists. This entails flexible scheduling of staff around lunch-breaks and prevents the inevitable middle of the day down-time as one list finishes and a new list starts. Early successful pilots in both Gynaecology and Orthopaedics have shown positive results which will be rolled-out with a view to replicating where clinically appropriate.

##### Cataract Pathway

Using a model of iterative problem solving, Ophthalmic colleagues have reviewed their pathway for patients requiring a cataract operation. In doing so we brought together the efforts of clinic teams, day-case unit teams, and Theatre teams to test the effect of a one-stop consultation and pre-operative assessment service.

The initial outpatient assessment is a one-stop consultation and has been designed to be a more intensive consultation. Time spent on this initial assessment is saved from the future day of the operation.

Patient feedback described the new service as "amazing" with "lovely and helpful staff throughout." The trial has demonstrated an increase to eight patients on a list, up from the usual six patients. Work is underway to look at how to take learning from the trial and build this into business as usual for an improved cataract pathway and service for patients.

##### Missed Appointments

Across Outpatients, systems were introduced to improve the collection and validation of patients' mobile telephone numbers. Clinic staff proactively validate telephone numbers when patients attend clinic and this has resulted in an increase in the numbers of patients receiving a reminder by text. At the same time the wording of the existing text message reminder for an outpatient appointment was subtly changed in line with best practice evidence.

Since this change in September 2016 there has been a significant reduction in the numbers of patients not attending their clinic appointments. In aggregate, 13% of patients do not attend their appointment. In comparison only 8% of patients who receive the new text message reminder do not attend their appointment. Work is ongoing to increase the numbers of patients receiving a text message reminder.





### 3.8 KEEPING EVERYONE INFORMED

We use a number of communication channels to ensure colleagues based at all of our hospital sites are kept up to date on the latest news and developments.

Staff receive a weekly bulletin from the Chief Executive, called *'Let's Talk'*, which encourages them to submit stories and share their thoughts. *'Let's Talk'* provides staff with an interesting insight into all the news from around the Trust, including our achievements, innovations, challenges, new service developments and events. It also acts a platform for sharing staff's ideas, comments, talents and successes – of which there is no shortage. We also use email, the intranet, screensavers, individual directorate briefings and listening events.

The number of 'likes' and 'retweets' on our @BTHFT Twitter feed suggests that many of our followers are members of staff who are viewing and engaging with posts placed on the Foundation Trust's Twitter account, meaning that this is potentially an important internal, as well as external, communications channel.

We engage with patients via hospital radio and members of the public receive news of our successes and achievements via the local press and social media. Our monthly slot in Urban Echo and regular appearances on community radio are other ways that we share our news with members of the public.

Our Foundation Trust members receive quarterly updates, which include details about our latest developments and help to support better engagement and involvement between our governors, members and the public.

During the last twelve months we have continued to develop a number of initiatives which are improving the way we communicate with our staff and members of the public.



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## Annex 1: Statements from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

### Bradford Teaching Hospitals NHS Foundation Trust Quality Report 2016/17

On behalf of NHS Bradford City, NHS Bradford Districts and NHS Airedale Wharfedale Craven CCGs, I am delighted to provide feedback to Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) on its Quality Report for 2016/17.

I would like to start by offering my congratulations on the impressive number of awards that the Trust has won during 2016/17. These are great examples of external recognition and peer validation. The awards include:

- The Bradford Institute for Health Research were awarded the Healthcare Product Innovation Award for the development and implementation of the Bradford electronic Frailty Index
- Winner of the Patient Experience Network National Awards 2016. The introduction of BabyView, a video link for parents of babies in the neonatal unit
- Two awards from the Bayer Awards Programme's 2016 Ophthalmology Honours were noted for Bradford Ophthalmology Research Network: Enhancing patient care through research and Ophthalmology unsung hero awarded to BTHFT Macular Service Coordinator
- Royal Society of Medicine awarded the Foundation Trust's Head Orthoptist the Squint Forum Prize 2016
- Recognition from the Employers Network for Equality and Inclusion to BTHFT's inclusive and equal workplace practice
- Patient Experience Network National Awards 2016 finalist in the personalisation of care category for the end of life companion project

Following the Care Quality Commission (CQC) inspection in January 2016 and their report, issued in June 2016, the Foundation Trust was rated as 'requires improvement'. Through the hard work and dedication of your staff significant improvements have been made since the previous inspection in 2014, resulting in a further eighteen areas which are now rated as 'good'. Whilst the report also highlights areas which must be improved, I agree with the Chief Inspector of Hospitals Professor Sir Mike Richards comment, namely: "The Foundation Trust are heading in the right direction, there is a lot to look forward to".

### CCGs working together

NHS Airedale, Wharfedale and Craven CCG  
Bradford City CCG  
Bradford Districts CCG

In line with the national picture, the demand for services and the workforce challenges continue to increase and consequently the achievement of key targets such as the Emergency Care Standard (ECS) and the Referral to Treatment Times (RTT) have been challenging for the Foundation Trust. I am confident that sustainable leadership and the actions that you are already taking will bring some stability to the trust for service delivery.

Your quality accounts highlight the partnership with Airedale NHS Foundation Trust to deliver a fully integrated pathology service for patients across the district; this is a dimension of the two Foundation Trusts' collaboration to ensure that their services are best placed to meet local patients' needs. The initial approach to further collaboration to secure sustainable services for the future is also to be commended.

BTHFT has been a lead contributor to the work of the Integrated Workforce Programme. I am sure that this initiative will be the start of a new approach to ensure that Bradford and Airedale are an attractive place for health care professionals to work.

The Foundation Trust has experienced a number of challenges within its maternity services and the CCGs welcome the transparency in which these have been discussed with CCG staff. This includes the review of learning from serious incidents. It is disappointing that two Never Events were reported by the trust during 2016/17. Learning from all incidents when things go wrong and implementing effective action into practice to reduce the risk to patients, is a key priority for both the Trust and the CCGs and we support the Trust's pledge to demonstrate how learning is translated into change and improvement within practice.

**The Quality Report provides details of other ongoing activities that complement the achievement of the 2016 - 17 priorities, including:**

- A development of the new hospital wing to support the development of paediatric facilities and other facilities
- Redesign of the Accident and Emergency Department to provide a more efficient service, with senior clinician involvement at an early stage in the patient pathway to aid patient flow
- A Diagnostic Virtual Ward was launched, saving bed days by allowing patients to undergo tests on an inpatient timescales, as outpatients
- The implementation of the Learning and Surveillance Hub to monitor how high impact learning is embedded into practice
- The Institute for Healthcare Improvement Breakthrough Series Collaborative Model
- Redevelopment and expansion of the endoscopy unit
- Participation in both national and local clinical audit via the high priority clinical audit programme including CQUINS
- Development of a five year research strategy, demonstrating a commitment to further strengthen research endeavours
- Continuation of quality walk-rounds
- Implementation of the sepsis improvement project
- Tackling acute kidney injury project
- Daily risk and safety huddles to measure and monitor safety
- The Project SEARCH Graduation takes place on Thursday 6 July, celebrating a nine month long programme which aimed to get up to 12 young people with learning difficulties into work.

Utilising quality intelligence, the Trust has identified their quality improvements for the forthcoming year (2017/18). The CCGs welcome the four priority areas;

- Mortality review improvement plan, utilising structured judgement methodology to learn from avoidable deaths
- Management of the deteriorating patient; through the launch of quality improvement projects and the strengthening of the trusts governance processes
- Utilising existing and innovative technology solutions incorporating into quality projects to ensure ongoing focus on patient experience remains
- A focus on 'safer procedures' through ongoing assessment of safety culture

The CCGs welcome the inclusion and involvement of the Council of Governors in making these four key priorities a reality.

Your quality accounts also highlight some essential key pieces of work for 2017/18. These include:

- The implementation of the Electronic Patient Record system (late summer 2017). This will be essential for the delivery of modern healthcare
- BTHFT's planned actions in response to the staff survey, to address bullying and harassment and to retain a skilled workforce, of which actions are in place to address areas for improvement
- The continued development of safeguarding services involving a focus on training and compliance against contractual standards
- Addressing the workforce challenge including recruitment to twelve nursing associates as part of the national pilot scheme in addition to implementation of other workforce initiatives to implementing safer staffing systems
- Initiating provision of private areas to encourage and improve patient engagement and experience and all feedback is reviewed weekly.

The Quality Accounts could benefit from further examples of how improvements will result in further CQC rating improvements and assurance. The CCGs would want BTHFT to remain focused on quality improvement and patient experience and to remain highly ambitious for the quality of care and patient experience that the Trust provides.

The CCGs would like to thank the Trust for their engagement in supporting the CCGs' strategic programmes to improve the health and well-being of the Bradford population and acknowledge BTHFT staff's hard work and endeavours through a challenging year. I confirm compliance with the national and local requirements. The statements of assurance have been completed demonstrating achievements against the essential standards.

Finally, I confirm that we believe this report to be a fair and accurate representation of the Trust's achievements and a commitment to continuously strive to improve the safety and quality of patient care; we commend the Trust's achievements during 2016/2017 and look forward to supporting the Trust to achieve their ambitions during 2017/2018.



Helen Hirst  
Chief Officer  
Airedale, Wharfedale & Craven,  
Bradford City & Bradford Districts CCGs

Healthwatch Bradford and District welcome the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Quality Account. It highlights many positive actions that have been taken this year to improve the quality of care.

Healthwatch have a positive relationship with the Trust and congratulate staff throughout the organisation for the progress that has already been made and their ongoing commitment to excellence, innovation, and further improvements in patient experience.

Over the past year, Healthwatch has heard accounts of care at Bradford Teaching Hospitals NHS Foundation Trust from service users, their families and carers. We've received this feedback through our regular outreach sessions, via our direct communication channels, and from speaking to patients and carers during specific projects such as our Enter and View visits and surveys in the Accident & Emergency Department.

Many of the experiences shared with us by the public are reflected in this Quality Account, and in the national patient survey responses, such as staffing levels, communication and information – particularly related to discharge from hospital.

Some of the other concerns raised with Healthwatch during 2015/16 include waiting times for out-patient appointments, records management and patient transport. Car parking is also a significant concern for people attending the hospital, with Healthwatch having heard concerns about how problems with car parking have a significant impact on people – making them late for their appointments, or causing stress and anxiety for patients and carers. Healthwatch is aware that the Trust has developed a car parking strategy and hope the implementation will see improvements for people visiting hospitals.

Healthwatch Bradford and District are pleased to see the Trust continue to prioritise improving patient experience. The Patient Experience Breakthrough Series Collaborative project should be an opportunity to take action that makes tangible improvements based on patient and carer feedback, to spread learning throughout the organisation, and to report back to local people about how their views and experiences are acted upon.

We are pleased to see a commitment to improving the way complaints are handled across the organisation. Healthwatch works closely with the Independent Complaints Advocacy Team for Bradford District, and have been aware of some inconsistency in the way complaints are responded to. The Trust's review of training for complaints investigators is a welcome step to ensuring that, when things go wrong, patients and carers are properly listened to, and receive a timely, empathetic, and clear response.

The priorities in this Quality Account set out a clear framework which enables us to monitor progress and see how the Trust's actions will improve patient and carer experience for the future. Healthwatch Bradford and District will keep listening to people using Trust services about their experiences, and continue encouraging the Trust to learn and improve as a result of this feedback.

Victoria Simmons

Healthwatch Bradford and District

3 May 2017

Department of Corporate Services Legal and Democratic Services  
c/o Overview & Scrutiny Team  
Bradford Metropolitan District Council  
Room 149, City Hall  
Bradford BD1 1HY  
Tel: (01274) 432313  
Date: 5 May 2017

### BTHFT Quality Report 2016/17

Thank you for asking me for comments on your 2016/17 Quality Report.

First, I would like to commend the Trust for its achievements over the last year and in particular the reported improvement in diabetes care which will be of benefit to many Bradford District residents.

I have previously welcomed your priority focus on patient experience and am therefore concerned to note the reported deterioration in performance in this area.

As part of its annual work programme, the Health and Social Care Overview and Scrutiny Committee (the Committee) scrutinises various aspects of dementia care in the District and whilst I note that the assessment of the 'dementia friendly environment' is relatively new, the scores for Bradford Royal Infirmary and St Luke's Hospital are nonetheless disappointing. I therefore expect the Committee will wish to scrutinise your progress in this area over the next twelve months. Relatedly, the Committee may also wish to receive an update on the delivery of the Trust's Estates Strategy which it last considered in November 2015.

With regards to A&E, as you have stated in your Quality Report, your Trust, along with many NHS organisations, is struggling to meet the 95% threshold for the Emergency Care Standard and you also state that 'a number of remedial actions have been undertaken' in order to improve the experience of patients. The Committee is aware that the West Yorkshire and Harrogate Sustainability and Transformation Plan identifies Urgent and Emergency Care and the meeting of the 95% threshold as one of its priorities. However, it does not set out any detail on its proposals for A&E. The Committee will expect to closely scrutinise any future proposals that do come forward in order to ensure that Bradford District patients receive accessible, high quality care and the best experience at what can be a very stressful time.

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



City of Bradford  
Metropolitan District Council





## **Annex 2: Statement of Director's Responsibilities for the Quality Report**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement 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 the data quality for the preparation of the Quality Report.

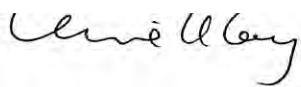
### **In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:**

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to May 2017
  - papers relating to quality reported to the board over the period April 2016 to May 2017
  - feedback from commissioners dated 26/04/2017
  - feedback from governors dated 25/04/2017
  - feedback from local Healthwatch organisations dated 03/05/2017
  - feedback from Overview and Scrutiny Committee dated 05/05/2017
- the Foundation Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 17/05/2017
- the latest national inpatient survey, published 18/06/2017
- the latest national staff survey, published 07/03/2017
- the Head of Internal Audit's annual opinion of the Foundation Trust's control environment dated 31/03/2017
- CQC inspection report dated 24/06/2016
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

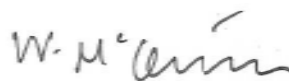
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board.



Signed  
Professor Clive Kay  
Chief Executive  
25 May 2017



Signed  
Professor Bill McCarthy  
Chair  
25 May 2017

### **Annex 3: Independent Auditor's Report to the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust on the 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 2017 (the 'Quality Report') and certain performance indicators contained therein.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- A&E: maximum waiting time of four hours from arrival to admission, transfer or discharge;

We refer to these national priority indicators collectively as the indicators.

#### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that caused 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* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2016/17* ('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 *Detailed Requirements for external assurance for quality reports for foundation trusts 2016/17*.

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 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from commissioners, dated 26 April 2017;
- feedback from governors, dated 25 April 2017;
- feedback from local Healthwatch organisations, dated 3 May 2017
- feedback from Overview and Scrutiny Committee, dated 5th May 2017;

- the trust's complaints report published under regulation 18 of Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national patient survey, published 8 June 2016;
- the latest national staff survey, published 7 March 2017;
- Care Quality Commission inspection, dated 24 June 2016;
- the 2016/17 Head of Internal Audit's annual opinion over the trust's control environment, dated 16 May 2017 and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatement 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 2017, 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 2000). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- 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.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can 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 and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was 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 2017:

- 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.



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25 May 2017

## Appendix A: Actions Following Review of Local Audit Recommendations

Bradford Teaching Hospitals Foundation Trust's intended actions following review of the recommendations from local audits completed during 2016/17

Title of Audit	Report Produced	Actions
Programmed Reviews of Effectiveness, Safety and Sensitivity (ProgRESS)	June 2016 June 2016 August 2016 September 2016 September 2016 October 2016	This is a series of in depth reviews of care based on CQC Essential Standards so the Foundation Trust can understand where there might be difficulties, risks, opportunities for change and improvement or areas of best practice in the way that services are delivered. Reviews have been completed for: Care and Treatment Must Only be Provided with Consent; Responsive Review of Moving and Handling; Safeguarding, Mental Capacity Act and Deprivation of Liberty Standards; Accident and Emergency Department Documentation and Recording of Pain; Paediatric Documentation of Recording of Pain and Paediatric Advanced Warning Scores; Accessible Information Standard. Further detail can be found in the Monitoring and Assurance section of the Quality Account.
Safe! Programme		The Foundation Trust has an ongoing, structured programme of audits related to key patient safety priorities. Topics are Fluid Balance; Discharge Medication; Patient Identification; Health Records; National Early Warning Score; Oxygen for Adults and Pressure Ulcer Care. Audits are used to inform the quality improvement programme within the Foundation Trust and any patient safety incidents identified by the audits are reported to the risk management team.
Endoscopy Global Rating (Joint Advisory Group on Gastrointestinal Endoscopy - JAG)		This is an ongoing audit prioritised by the division, as it forms part of the accreditation process for the endoscopy department.
Venous Thromboembolism (VTE)	Quarterly	The Foundation Trust reviews the records for all patients diagnosed with a pulmonary embolism or deep vein thrombosis to determine if any are hospital associated. Hospital associated cases are those that occur within 90 days or discharge or during a hospital stay. The Foundation Trust reviewed 93% of patients with a VTE diagnosis (the remaining sets of notes were in use so not available). During that time 8.3% were hospital associated, as they occurred within the time scale, most could not have been prevented as they were complications of a procedure or medical condition. Recommendations have been made to improve some aspects of documentation and follow up plans.
Thematic Review of Downstream Care of Adult Head Injury Admissions	October 2016	The review determined that the majority of adult head injury downstream care is concentrated in a relatively small number of wards and is supervised by Orthopaedics, Elderly Care and Acute Medicine specialities. All of the admissions under Elderly Care were appropriate. Up to half of all patients admitted to Orthopaedics have associated significant trauma, associated fractures or concerns about cervical spine injury. The remainder could be admitted to an alternative speciality if needed. The audit is being used to determine the appropriate care pathways for different patient groups.



Title of Audit	Report Produced	Actions
Bed usage and Potential Improvement to Side Room Bed Flow in Patients with <i>Clostridium Difficile</i> Carriage	June 2016	The audit reviewed all patients who were <i>Clostridium Difficile</i> carriers, and whether they were in side rooms appropriately. The audit estimated that 417 bed days would have been able to be released for other patients use if the <i>Clostridium Difficile</i> toxin gene assay had been available to determine whether those patients had a pathogenic form of <i>Clostridium Difficile</i> . This has been used to generate a business case for the potential adoption of the assay.
Cranial Ultrasound Audit (neonatology)	February 2017	The audit was to test compliance with the new clinical guideline of cranial ultrasound. The audit showed the guideline is effective and has reduced the number of repeat scans requested. There are opportunities for improvement in the recording of information.
Managing Asymptomatic Newborns at Risk of Illness	February 2017	The audit of compliance with National Institute for Health and Care Excellence (NICE) guidelines for the prescribing of antibiotics for early onset neonatal infections. Of the high risk babies audited all had negative blood cultures, allowing for discontinuation of antibiotics. In most cases the decision to continue or discontinue antibiotics was made by a consultant, demonstrating high levels of compliance with the NICE guideline.
Jaundice investigation and management – audit against National Institute for Health and Care Excellence (NICE) guidelines (neonatology)	February 2017	The aim of the audit was to compare practice with the jaundice guidelines on the Neonatal Unit. The unit was generally good at taking bloods and charting; opportunities for improvements to processes for transport of blood spots to the lab were identified. There is now a process to call porters as soon as there are samples and telephone the lab if results are not received within 2 hours.
Coding of Near Patient Ultrasound Scans in Emergency Medicine	January 2017	It is important that ultrasound scans are coded correctly for tariff reasons; the audit demonstrated that potential funding was missed due to this. The audit generated an action plan to create a new standard operating procedure, a departmental database and a standardised form.
Newborn and Infant Physical Examination (NIPE) Documentation Audit	January 2017	The objective of the audit was to review the use of the NIPE card. 100% were completed within 72 hours on the post-natal ward and recording of post ductal saturation was 100%. The documentation of anomalies was generally good but in many cases not all of the demographic fields were completed. Education sessions are planned.
Total Parenteral Nutrition Prescription and Administration in the Neonatal Unit	January 2017	The aim of the audit was to measure nutrition prescribing against British Association of Perinatal Medicine Guidelines. In most cases practice was close to the guidelines although the amount was lower in the first 48-72 hours. There are plans in place to revise practice to increase volume increments and concentrations and use lipids and vitamins from day 1.
Polytrauma Protocols in Radiology	December 2016	This audit revealed that a range of different protocols are in use depending on the referring specialism or site on the body to be scanned. The radiology department are now planning to discuss whether the introduction of the Bastion protocol would ensure consistency whilst allowing for variation.

Title of Audit	Report Produced	Actions
Antenatal Steroid Administration	January 2017	The national audit showed lower than expected use of steroid administration so a local audit was carried out to check if this was correct. Changes were subsequently made to the neonatal electronic record system (Badger) to make recording of steroid administration easier and clearer to prevent a recurrence of the under recording.
Venous Thromboprophylaxis – “To Take Out”, General Urology	October 2016	All discharge notes of patients who underwent an elective urological surgery (Prostatectomy/Nephrectomy) were reviewed retrospectively to ensure prescription of Tinzaparin on e-discharge summaries for 28 days postoperatively. The audit led to a review of doctor's local induction, and the introduction of a mandatory question in the postoperative plan asking if VTE prophylaxis was needed post discharge.
Daycase Pacing Pilot	September 2016	An audit of low risk (elective) patients undergoing insertion of a bradycardia pacemaker to determine if the usual overnight stay could be avoided. The audit determined that daycase pacing is achievable and safe, and reduced the number of chest x-rays needed. Daycase pacing is now the default option, and there are plans to introduce a patient satisfaction survey of the service.
Audit Acute Bi-Level non-invasive ventilation (NIV)	March 2016	The aim of this audit is to assess the quality of care provided to patients treated with bi-level non-invasive ventilation on the Coronary Care Unit and in particular the performance against six standards of best practice. This follows the introduction of a new protocol and guidelines for the management of acute bi-level non-invasive ventilation. Overall, the results of this first audit cycle provide assurance that the Trust is working well towards the six standards, showing a high level of compliance. A fast and appropriate response to recommended actions for improvement will support the achievement of the 100% target set for each of the standards.
Audit into handover time on Delivery Suite at Bradford Royal Infirmary	June 2016	The audit determined that all levels of obstetric doctors were arriving on time and handover was starting promptly. No further audit planned and no actions were needed.
Prescribing Practice (Hospital Palliative Care Team)	May 2016	The palliative care team audited the recommendations they made to change care for patients at the end of life. The palliative care team made a total of 133 recommendations for 29 patients during the two week audit period for a range of symptoms including anticipatory prescribing. This meant a reduction in delays for appropriate treatment. In over half of cases the team prescribed medications themselves, further improving the timeliness, safety and effective use of resources.

Title of Audit	Report Produced	Actions
Treatment Outcomes for Patients Attending for Outpatient LLETZ Against NHS Cervical Screening Programme Guidelines	May 2016	This was an audit of Large Loop Excision of the Transformation Zone (LLETZ) procedure in the colposcopy unit for patients with cervical intra-epithelial neoplasia. The Colposcopy Unit has not achieved standard 8.43 for excision of ectocervical lesions to be a depth of at least 7mm in depth in >95% of cases. The actual figure for the unit overall was 82%. However, as the results demonstrate, there were few patients who had dyskaryosis post LLETZ and required further treatment. This may suggest that excisional depth may have less consequence than the guidelines might seem to suggest. As in previous audits, the unit has continued to achieve the standard for excisional pieces with a figure of 84% of all specimens being removed in a single piece. Colposcopists were provided with their individual figures and training given on the new incisional depth standard.
Audit on Consent on Care of Elderly Wards	March 2016	The audit determined that in most cases consent for procedures was obtained by nurses, mostly consented well. Nobody unqualified to obtain consent did so, and current consent forms function well to limit the possibility of obtaining consent poorly. Some consent forms were difficult to read due to illegible handwriting, so advice was given on writing.
Atrial Fibrillation in Stroke Audit	May 2016	Atrial fibrillation (AF) leads to a fivefold increase in the risk of ischaemic stroke. Oral anticoagulation reduces the risk so all patients with AF should be assessed for anticoagulation. The audit showed that a quarter of stroke patients admitted in 2015 had atrial fibrillation, and that these patients were more likely to die and less likely to return home than those who did not. The team shared this information with GP and elderly care colleagues and recommended that patients with atrial fibrillation receive oral anticoagulation in the community.
Haemoglobinopathy Audit	August 2016	The Clinical Haematology team audited, by peer review, those patients with thalassaemia attending the day case unit for blood transfusion. The standard was that there should be a maximum of three cannulation attempts and transfusions should commence within one hour. Results were good. During the period of the audit no patients needed more than three cannulation attempts and almost all were cannulated on first attempts. In most cases the transfusion was commenced within the hour. In the very small number of cases where the transfusion was not started within the hour the patients were late arriving. The team now remind patients to phone the unit if they are going to miss the planned time and are working with those patients who frequently do not attend on time to work around e.g. work or college commitments. There are discussions about staffing levels and extended opening.

Title of Audit	Report Produced	Actions
Re-audit of Lilac Clinic Documentation and DNA Process	July 2016	<p>The aim of this audit is to reassess if staff are completing the under 18's proforma and to see how well the safeguarding documentation is being completed. The audit also aimed to identify the process for dealing with females under the age of 18 who do not attend a pre-booked appointment and how professionals are notified of this non-attendance. The results demonstrate that for all females attending the Lilac Clinic, the pathway is being used for every admission. There is evidence to show that staff continue to make safeguarding considerations for these females. The key areas of the proforma show that staff continue to use the pathway and for the majority of the females under 18 attending the Lilac Clinic, the proforma is being used effectively, however, there is room for improvement. It is extremely positive to see that all under 16's are appropriately assessed for Fraser competency, however, there needs to be an improvement in the completion of the scale of concern along with the discharge check lists. This needs to be highlighted as an area for learning and improvement. The team are working to ensure the pathway is not lost when the Electronic Patient Record is introduced.</p>
The Use of the Safeguarding Children Care Pathway (Profile A) in Paediatric Ward Documentation	July 2016	<p>The Safeguarding Children Care Pathway (Profile A) should be completed for each child on admission to a Paediatric ward. This pathway was present in all of the records audited however to varying degrees. The audit has clearly identified that the staff are using the profile A for each admission, but the entire completion of it varies greatly.</p> <p><b>The areas that are not completed well are:-</b></p> <ol style="list-style-type: none"> <li>1. Birth father details; through verbal feedback some staff have articulated that they feel uncomfortable asking this question, and also do not see the benefit of the question. This raises a training issue for this information.</li> <li>2. Parental responsibility question; this information is not being captured by staff, however in all cases this should be established for consent to treatment. This raises a training issue.</li> <li>3. Social information; this is also not well completed but no reason is clear for why not. This will need to be discussed further with ward staff.</li> <li>4. Discharge checklist; this was only used in one child's record, however the staff do have a generic discharge checklist that they can use, but it is unclear if this is for every discharge.</li> </ol>

Title of Audit	Report Produced	Actions
Secondary Prevention of Ischaemic Strokes	April 2016	The aim of this project was to find what proportion of patients are on the correct secondary preventative medications following an ischaemic stroke. It was a prospective audit of consecutive stroke admissions to Bradford Royal Infirmary, and included all patients who had previously had an ischaemic stroke. The prescribing of anti-platelet agents in patients who have had a stroke and are inpatients at Bradford Royal Infirmary is very good and meets the aims of the trust and this audit (100%). The prescribing of statins could be improved and does not meet the aims of this audit or the trust (82.5% compliant). This is an area of improvement.
Skin Prick Testing Audit	June 2016	This was an audit of children seen in the paediatric allergy service for skin prick testing. The audit concluded that testing remains highly effective for identifying specific allergens. Most were GP referrals but a small number still attended A&E. Protocols for testing were followed and all children stayed in the department for the required 30 minutes post testing. 13 children needed demonstrations on the correct use of adrenaline auto injectors. The actions following the audit were to review the proforma to include a check on whether auto-injector training was needed, what training had been given and if the child requested further training.
Audit and Quality Improvement of the Investigation of Subarachnoid haemorrhage at Bradford Royal Infirmary	April 2016	All patients included in this audit had a CT scan and lumbar puncture performed which is in keeping with SIGN guidance. The majority of patients with suspected subarachnoid haemorrhage are admitted via A&E, and most are scanned within 4 hours of arrival. CT scans are reported briskly, and no significant pathology was "missed" on the provisional reports. This is a clear improvement on the previous audit.

## Appendix B: National Quality Indicators

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Preventing people from dying prematurely	SHMI value and banding*	SHMI value = 0.978	Band 2 As expected	South Tyneside NHS Foundation Trust	The Whittington Hospital NHS Trust	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Improving patient outcomes has been a focus of the Quality Improvement Strategy.	0.971 Band 2 As expected	0.963 Band 2 As expected	0.999 Band 2 As expected	0.953 Band 2 As expected
	(July 2015 – June 2016)	Band 2 As expected	Band 2 As expected	SHMI Value = 1.1712	SHMI Value = 0.6939	The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of a range of Quality Improvement Projects and a significant amount of work on improving monitoring and governance relating to mortality.				



Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Enhancing quality of life for people with long-term conditions	% patients deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period	Combined Rate - 22.37	29.56	George Eliot Hospital NHS Trust - combined rate 54.82	The Whittington Hospital - combined rate 0.57	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has an advisory palliative care team available to the wards which sees many patients each month.</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 taking steps to improve the recognition of patients that are in the last years of life, improving the sharing of information between primary and secondary care relating to palliative care patients and implementing the five priorities for the care of the dying.</p>	Combined Rate - 18.7	Combined Rate - 18.7		

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Helping people recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery (2015-2016 provisional data, most recent full year of data available)	0.082 (Not an outlier)				<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to safer procedures and continues to place focus on improving safety culture in areas that undertake procedures.</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 the implementation of an assurance committee which oversees work relating to improving the safety of procedures and the development of specific workstreams on implementing the National Safety Standards for Invasive Procedures (NatSSIPs) and the improvement of the use of the Five Steps to Safer Surgery and the World Health Organisation Safer Surgery Checklist.</p>	0.103 (Not an outlier)	0.091 (Not an outlier)	0.086 (Not an outlier)	0.114 (Not an outlier)

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
	Patient reported outcome scores for varicose vein surgery (2015-2016 provisional data, – most recent full year of data available)	No provisional data available for 1516				<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to safer procedures.</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 the implementation of a working group aimed at improving the safety of procedures taking place at the Foundation Trust.</p>	0.053 (Not an outlier)	0.104 (Not an outlier)	0.098 (Not an outlier)	0.085 (Not an outlier)
	Patient reported outcome scores for hip replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.445 (Not an outlier)				<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to safer procedures.</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 the implementation of a working group aimed at improving the safety of procedures taking place at the Foundation Trust.</p>	0.439 (Not an outlier)	0.416 (Not an outlier)	0.39 (Negative)	0.371 (Negative)

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
	Patient reported outcome scores for Knee replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.304 (Not an outlier)				<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to safer procedures.</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 the implementation of a working group aimed at improving the safety of procedures taking place at the Foundation Trust.</p>	0.341 (Not an outlier)	0.321 (Not an outlier)	0.297 (Not an outlier)	0.289 (Not an outlier)
Helping people to recover from episodes of ill health or following injury	28 day readmission rate for patients aged 0 – 15	The data made available to Trusts for reporting has not been updated since last year's Quality Account.						(2011/12) 8.04%	(2010/11) 7.23%	(2009/10) 6.94%
	28 day readmission rate for patients aged 16 or over	The data made available to Trusts for reporting has not been updated since last year's Quality Account.						(2011/12) 12.38%	(2010/11) 11.93%	(2009/10) 11.16%

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs: CQC national inpatient survey score (2015-2016 data)	73.8%	77.3%	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of work through the Patient First Committee aimed at improving the experience of our patients.	74.5%	75.2%	71.5%	74.2%
	Percentage of staff who would recommend the provider to friends or family needing care (2016 Staff Survey)	63.8%	69.9%	Liverpool Heart and Chest Hospital NHS Foundation Trust (94.6%)	North Essex Partnership University NHS Foundation Trust (44.9%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by the implementation of work through the Patient First Committee aimed at improving the experience of our patients.	66.3%	68.0%	71.0%	67.0%

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism Quarter 4 2015/16 (January to March 2016)	97.8%	95.5%	N/A	N/A	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: This is a former national CQUIN which has been embedded into business as usual processes for many years.</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 continuous monitoring of performance down to Ward level with actions taken to address underperforming areas.</p>	97.9%	96.7%	96.70%	96.40%



Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of Clostridium Difficile per 100,000 bed days	17.2 (Count of Trust apportioned cases = 31)	14.9	Birmingham Children's Hospital 1.1 (1 Trust apportioned Cases)	The Royal Marsden 66.0 (38 Trust apportioned Cases)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Bradford Teaching Hospitals NHS Foundation Trust considers that this data shows that there has been a gradual reduction in Clostridium Difficile rate since 2012/13. The reduction has followed a number of improvements the Foundation Trust has made overseen by the Infection Prevention and Control Committee.	24.6 (Count of Trust apportioned cases = 46)	22.6 (Count of Trust apportioned cases = 43)	28.4 (Count of Trust apportioned cases = 58)	42 (Count of Trust apportioned cases = 87)

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
						<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 continued actions to further reduce Clostridium Difficile infection, with improvements to discharge cleaning after Clostridium Difficile cases, further measures in antimicrobial stewardship, and actions to ensure lessons learnt from post-infection reviews are completed.</p>				

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents per 1,000 Bed days (Oct15 – Mar16) *High Reporters should be shown as better	52.82 (Number of incidents occurring 4732)	Not Given	WYE Valley NHS Trust (75.91)	Medway NHS Foundation Trust (14.77)	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust continues to promote a culture of open and honest reporting and endorses a fair blame culture so that all opportunities for learning are identified.</p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this outcome, and so the quality of its services, by encouraging a culture of voluntary reporting, by endorsing a fair blame culture, and making all efforts to learn from all patient safety incidents.</p>	57.83 (Apr15_ Sep15 Number of incidents occurring 4989)	52.34 (Oct14_ Mar15 Number of incidents occurring 4924)	40.36 (Apr14_ Sep14 Number of incidents occurring 3745)	No data for rate per 1,000 bed days (Oct13_ Mar14 Number of incidents occurring 3598)

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
	Rate of patient safety incidents per 1,000 Bed days that resulted in severe harm or death * (Oct15 - Mar16) * High Reporters should be shown as better	0.08 (count of incidents = 4)	Not Given	WYE Valley NHS Trust (7)	Medway NHS Foundation Trust (26)	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust continues to promote a culture of open and honest reporting and endorses a fair blame culture so that all opportunities for learning are identified.</p> <p>The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this outcome, and so the quality of its services, by encouraging a culture of voluntary reporting, by endorsing a fair blame culture and making all efforts to learn from all patient safety incidents.</p>	0.08 (count of incidents = 4) (Apr15 - Sep15)	0.20 (count of incidents = 10) (Oct14 - Mar15)	0.21 (count of incidents = 8) (Apr14 - Sep14)	0.25 (count of incidents = 9) (Oct13 - Mar14)

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Ensuring that people have a positive experience of care	Inpatient Friends and Family Test (December 2016 Data)	97.1 %	95.2 %	Royal Berkshire NHS Foundation Trust (99%)	Sheffield Children's NHS Foundation Trust (76%)	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee.</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 the implementation of work through the Patient First Committee aimed at improving the experience of our patients.</p>	98% percentage recommended (December 2015)	99% percentage recommended (December 2014)	67 Friends and Family Test Score (December 2013)	N/A

Domain	Indicator	Available reported positions for 2015/16	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 14/15	Currently reported position for 13/14	Currently reported position for 12/13	Currently reported position for 11/12
Ensuring that people have a positive experience of care	Accident and Emergency Friends and Family Test (December 2016 Data)	83.8%	86.0%	Alder Hey Children's NHS Foundation Trust (100%)	North Middlesex University Hospital NHS Trust (58%)	<p>The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: The Foundation Trust has undertaken a programme of work relating to improving patient experience through the Patient First Committee.</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 the implementation of work through the Patient First Committee aimed at improving the experience of our patients.</p>	71% percentage recommended (December 2015)	61% percentage recommended (December 2014)	47 Friends and Family Test Score (December 2013)	N/A

\* A note from the guidance: The SHMI cannot be used to directly compare mortality outcomes between trusts and, in particular, it is inappropriate to rank trusts according to their SHMI. Instead, the SHMI banding can be used to compare mortality outcomes to the national baseline. If two trusts have the same SHMI banding, it cannot be concluded that the trust with the lower SHMI value has better mortality outcomes.



### Appendix C: Junior Doctor Hours Monitoring for September 2016 (European Working Time Directive (2009) and new deal (2003))

#### Hours monitoring exercises (for doctors on 2002 terms and conditions only)

Specialty	Grade	Rostered hours	Monitored hours	Banding	Working Time Regulations compliant (Y/N)
Obstetrics & Gynaecology	ST3+	47:02	47:02	1A	Y
Obstetrics & Gynaecology	F2 / ST1	46:23	46:29	1A	Y
Paediatrics	F2 / ST1	46:40	46:35	1A	Y
Neonates	F2 / ST1	47:11	48:10	1A	Y (low return skews average hours)
Ear, Nose and Throat	ST3+	45:07	49:29	1A	Y (low return skews average hours)
Ear, Nose and Throat / Plastics / Oral and maxillofacial surgery	F2 / CT	46:49	46:27	1A	Y
Ophthalmology	ST3+	42:50	42:22	1A	Y
Ophthalmology	ST1	41:17	Nil return	1A	Y
Orthopaedics	ST3+	45:09	45:09	1B	Y
Orthopaedics	CT	46:54	47:06	1A	Y
Accident and Emergency Department	ST3+	41:51	40:03	1A	Y
Accident and Emergency Department	F2 / CT	45:48	45:23	1A	Y
Oral and maxillofacial surgery	DCT	46:24	48:25	1A	Y (low return skews average hours)
General Medicine	ST3+	46:41	46:41	1A	Y
General Medicine	F2 / CT	47:30	46:50	1A	Y
Elderly Medicine	F2 / CT	46:36	46:12	1A	Y
Palliative Medicine	ST	41:59	Nil return	1A	Y
Haematology	ST3+	43:01	Nil return	1A	Y

## Hours monitoring exercises (for doctors on 2002 terms and conditions only)

General Surgery	ST3+	47:00	47:00	1B	Y
General Surgery	F2 / CT	47:30	47:30	1A	Y
Urology	ST3+	47:18	47:18	1A	Y
Anaesthetics	ST3+	47:45	47:47	1A	Y
Anaesthetics	CT (Acutes)	46:26	Nil return	1A	Y
Anaesthetics	CT (ICU)	47:45	Nil return	1A	Y
Anaesthetics	CT (Obs)	46:52	Nil return	1A	Y
Radiology	ST2+	47:11	47:11	1A	Y
Oral and maxillofacial surgery	ST3+	38:00	38:00	1A	Y
Anaesthetics	F2	45:00	45:00	1B	Y
Orthopaedics	F2	44:11	44:11	1B	Y
General Practice	F2	40:00	33:21	N/S	Y
Anaesthetics	CT (Novice)	47:11	46:40	1B	Y

**APPENDIX D: Junior Doctor Vacancies since Implementation of the Contract Started In December 2016**

Specialty	Grade	Month 1 (Dec 16)	Month 2 (Jan 17)	Month 3 (Feb 17)	Month 4 (Mar 17)	Number of shifts uncovered
Acute Medicine	F2	1	1	1	1	Covered by Trust Doctor
Accident and Emergency Department	GPStR	0	0	2	2	1 post covered by Post Foundation Fellow. 1 post unfilled.
Anaesthetics	ST3+	2	2	3	3	Covered by Trust Doctors. 1 Feb post remains unfilled.
Diabetes	CT	0	0	1	1	Unfilled
Elderly Medicine	GPStR	0	0	2	2	Covered by Trust Doctors
Elderly Medicine	Trust (CT)	1	1	1	1	Covered by Post Foundation Fellow (PFF)
Ear, Nose and Throat	F2	1	1	1	1	Covered by PFF
General Medicine	Trust (CT)	1	1	1	1	Covered by PFF
General Surgery	F1	1	1	1	1	Post removed from rota
Medical Oncology	GPStR	0	0	1	1	Covered by PFF
Obstetrics and Gynaecology	GPStR	0	0	1	1	Unfilled
Ophthalmology	ST3+	1	1	1	1	Unfilled
Orthopaedics	Trust (CT)	1	1	1	1	Out of hours duty covered
Paediatrics	F1	1	1	1	1	Unfilled
Paediatrics	ST4+	0	0	1	1	Post removed from rota
Plastic Surgery	CT	0	0	1	1	Covered by Trust Doctor
Plastic Surgery	Trust (CT)	1	1	1	1	Dec & Jan covered by PFF. Feb only out of hours duty covered
Respiratory Medicine	CT	0	0	1	1	Covered by PFF
Rheumatology	GPStR	0	0	1	1	Out of hours duty covered
<b>Totals</b>		<b>11</b>	<b>11</b>	<b>23</b>	<b>23</b>	

## APPENDIX E: Glossary of 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 eighteen weeks from referral for non-urgent conditions.	The Referral to Treatment (RTT) operational standards are that 90 percent 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, through 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.
A&E waits	This indicator is required to be reported by the Single Oversight Framework: Percentage of A&E attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	Operating standard of 95%.	NHS Standard Contract 2016/2017.

## APPENDIX F: Glossary of Abbreviations and Medical Terms

List of Abbreviations	
AAWG	Audit Appointment Working Group
ACU	Ambulatory Care Unit
ADT	Admissions, discharges and transfers
AED	Accident and Emergency Department
AF	Atrial Fibrillation
AIS	Accessible Information Standard
AKI	Acute Kidney Injury
AUKUH	Association of UK University Hospitals
BAC	Business Advisory Committee
BAPM	British Association of Perinatal Medicine
BAWC	Bradford, Airedale, Wharfedale, and Craven
BDCFT	Bradford District Care NHS Foundation Trust
BIHR	Bradford Institute for Health Research
BMDC	Bradford Metropolitan District Council
BME	Black and Minority Ethnic
BradSSIPs	Bradford's Safety Standards for Invasive Procedures
BRI	Bradford Royal Infirmary
BSCB	Bradford Safeguarding Children's Board
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust
BUFALO	This is an acronym for the 6 key aspects of sepsis care
CARE 75+	Community Ageing Research 75+
CCG	Clinical Commissioning Group
CHD	Congenital Heart Disease
CHFT	Calderdale and Huddersfield NHS Foundation Trust
CIP	Cost Improvement Programme
CMP	Case Mix Programme
COPD	Chronic Obstructive Pulmonary Disease
CPBS	Central Patient Booking Service

## List of Abbreviations

CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRM	Cardiac Rhythm Management
DEC	Display Energy Certificate
DHR	Domestic Homicide Review
DNA	Did Not Attend appointment
DoLS	Deprivation of Liberty Standards
EDD	Expected Date of Discharge
EDS	Equality Delivery System
eFI	electronic Frailty Index
ENEI	Employers Network for Equality and Inclusion
EPR	Electronic Patient Record
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
FREDA	Human Rights principles - Freedom, Respect, Equality, Dignity, Autonomy
HANA	Head and Neck Cancer Audit
HSE	Health and Safety Executive
IBD	Inflammatory Bowel Disease
ICO	Information Commissioner's Office
IGT	Information Governance Toolkit
IHI	Institute for Healthcare Improvement
IS4L	Improvement Science for Leaders
JAG	Joint Advisory Group on Gastrointestinal Endoscopy
JTAI	Joint Targeted Area Inspection
KPI	Key Performance Indicator
LeDeR	Learning Disability Mortality Review
LLETZ	Large Loop Excision of the Transformation Zone
LLR	Lessons Learnt Review
LocSSIPs	Local Safety Standards for Invasive Procedures



## List of Abbreviations

MARAC	Multi-Agency Risk Assessment Conference
MBRRACE - UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MINAP	Myocardial Ischaemia National Audit Project
MTI	Medical Training Initiative
NAOGC	National Oesophago-Gastric Cancer Audit
NatSSIPs	National Safety Standards for Invasive Procedures
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NELA	National Emergency Laparotomy Audit
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NIGB	National Information Governance Board for Health and Social Care
NIHR	National Institute for Health Research
NIPE	Newborn and Infant Physical Examination
NIV	Non-Invasive Ventilation
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NYAS	North Yorkshire Audit Services
ODN	Operational Delivery Network
PACT	Partners at Care Transition
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System

**List of Abbreviations**

PCI	Percutaneous Coronary Interventions
PCNL	Percutaneous Nephrolithotomy
PCT	Primary Care Trust
PFF	Post Foundation Fellow
PICANet	Paediatric Intensive Care Audit Network
PLACE	Patient-Led Assessment of the Care Environment
PMO	Programme Management Office
POMH	Prescribing Observatory for Mental Health
PPI	Patient and Public Involvement
ProgRESS	Programmed Review of Effectiveness, Safety and Sensitivity
PROMS	Patient Reported Outcome Measures
RAF	Monitor's Risk Assessment Framework
RCM	Royal College of Midwives
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013
RTT	Referral To Treatment
SCR	Serious Case Review
SIRO	Senior Information Risk Owner
SSNAP	Sentinel Stroke National Audit Programme
STP	Sustainability and Transformation Plan
TARN	Trauma Audit and Research Network
VTE	Venous Thromboembolism
WHO	World Health Organization
WRES	Workforce Race Equality Standard
WYAAT	West Yorkshire Association of Acute Trusts
WYAC	West Yorkshire Audit Consortium
WYHTASN	West Yorkshire Human Trafficking and Anti-Slavery Network

**List of Terms**

Ambulatory care unit	A service where some conditions may be treated without the need for an overnight stay in hospital
Anticoagulation	Medicines that reduce the ability of the blood to clot
Atrial fibrillation	A heart condition that causes an irregular and often abnormally fast heartbeat
Bastion protocol	Allows veins and arteries to be seen in a single scan
Computerised tomography (CT) scan	Uses X-rays and a computer to create detailed images of the inside of the body
Deep vein thrombosis (DVT)	A blood clot that develops within a deep vein in the body, usually in the leg
Dyskaryosis	Changes in the appearance of the cells that normally cover the surface of the cervix
Ectocervical	Having to do with the part of the cervix that protrudes into the vagina and is lined with epithelial cells
Endoscopy	A procedure where the inside of your body is examined using an instrument called an endoscope
Ischaemic stroke	The most common type of stroke. They occur when a blood clot blocks the flow of blood and oxygen to the brain
Laparotomy	A surgical procedure done by making an incision in the abdomen (tummy) to gain access into the abdominal cavity
Large Loop Excision of the Transformation Zone	A procedure to remove abnormal cells from the cervix using a thin wire loop that is heated with an electric current
Luer connection systems	The standard way of attaching syringes, catheters, needles, IV tubes etc to each other
Nephrectomy	Surgery to remove all or part of the kidney
Nurse-led streaming	Nurses assess patients to determine in what setting they can best be cared for
Operational Delivery Network	Clinical networks which coordinate patient pathways between providers over a wide area to ensure access to specialist resources and expertise.
Parenteral Nutrition	The feeding of a person directly into the blood through an intravenous (IV) catheter (needle in the vein)
Percutaneous Coronary Interventions	A procedure used to widen blocked or narrowed coronary arteries (the main blood vessels supplying the heart)
Percutaneous nephrolithotomy	A minimally-invasive procedure to remove kidney stones via a small incision in the skin
Prostatectomy	Surgery to remove the prostate gland
Pulmonary embolism	A blockage in the pulmonary artery, the blood vessel that carries blood from the heart to the lungs

## List of Terms

Short stay ward	A ward providing targeted care for patients requiring brief hospitalisation and who can be discharged as soon as clinical conditions are resolved
Synovitis	The inflammation of a synovial (joint-lining) membrane
Subarachnoid haemorrhage	An uncommon type of stroke caused by bleeding on the surface of the brain. It's a very serious condition and can be fatal
SystmOne	Electronic Health Record
Thalassaemia	The name for a group of inherited conditions that affect a substance in the blood called haemoglobin. People with the condition produce either no or too little haemoglobin, which is used by red blood cells to carry oxygen around the body
Urgent Care Centre	Offer access to a range of treatments for minor illnesses and injuries
Venous thromboembolism (VTE)	A condition where a blood clot forms in a vein. This is most common in a leg vein, where it's known as deep vein thrombosis (DVT). A blood clot in the lungs is called pulmonary embolism (PE)

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**Bradford Teaching Hospitals NHS Foundation Trust**

**Annual Accounts**

**for the year ended 31 March 2017**





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## **NATIONAL HEALTH SERVICE ACT 2006**

### **DIRECTIONS BY MONITOR IN RESPECT OF NHS FOUNDATION TRUSTS' ACCOUNTS**

Monitor, with the approval of the Secretary of State, in exercise of powers conferred on it by paragraphs 24(1A) and 25(1) of Schedule 7 to the National Health Service Act 2006 (the '2006 Act'), hereby gives the following Directions:

#### **1. Application and interpretation**

(1) These Directions apply to NHS foundation trusts in England.

(2) In these Directions:

(a) references to "the accounts" and to "the annual accounts" refer to:

for an NHS foundation trust in its first operating period since being authorised as an NHS foundation trust, the accounts of an NHS foundation trust for the period from point of licence until 31 March

for an NHS foundation trust in its second or subsequent operating period following initial authorisation, the accounts of an NHS foundation trust for the period from 1 April until 31 March

for an NHS foundation trust in its final period of operation and which ceased to exist as an entity during the year, the accounts of an NHS foundation trust for the period from 1 April until the end of the reporting period

(b) "the NHS foundation trust" means the NHS foundation trust in question.

#### **2. Form and content of accounts**

(1) The accounts of an NHS foundation trust kept pursuant to paragraph 24(1) of Schedule 7 to the 2006 Act must comply with the requirements of the Department of Health Group Accounting Manual in force for the relevant financial year.

#### **3. Annual accounts**

(1) The annual accounts submitted under paragraph 25 of Schedule 7 to the 2006 Act shall show, and give a true and fair view of, the NHS foundation trust's gains and losses, cash flows and financial state at the end of the financial period.

(2) The annual accounts shall follow the requirements as to form and content set out in chapter 1 of the NHS foundation trust Annual Reporting Manual (FT ARM) in force for the relevant financial year.

(3) The annual accounts shall comply with the accounting requirements of the Department of Health Group Accounting Manual as in force for the relevant financial year.

(4) The Statement of Financial Position shall be signed and dated by the chief executive of the NHS foundation trust.

#### **4. Annual accounts: Statement of accounting officer's responsibilities**

(1) The statement of accounting officer's responsibilities in respect of the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

#### **5. Annual accounts: Foreword to accounts**

(1) The foreword to the accounts shall be signed and dated by the chief executive of the NHS foundation trust.

**Signed by the authority of Monitor**

**Signed:**

**Name:** Jim Mackey (Chief Executive)

**Dated:** January 2017



# Independent auditor's report

**to the Council of Governors of Bradford  
Teaching Hospitals NHS Foundation Trust only**

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 2017. These financial statements comprise the Statement of Comprehensive Income, Statement of Financial Position, 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 2017 and of the Trust's income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Department of Health's Group Accounting Manual 2016/17.

## Overview

<b>Materiality:</b>	£6.5m (2015/16: £6.5m)
Financial statements as a whole	1.66% (2015/16: 1.77%) of total income from operations

## Risks of material misstatement vs 2015/16

<b>Recurring risks</b>	Valuation of Land and Buildings	▲
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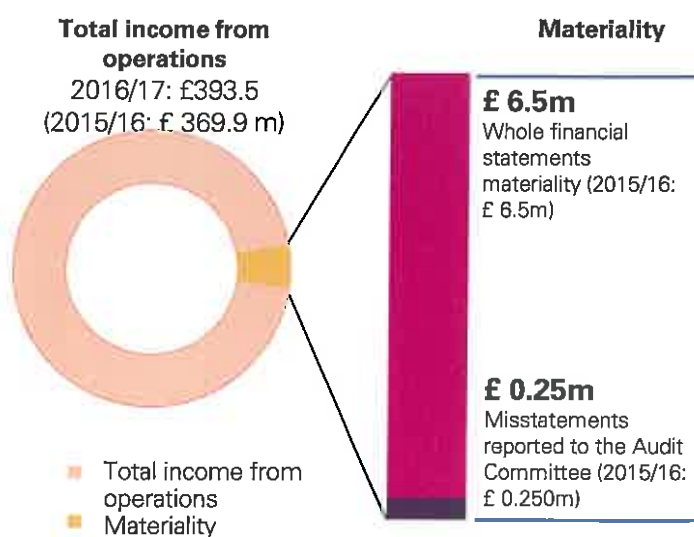
## 2. Our assessment of risks of material misstatement

In arriving at our audit opinion above on the financial statements, the risk of material misstatement that had the greatest effect on our audit was as follows:

	The risk	Our response
<p><b>Valuation of land and buildings</b></p> <p>(£191.2 million; 2015/16: £174.8m)</p> <p><i>Refer to the Audit and Assurance Committee Report within section 3 of the Trust's Annual Report and Accounts 2016/17, 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.</i></p>	<p><b>Valuation of land and buildings</b></p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset. When considering the cost to build a replacement hospital the Trust may consider whether it would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. Valuation is completed by the District Valuer, an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required. Full valuations are required to be completed every five years, with interim desktop valuations completed in interim periods. Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied.</p> <p>Bradford Teaching Hospitals NHS Foundation Trust had a full valuation undertaken at 31 March 2016, and a desktop valuation performed at 31 March 2017. The desk top valuation covered all land and buildings and included a full valuation on those elements of the new hospital wing that became operational in 2016/17.</p> <p>Bradford Teaching Hospitals NHS Foundation Trust's desk top valuation performed at 31 March 2017 resulted in a £3,153 million decrease in the value of the property, plant and equipment balance.</p>	<p>Our procedures included :</p> <ul style="list-style-type: none"> <li>— <b>External Valuer:</b> We critically assessed the competence, capability, objectivity and independence of the Trust's external valuer and considering the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the Department of Health's Group Accounting Manual 2016/17;</li> <li>— <b>Information provided to the valuer:</b> We confirmed that the information provided to the valuer, including details of in-year capital expenditure, changes in use and land area and floor space, was complete, relevant and accurate;</li> <li>— <b>Valuation basis:</b> We critically assessed the appropriateness of the valuation bases and assumptions used at the Trust and the independent evidence used to determine asset use and condition. This included the use of a KPMG valuation specialist and consideration of the indices applied;</li> <li>— <b>Impairment review:</b> We critically assessed, in the light of our knowledge of the Trust's assets and changes in market conditions, whether the selection of assets covered by the desktop valuation covered all assets at risk of significant change in value since the previous full valuation;</li> <li>— <b>Accounting movements:</b> We undertook work to understand the basis upon which any movements in the valuation of land and buildings have been identified and treated in the financial statements and determining whether they have complied with the requirements of the Department of Health's Group Accounting Manual 2016/17; and</li> <li>— <b>Additions testing:</b> We sample tested in-year capital expenditure to confirm that additions were appropriately valued within the financial statements. This included agreement to purchase records.</li> </ul>

### 3. Our application of materiality and an overview of the scope of our audit

The materiality for the financial statements was set at £6.5 million (2015/16: £6.5 million), determined with reference to a benchmark of income from operations of which it represents approximately 1.66% of income from operations (2015/16: 1.76%). We consider income from operations to be more stable than a surplus-related benchmark. We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £250k (2015/16: £250k), in addition to other identified misstatements that warrant reporting on qualitative grounds.



### 4. Our opinion on other matters prescribed by the Code of Audit Practice 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 2016/17; and
- the information given in the Annual 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

We are required to report to you if, based on the knowledge we acquired during our audit, we have identified 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 financial statements taken as a whole is fair, balanced and understandable; or
- the Audit Committee's commentary in section 3 of the Annual Report does not appropriately address matters communicated by us to the Audit Committee.

Under the Code of Audit Practice 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 2016/17, 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.

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

### 6. We have completed our audit

We certify that we have completed the audit of the accounts of Bradford Teaching Hospitals NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



## Scope and responsibilities

As described more fully in the Statement of Accounting Officer's Responsibilities, the accounting officer is responsible for the preparation of financial statements that 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. A description of the scope of an audit of financial statements is provided on our website at [www.kpmg.com/uk/auditscopeother2014](http://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 Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

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.

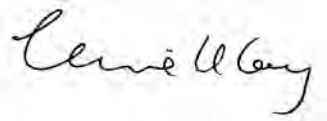
**Timothy Cutler for and on behalf of KPMG LLP**  
*Chartered Accountants and Statutory Auditor*  
1 St Peters Square, Manchester, M2 3AE  
25 May 2017

***FOREWORD TO THE ACCOUNTS***

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These accounts for the year ended 31 March 2017 have been prepared by Bradford Teaching Hospitals NHS Foundation Trust (the NHS foundation trust) in accordance with paragraph 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act.

Signed:

A handwritten signature in black ink, appearing to read 'Clive Kay', is positioned below the 'Signed:' text.

Name: Professor Clive Kay (Chief Executive)  
Dated: 25 May 2017

**STATEMENT OF COMPREHENSIVE INCOME**

	Note	2016/17 £000	2015/16 £000
Operating income	2.1	393,573	369,877
Operating expenses	3.1	(387,542)	(372,954)
<b>OPERATING SURPLUS</b>		<b>6,031</b>	<b>(3,077)</b>
<b>FINANCE COSTS</b>			
Finance income	5	192	286
Finance expense – financial liabilities	6.1	(610)	(247)
Finance expense – unwinding of discount on provisions	14.2	(8)	(43)
Public Dividend Capital dividends payable	6.2	(3,677)	(3,384)
<b>NET FINANCE COSTS</b>		<b>(4,103)</b>	<b>(3,388)</b>
Gains/losses on disposals of assets		(21)	(63)
<b>SURPLUS / (DEFICIT) FOR THE YEAR</b>		<b>1,907</b>	<b>(6,528)</b>
<b>Other comprehensive income</b>			
Impairments	15.1	(3,112)	(698)
Revaluation	15.1	8,603	11,868
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>7,398</b>	<b>4,642</b>

All income and expenses shown relate to continuing operations.

Losses on disposal of assets (£63,000) were included within operating expenses (Note 3.1) during 2015/16.

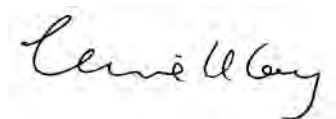
The notes on pages 11 to 48 form part of these accounts.

**STATEMENT OF FINANCIAL POSITION**

	Note	31 Mar 2017 £000	31 Mar 2016 £000
<b>Non-current assets</b>			
Intangible assets	7.2	12,282	7,313
Property, plant and equipment	8.2	191,262	174,803
Trade and other receivables	10.1	893	532
<b>Total non-current assets</b>		<b>204,437</b>	<b>182,648</b>
<b>Current assets</b>			
Inventories	9	4,670	3,550
Trade and other receivables	10.1	21,092	18,188
Cash and cash equivalents	16.1	50,366	66,227
<b>Total current assets</b>		<b>76,128</b>	<b>87,965</b>
<b>Current liabilities</b>			
Trade and other payables	11	(42,083)	(43,929)
Borrowings	13	(4,090)	(2,048)
Provisions	14.1	(2,362)	(1,649)
Other liabilities	12	(6,396)	(6,519)
<b>Total current liabilities</b>		<b>(54,931)</b>	<b>(54,145)</b>
<b>Total assets less current liabilities</b>		<b>225,634</b>	<b>216,468</b>
<b>Non-current liabilities</b>			
Borrowings	13	(32,896)	(29,364)
Provisions	14.1	(6,516)	(8,517)
Other liabilities	12	(577)	(990)
<b>Total non-current liabilities</b>		<b>(39,989)</b>	<b>(38,871)</b>
<b>Total assets employed</b>		<b>185,645</b>	<b>177,597</b>
<b>Financed by taxpayers' equity</b>			
Public Dividend Capital		121,085	120,435
Revaluation reserve	15.1	55,089	49,598
Income and expenditure reserve		9,471	7,564
<b>Total taxpayers' equity</b>		<b>185,645</b>	<b>177,597</b>

These accounts together with notes on pages 7 to 48 were approved by the Board of Directors on 25 May 2017.

Signed:



Name: Professor Clive Kay (Chief Executive)  
Dated: 25 May 2017

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY**

	<b>Total £000</b>	<b>Public Dividend Capital £000</b>	<b>Revaluation reserve (see note 15.1) £000</b>	<b>Income and expenditure reserve £000</b>
<b>Taxpayers' equity at 1 April 2016</b>	<b>177,597</b>	<b>120,435</b>	<b>49,598</b>	<b>7,564</b>
Surplus for the year	1,907	0	0	1,907
Impairments	(3,112)	0	(3,112)	0
Revaluations – property, plant and equipment	8,579	0	8,579	0
Revaluations – intangible assets	24	0	24	0
Public Dividend Capital received	650	650	0	0
<b>Taxpayers' equity at 31 March 2017</b>	<b>185,645</b>	<b>121,085</b>	<b>55,089</b>	<b>9,471</b>
<b>Taxpayers' equity at 1 April 2015</b>	<b>172,463</b>	<b>119,943</b>	<b>38,428</b>	<b>14,092</b>
Deficit for the year	(6,528)	0	0	(6,528)
Impairments	(698)	0	(698)	0
Revaluations – property, plant and equipment	11,868	0	11,868	0
Revaluations – intangible assets	0	0	0	0
Public Dividend Capital received	492	492	0	0
<b>Taxpayers' equity at 31 March 2016</b>	<b>177,597</b>	<b>120,435</b>	<b>49,598</b>	<b>7,564</b>

**STATEMENT OF CASH FLOWS**

	<b>2016/17</b>	<b>2015/16</b>
	<b>£000</b>	<b>£000</b>
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit) from continuing operations	6,031	(3,077)
<b>Non-cash income and expense</b>		
Depreciation and amortisation	10,569	9,600
Net impairments	8,620	93
Income recognised in respect of capital donations (cash and non-cash)	(112)	(12)
(Increase)/decrease in trade and other receivables	(3,201)	(4,151)
(Increase)/decrease in inventories	(1,120)	408
Increase/(decrease) in trade and other payables	(2,943)	(1,907)
Increase/(decrease) in other liabilities	(536)	508
Increase/(decrease) in provisions	(1,296)	(1,604)
<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>	<b>16,012</b>	<b>(142)</b>
<b>Cash flows from investing activities</b>		
Interest received	195	286
Purchase of intangible assets	(6,033)	(5,114)
Purchase of property, plant and equipment	(27,974)	(18,144)
Sale of property, plant and equipment	27	0
<b>Net cash generated from / (used in) investing activities</b>	<b>(33,785)</b>	<b>(22,972)</b>
<b>Cash flows from financing activities</b>		
Public Dividend Capital received	650	492
Loans received from the Department of Health	7,700	26,000
Loans repaid to the Department of Health	(2,052)	(1,000)
Other loans repaid	(75)	(146)
Interest paid	(567)	(198)
Public Dividend Capital dividend paid	(3,744)	(3,297)
<b>Net cash generated from / (used in) financing activities</b>	<b>1,912</b>	<b>21,851</b>
Increase/(decrease) in cash and cash equivalents	(15,861)	(1,263)
Cash and cash equivalents at 1 April	66,227	67,490
<b>Cash and cash equivalents at 31 March</b>	<b>50,366</b>	<b>66,227</b>

Losses on disposal of assets (£63,000) were included within non-cash income and expense during 2015/16. These are now disclosed under operating surplus / (deficit) from continuing operations.



## NOTES TO THE ACCOUNTS

### Note 1 Accounting policies and other information

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NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the Department of Health Group Accounting Manual 2016/17 issued by the Department of Health. The accounting policies contained in that manual follow IFRS and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified, where applicable, to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.2 Going Concern

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

#### 1.3 Accounting standards that have been issued but have not yet been adopted

The Department of Health Group Accounting Manual does not require the following Standards and Interpretations to be applied in 2016/17.

These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018/19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers — Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

The following accounting standards have been issued but have not yet been adopted. The NHS 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.

#### **1.4 Interest in other Entities**

##### **Joint Venture**

Joint Ventures are arrangements in which the NHS foundation trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint Ventures are accounted for using the equity method.

During this financial year the NHS foundation trust entered into two joint venture limited liability partnerships, each with 50% equity investment, with Airedale NHS Foundation Trust, with losses limited to £1 each. The joint ventures, Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP, have been established to deliver and develop laboratory based pathology services and are not consolidated.

##### **NHS Charitable Funds**

The NHS foundation trust has not consolidated the financial statements with Bradford Hospitals Charity (the Charity), charity registration number 1061753, on the grounds of materiality.

The NHS 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 NHS 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.

#### **1.5 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 NHS foundation trust is contracts with NHS commissioners in respect of healthcare 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 NHS 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 NHS foundation trust's commissioners determine that the quality indicators have been achieved.

#### **1.6 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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017, is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this ‘employer cost cap’ assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

### **Auto-enrolment / NEST Pension Scheme**

On 1 April 2013, the NHS 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 NHS 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, from 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 NHS foundation trust.

In the financial year to 31 March 2017, the NHS foundation trust made contributions totalling £16,000 into the NEST fund (31 March 2016 £14,000).

### **1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses, except where it results in the creation of a non-current asset such as property, plant and equipment.

### **1.8 Property, plant and equipment**

#### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the NHS foundation trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.
- the item has a cost of at least £5,000;
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;
- form part of the initial set 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 property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the Statement of Comprehensive Income (SoCI) in the year to which they relate.

Land and buildings are subsequently valued at fair value in accordance with the revaluation model set out in IAS 16. Land and buildings are revalued at least every five years. More frequent valuations are carried out if the NHS 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, March 2017 at the prospective valuation date of 31 March 2017. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 property, plant and equipment 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 property, plant and equipment 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 NHS foundation trust's professional valuers.

Property, plant and equipment are depreciated on a straight line basis over the estimated lives, which are:

Engineering plant and equipment	5 – 15 years
Vehicles	7 years
Office equipment, furniture and soft furnishings	7 – 10 years
Medical and other equipment	5 – 15 years
IT equipment	4 – 10 years
Buildings, installations and fittings	15 – 60 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each Statement of Financial Position (SoFP) date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Assets in the course of construction are not depreciated until the asset is brought into use.

### **Disposals**

The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds (if any) and the carrying amount of the asset and is recognised in the SoCI.

### **Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the SoCI as an item of 'other comprehensive income'.

### **Impairments**

In accordance with the Department of Health Group Accounting Manual, impairments that arise from a clear consumption of economic benefits or of 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 2016/17 the impairment is £11,732,000 and in 2015/16 there was an impairment of £791,000.

An impairment that arises from a clear consumption of economic benefit or of 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.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### **Donated, government grant and other grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## **1.9 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the NHS foundation trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the NHS 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 NHS foundation trust intends to complete the asset and sell or use it;
- the NHS foundation trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic 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 NHS foundation trust to complete the development and sell or use the asset; and
- the NHS foundation trust can measure reliably the expenses attributable to the asset during development.

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 property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

## **Measurement**

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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.

### **1.10 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.

### **1.11 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.

### **1.12 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 NHS foundation trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Financial assets 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 NHS foundation trust becomes a party to the contractual provisions of the instrument.

#### **De-recognition**

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the NHS foundation trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

## **Classification and measurement**

Financial assets are categorised as 'loans and receivables'. Financial liabilities are classified as 'other financial liabilities'.

### **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The NHS foundation trust's loans and receivables comprise cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transactions costs. 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 NHS foundation trust's cash book. These balances exclude monies held in the NHS 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 to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is 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 property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

### **Impairment of financial assets**

At the SoFP date, the NHS foundation trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

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.

### **1.13 Leases**

#### **Finance leases**

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

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 NHS foundation trust has reviewed all current leases and decided that there are no material finance leases. Hence all leases are shown as operating leases.

### **1.14 Provisions**

The NHS 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 2.70% (2015/16: 1.55%) in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 0.24% (2015/16: 1.37%) in real terms.

#### **Clinical negligence costs**

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 14.1 but is not recognised in the NHS foundation trust's accounts.

#### **Non-clinical risk pooling**

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the NHS 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.

### **1.15 Contingencies**

Contingent assets (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 18 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

### **1.16 Public Dividend Capital**

PDC is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### **1.17 Value Added Tax**

Most of the activities of the NHS 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 both intangible assets and property, plant and equipment. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.18 Corporation Tax**

The NHS foundation trust is a Health Service body within the meaning of 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 2017, this power has not been exercised. Accordingly, the NHS foundation trust is not within the scope of corporation tax.

### **1.19 Foreign exchange**

The functional and presentational currencies of the NHS 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 NHS 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 2017;
- 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.

### **1.20 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in note 16.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

### **1.21 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.

### **1.22 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### **1.23 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 earlier in the accounts, which lists these standards (note 1.3). These accounts do not reflect any of these standards.

### **1.24 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 midnight on 31 March 2017. 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.

The income figure also includes 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 2017.

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, 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 March 2017 at the prospective valuation date of 31 March 2017.

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.

### **1.25 Key sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- i. The NHS foundation trust holds a significant asset base and any variation in the useful economic life will have an impact on both the statement of financial position and the in year

financial position of the NHS foundation trust. During this financial year the NHS foundation trust amended the useful economic lives of its buildings as a result of a full revaluation of the NHS foundation trust's estate. There have been no significant revisions to the estimated lives of assets during the current financial year. Depreciation and amortisation charged during the year, including donated assets, was £10,569,000 (2015/16 : £9,600,000).

- ii. Impairments are recognised where management believe that there is an indication of impairment (through for example, obsolescence). They are recognised where the carrying amount of an asset exceeds its recoverable amount. Significant assets to the Trust are reviewed for impairment as they are brought into operational use. During the previous financial year, additional impairment were recognised as part of the NHS foundation trust's estate revaluation. The value of impairments charged to the Statement of Comprehensive Income is disclosed in Note 7 Intangible Assets and Note 8 Property, plant and equipment.
- iii. The valuation of the NHS foundation trusts estate is based on reports from a Chartered Surveyor on a five-year rolling basis, supplemented by indices provided by the Surveyor in the intervening period where values changes by 5% or more. The net book value of the NHS foundation trust's land, buildings and dwellings as at 31 March 2017 was £168,905,000 (31 March 2016 : 147,836,000).
- iv. In estimating net realisable value of inventories, management takes into account the most reliable evidence available at year end. Pharmacy inventories are valued at weighted average historical cost. Other Inventories are valued at the lower of cost or net realisable value using the FIFO method and are disclosed in Note 9 Inventories.
- v. The NHS foundation trust hold a number of provisions where the actual outcome may vary from the amount recognised in the financial statements. Provisions are based on the most reliable evidence available at the year-end. Details surrounding provisions held at the year-end are included in Note 14 Provisions. Uncertainties and issues arising from provisions and contingent liabilities are assessed and reported in Note 14 Provisions and Note 18 Contingent liabilities / assets.
- vi. The NHS foundation Trust has a number of agreements in place to provide services over more than one year (for example, contracts relating to research and development). These are reviewed for profitability at each Statement of Financial Position date, but the assessment of future costs to complete are subject to uncertainty. The revenue recognised in the year reflected management's judgement about each agreement's outcome and stage of completion. Income which has been deferred to future periods relating to these contracts at 31 March 2017 amounted to £6,973,000 (31 March 2016 : £7,509,000)
- vii. Events which occur after the Statement of Financial Position date can have a material impact on the NHS foundation trust Statement of Financial Position. Where the event should reasonably have been foreseen at the Statement of Financial Position date, the impact has been included in the financial statements. If this is not the case, the impact has been included as a narrative disclosure.

## Note 2 Operating income

### Note 2.1 Operating income

	Note	2016/17 £000	2015/16 £000
<b>Income from activities</b>			
Elective income		55,324	58,235
Non elective income		87,849	82,508
Outpatient income		56,882	57,435
Accident and emergency income		14,504	13,699
Other NHS clinical income	2.2	119,608	114,052
Private patient income		894	1,049
Other clinical income	2.3	6,747	5,696
<b>Total income from activities</b>		<b>341,808</b>	<b>332,674</b>
<b>Other operating income</b>			
Research and development		10,432	10,531
Education and training		14,991	15,211
Charitable and other contributions to expenditure		112	12
Sustainability and transformation fund	2.4	12,475	0
Provider to provider income	2.5	3,863	3,919
Catering income		1,083	1,247
Car parking income		1,459	1,452
Other income	2.6	7,350	4,831
<b>Total other operating income</b>		<b>51,685</b>	<b>37,203</b>
<b>Total</b>		<b>393,573</b>	<b>369,877</b>

The Terms of Authorisation set out the mandatory goods and services that the NHS 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, cost per case items (£37.8m), community based services (£22.6m), the maternity pathway payments (£23.7m), direct access services (£12.2m), CQUINS (£6.5m), renal services (£5.9m), system resilience funding (£2.3m), cochlear services (£3.7m) and Hepatitis C (£3.7m).

### Note 2.3 Other clinical income

Other clinical income comprises of, in the main, overseas patient income (£0.5m), NHS Injury Scheme (£1.8m), cochlear implant maintenance (£1m), diagnostic and therapeutic services (£0.4m), system resilience (£0.7m), virtual ward (£0.7m), Better Start lottery funding (£0.4m).

#### **Note 2.4**

Sustainability and transformation fund income comprises of actual full year recovery notified by NHS Improvement of £12.5m, which includes £10.5m of core sustainability and transformation funding, £0.6m of incentive sustainability and transformation funding and £1.4m of bonus sustainability and transformation funding.

#### **Note 2.5 Provider to provider income**

Provider to provider income relates to services provided by the NHS 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, Airedale NHS Foundation Trust and other NHS Trusts (£3.0m). Other staffing recharges cover nurses (£0.2m), phlebotomists, physiotherapists, occupational therapists and other professions allied to medicine (£0.2m). This income also includes the provision of administration/information technology services (£0.1m), radiation protection and other technical services (£0.1m) to other NHS Trusts and commissioners.

#### **Note 2.6 Other income**

Other income in the main relates to pharmacy sales (£2.7m), service transformation projects (£1.6m), diagnostic & therapeutic services (£0.6m), clinical excellence awards (£0.7m), staff accommodation rentals (£0.2m), informatics funding (£0.8m) and charitable donations (£0.1m).

#### **Note 2.7 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 NHS 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 the NHS foundation trust believes that there is one segment and have reported under IFRS 8 on this basis.

### Note 3 Operating expenses

#### Note 3.1 Operating expenses

	Note	2016/17 £000	2015/16 £000
Services from NHS Foundation Trusts		1,459	1,505
Services from NHS trusts		6,152	6,408
Services from CCG's and NHS England		0	3
Services from other NHS bodies		0	25
Purchase of health care from non NHS bodies		2,474	1,014
Employee expenses – executive directors		1,004	929
Remuneration of non-executive directors		152	182
Employee expenses – staff		240,011	237,198
Drug costs		39,885	38,504
Supplies and services – clinical (excluding drug costs)		33,012	33,428
Supplies and services – general		3,994	4,420
Establishment		4,505	4,229
Research and development – (not included in employee expenses)		3,643	4,008
Transport – (business travel only)		422	411
Transport – (other)		17	0
Premises		14,886	15,604
Increase/(decrease) in provision for impairment of receivables		88	304
Change in provisions discount rate		356	(21)
Drugs inventories consumed		196	239
Rentals under operating leases – minimum lease payments		2,401	2,315
Depreciation on property, plant and equipment		9,752	8,757
Amortisation on intangible assets		817	843
Impairment of property, plant and equipment		8,620	93
Audit services – statutory audit		58	57
Other audit remuneration	3.2	103	40
Clinical negligence – amounts payable to the NHSLA		8,287	7,151
Legal fees		186	152
Consultancy costs		542	2,332
Training, courses and conferences		1,121	742
Patient travel		29	22
Car parking and security		5	18
Redundancy – (not included in employee expenses)		156	166
Hospitality		15	15
Insurance		130	141
Other services, e.g. external payroll		1,190	970
Losses, ex gratia and special payments – (not included in employee expenses)		166	127
Other		1,708	623
<b>Total</b>		<b>387,542</b>	<b>372,954</b>

Losses on disposal of assets (£63,000) were included within Note 3.1 operating expenses during 2015/16.

**Note 3.2 Other audit remuneration**

	2016/17	2015/16
	£000	£000
Audit related assurance services	11	10
Taxation compliance services	92	30
<b>Total</b>	<b>103</b>	<b>40</b>

**Note 3.3 Operating leases**

	2016/17	2015/16
	£000	£000
Minimum lease payments	2,401	2,315
<b>Total</b>	<b>2,401</b>	<b>2,315</b>

**Note 3.4 Future minimum lease payments**

	2016/17	2015/16
	£000	£000
- not later than one year	3,391	3,509
- later than one year and not later than five years	1,258	1,563
<b>Total</b>	<b>4,649</b>	<b>5,072</b>

The NHS 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 3.5 Limitation on auditor's liability**

For the year ended 31 March 2017, the limitation on auditor's liability is £1,000,000 (31 March 2016: £1,000,000).

	2016/17	2015/16
	£000	£000
Limitation on auditor's liability	1,000	1,000



## Note 4 Employee expenses

### Note 4.1 Employee expenses

	2016/17	2016/17	2016/17	2015/16
	Total	Permanent	Other	Total
	£000	£000	£000	£000
Salaries and wages	188,946	175,480	13,466	185,141
Social security costs	17,692	17,692	0	13,550
Pension costs – defined contribution plans, employer's contributions to NHS Pensions	21,881	21,881	0	21,299
Agency / contract staff	14,451	0	14,451	18,329
<b>Total</b>	<b>242,970</b>	<b>215,053</b>	<b>27,917</b>	<b>238,319</b>

Included within :

Costs capitalised as part of assets	1,955	1,157	798	192
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All employer pension contributions in 2016/17 and 2015/16 were paid to the NHS Pensions Agency.

Included in the above figures are the following balances for executive directors:

	2016/17	2015/16
	£000	£000
Directors' remuneration	1,198	1,316
Employer pension contributions in respect of directors	100	128

### Note 4.2 Average number of employees

	2016/17	2016/17	2016/17	2015/16
	Total	Permanent	Other	Total
	WTE	WTE	WTE	WTE
Medical and dental	687	687	0	667
Administration and estates	1,687	1,635	52	1,617
Healthcare assistants and other support staff	785	622	163	722
Nursing, midwifery and health visiting staff	1,672	1,561	111	1,682
Scientific, therapeutic and technical staff	601	601	0	601
Agency and contract staff	309	0	309	301
Other	3	3	0	3
<b>Total</b>	<b>5,744</b>	<b>5,109</b>	<b>635</b>	<b>5,593</b>
of which				
Number of employees engaged on capital projects	49.60	31.60	18.00	4.97

**Note 4.3 Exit package cost band**

	2016/17	2015/16
	Total number of exit packages by cost band	Total number of exit packages by cost band
<£10,000	1	3
£10,001 - £25,000	2	1
£25,001 - £50,000	0	1
£50,001 - £100,000	0	0
<b>Total</b>	<b>3</b>	<b>5</b>

**Note 4.4 Exit packages: non-compulsory departure payments**

	2016/17 Agreements Number	2016/17 Total value of agreements £000
Contractual payments in lieu of notice	0	0
Exit payments following employment tribunals or court orders	1	2
<b>Total</b>	<b>1</b>	<b>2</b>

	2015/16 Agreements Number	2015/16 Total value of agreements £000
Contractual payments in lieu of notice	3	30
Exit payments following employment tribunals or court orders	0	0
<b>Total</b>	<b>3</b>	<b>30</b>

**Note 4.5 Early retirements due to ill health**

	2016/17 £000	2016/17 Number	2015/16 £000	2015/16 Number
Number of early retirements on the grounds of ill-health		6		10
Value of early retirements on the grounds of ill-health	421		551	

#### Note 4.6 Analysis of termination benefits

	2016/17 £000	2016/17 Number	2015/16 £000	2015/16 Number
Number of cases		0		0
Cost of cases	0		0	

#### Note 5 Finance income

	2016/17 £000	2015/16 £000
Interest on bank accounts	29	61
Interest on loans and receivables	163	225
<b>Total</b>	<b>192</b>	<b>286</b>

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 £610,000 (2015/16: £247,000). This is interest due on the following loans taken from the Department of Health.

Date Total Loan Taken	Duration of Loan	Total Loan Amount (£000)	Remaining Amount to Withdraw (£000)	Amount Repaid (£000)	Balance Outstanding (£000)	Total Interest (£000)
21 January 2009	10 Years	10,000	0	8,000	2,000	78
20 June 2016	20 Years	20,000	0	1,052	18,948	378
19 September 2016	8 Years	16,000	0	0	16,000	154
		<b>46,000</b>	<b>0</b>	<b>9,052</b>	<b>36,948</b>	<b>610</b>

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2016/17 or 2015/16.

##### 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 NHS foundation trust, is payable as PDC dividend. See accounting policy 1.16 for an explanation of how this dividend is calculated.

The amount payable this year is £3,677,000 (2015/16: £3,384,000), which is 3.50% of the year's average relevant net assets of £178,208,000 less average daily cleared cash balance £73,081,000 (2015/16: £75,694,000) at 3.50% less outstanding accrued PDC dividend income of £68,000.

### 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 NHS 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 NHS foundation trust has had 140 (2015/16: 166) separate losses and special payments, totalling £245,000 (2015/16: £270,000). 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)

	2016/17	2015/16
	£000	£000
<b>Valuation / gross cost at 1 April</b>	<b>13,756</b>	<b>8,684</b>
Additions – purchased / internally generated	5,551	5,073
Reclassifications	212	0
Revaluations / (impairments)	182	0
<b>Gross cost at 31 March</b>	<b>19,701</b>	<b>13,757</b>
<b>Amortisation at 1 April</b>	<b>6,444</b>	<b>5,601</b>
Provided during the year	817	843
Revaluations/ (impairments)	158	0
<b>Amortisation at 31 March</b>	<b>7,419</b>	<b>6,444</b>

#### Note 7.2 Intangible assets financing (software licences)

	2016/17	2015/16
	£000	£000
<b>Net book value</b>		
Net book value – purchased at 31 March	12,279	7,296
Net book value – donated at 31 March	3	17
<b>Net book value at 31 March</b>	<b>12,282</b>	<b>7,313</b>

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 2016/17

	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
<b>Valuation/Gross cost at 1 April</b>	<b>221,167</b>	<b>16,862</b>	<b>129,015</b>	<b>1,968</b>	<b>9,992</b>	<b>46,655</b>	<b>61</b>	<b>16,327</b>	<b>287</b>
Additions – purchased	29,512	0	3,509	0	21,433	3,060	0	1,510	0
Additions – donated	112	0	0	0	0	107	0	0	5
Impairments charged to operating expenses	(9,280)	(4)	(9,276)	0	0	0	0	0	0
Impairments charged to revaluation reserve	(3,112)	(1,423)	(1,689)	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	660	0	656	4	0	0	0	0	0
Reclassifications	(212)	0	26,071	0	(26,700)	0	0	316	101
Revaluations	5,958	660	2,579	0	0	2,604	0	115	0
Disposals	(950)	0	0	0	0	(950)	0	0	0
<b>Valuation/Gross cost at 31 March</b>	<b>243,855</b>	<b>16,095</b>	<b>150,865</b>	<b>1,972</b>	<b>4,725</b>	<b>51,476</b>	<b>61</b>	<b>18,268</b>	<b>393</b>
<b>Accumulated depreciation at 1 April</b>	<b>46,364</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>34,270</b>	<b>53</b>	<b>11,780</b>	<b>252</b>
Provided during the year	9,752	0	4,804	37	0	2,961	1	1,948	1
Revaluation surplus	(2,621)	0	(4,798)	(25)	0	2,104	0	98	0
Disposals	(902)	0	0	0	0	(902)	0	0	0
<b>Accumulated depreciation at 31 March</b>	<b>52,593</b>	<b>0</b>	<b>15</b>	<b>12</b>	<b>0</b>	<b>38,433</b>	<b>54</b>	<b>13,826</b>	<b>253</b>

**Note 8.2 Property, plant and equipment financing 2016/17**

	<b>Total</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction and POA</b>	<b>Plant and machinery</b>	<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture and fittings</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned	<b>188,632</b>	16,095	148,630	1,960	4,725	12,638	7	4,442	135
Government granted	<b>0</b>	0	0	0	0	0	0	0	0
Donated	<b>2,630</b>	0	2,220	0	0	405	0	0	5
<b>Net book value at 31 March</b>	<b>191,262</b>	<b>16,095</b>	<b>150,850</b>	<b>1,960</b>	<b>4,725</b>	<b>13,043</b>	<b>7</b>	<b>4,442</b>	<b>140</b>

No assets were held under finance leases and hire purchase contracts at the SoFP date (31 March 2016: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2016: £nil).

There are no restrictions imposed by the donors on the use of donated assets.



**Note 8.3 Property, plant and equipment 2015/16**

	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
<b>Valuation/Gross cost at 1 April</b>	<b>200,587</b>	<b>16,862</b>	<b>118,210</b>	<b>1,968</b>	<b>597</b>	<b>47,593</b>	<b>358</b>	<b>14,677</b>	<b>322</b>
Additions – purchased	16,750	0	2,463	0	11,077	1,339	0	1,871	0
Additions – donated	12	0	0	0	0	12	0	0	0
Impairments charged to operating expenses	(93)	0	(93)	0	0	0	0	0	0
Impairments charged to revaluation reserve	(698)	0	(698)	0	0	0	0	0	0
Reclassifications	0	0	1,682	0	(1,682)	0	0	0	0
Revaluations	7,451	0	7,451	0	0	0	0	0	0
Disposals	(2,842)	0	0	0	0	(2,289)	(297)	(221)	(35)
<b>Valuation/Gross cost at 31 March</b>	<b>221,167</b>	<b>16,862</b>	<b>129,015</b>	<b>1,968</b>	<b>9,992</b>	<b>46,655</b>	<b>61</b>	<b>16,327</b>	<b>287</b>
<b>Accumulated depreciation at 1 April</b>	<b>44,802</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,816</b>	<b>351</b>	<b>10,350</b>	<b>285</b>
Provided during the year	8,757	0	4,390	36	0	2,678	1	1,650	2
Revaluation surplus	(4,417)	0	(4,381)	(36)	0	0	0	0	0
Disposals	(2,778)	0	0	0	0	(2,224)	(299)	(220)	(35)
<b>Accumulated depreciation at 31 March</b>	<b>46,364</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>34,270</b>	<b>53</b>	<b>11,780</b>	<b>252</b>

**Note 8.4 Property, plant and equipment financing 2015/16**

	<b>Total</b>	<b>Land</b>	<b>Buildings excluding dwellings</b>	<b>Dwellings</b>	<b>Assets under construction and POA</b>	<b>Plant and machinery</b>	<b>Transport equipment</b>	<b>Information technology</b>	<b>Furniture and fittings</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Owned	172,154	16,862	126,728	1,968	9,992	12,014	8	4,547	35
Government granted	0	0	0	0	0	0	0	0	0
Donated	2,649	0	2,278	0	0	371	0	0	0
<b>Net book value at 31 March</b>	<b>174,803</b>	<b>16,862</b>	<b>129,006</b>	<b>1,968</b>	<b>9,992</b>	<b>12,385</b>	<b>8</b>	<b>4,547</b>	<b>35</b>

## Note 9 Inventories

	31 Mar 17	31 Mar 16
	£000	£000
Theatre consumables	1,859	644
Other consumables	1,118	1,070
Drugs	1,549	1,745
Buildings and engineering	144	91
<b>Total</b>	<b>4,670</b>	<b>3,550</b>

## Note 10 Receivables

### Note 10.1 Trade receivables and other receivables

	31 Mar 17	31 Mar 16
	£000	£000
<b>Current</b>		
NHS receivables	14,443	10,889
Other receivables	955	1,035
Provision for impaired receivables	(676)	(770)
Prepayments	2,117	2,133
Interest receivable	2	5
Other receivables – revenue	4,183	4,895
PDC dividend receivable	68	1
<b>Total</b>	<b>21,092</b>	<b>18,188</b>
<b>Non-current</b>		
Other receivables – revenue	893	532
<b>Total</b>	<b>893</b>	<b>532</b>

### Note 10.2 Provision for impairment of receivables

	2016/17	2015/16
	£000	£000
<b>At 1 April</b>	<b>770</b>	<b>622</b>
Increase in provisions	675	714
Amounts utilised	(182)	(156)
Unused amounts reversed	(587)	(410)
<b>Total</b>	<b>676</b>	<b>770</b>

### Note 10.3 Analysis of impaired receivables

	2016/17 £000	2015/16 £000
<b>Ageing of impaired receivables</b>		
0 – 30 days	49	146
30 – 60 days	26	39
60 – 90 days	10	23
90 – 180 days	39	126
Over 180 days	552	436
<b>Total</b>	<b>676</b>	<b>770</b>
<b>Ageing of non-impaired receivables</b>		
0 – 30 days	16,947	10,807
30 – 60 days	932	1,851
60 – 90 days	173	781
90 – 180 days	490	940
Over 180 days	932	1,277
<b>Total</b>	<b>19,474</b>	<b>15,656</b>

2015/16 analysis has been revised to meet the requirements of IFRS 7 (Financial Instruments: Disclosures). In total £2,294,000 non-financial instruments are no longer included in the 2015/16 position. These include prepayments (£2,133,000), provision for impaired receivables (£770,000), PDC dividend (£1,000) receivables and VAT receivable (930,000).

### Note 11 Trade and other payables

	31 Mar 17 £000	31 Mar 16 £000
<b>Current</b>		
NHS payables – revenue	10,051	6,925
Amounts due to other related parties – revenue	3,036	2,998
Other trade payables – capital	2,955	1,900
Other taxes payable	4,934	4,450
Other payables	1,892	1,760
Accruals	19,215	25,896
<b>Total</b>	<b>42,083</b>	<b>43,929</b>

### Note 12 Other liabilities

	31 Mar 17 £000	31 Mar 16 £000
<b>Current</b>		
Other deferred income	6,396	6,519
<b>Non-current</b>		
Other deferred income	577	990

## Note 13 Borrowings

	31 Mar 17 £000	31 Mar 16 £000
<b>Current</b>		
Loans from Department of Health	4,052	1,973
Other loans	38	75
<b>Total</b>	<b>4,090</b>	<b>2,048</b>
<b>Non-current</b>		
Loans from Department of Health	32,896	29,327
Other loans	0	37
<b>Total</b>	<b>32,896</b>	<b>29,364</b>

## Note 14 Provisions

### Note 14.1 Provisions for liabilities and charges

	Current 31 Mar 17 £000	Current 31 Mar 16 £000	Non-current 31 Mar 17 £000	Non-current 31 Mar 16 £000
Continuing care	0	321	0	0
Equal pay (including agenda for change)	1,990	718	2,191	4,354
Other	372	610	4,325	4,163
<b>Total</b>	<b>2,362</b>	<b>1,649</b>	<b>6,516</b>	<b>8,517</b>

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles and unresolved enhancement 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 2017 £168,289,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the NHS foundation trust (31 March 2016: £109,142,000).

**Note 14.2 Provisions for liabilities and charges analysis**

	<b>Total</b>	<b>Other legal claims</b>	<b>Restructuring</b>	<b>Continuing care</b>	<b>Equal pay (including agenda for change)</b>	<b>Redundancy</b>	<b>Other</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At April 2016</b>	<b>10,166</b>	<b>0</b>	<b>0</b>	<b>321</b>	<b>5,072</b>	<b>0</b>	<b>4,773</b>
Change in the discount rate	356	0	0	0	0	0	356
Arising during the year	589	0	0	0	261	0	328
Utilised during the year – cash	(549)	0	0	0	0	0	(549)
Reversed during the year	(1,692)	0	0	(321)	(1,152)	0	(219)
Unwinding of discount	8	0	0	0	0	0	8
<b>At 31 March 2017</b>	<b>8,878</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,181</b>	<b>0</b>	<b>4,697</b>
<b>Expected timings of cash flows:</b>							
-not later than one year	2,362	0	0	0	1,990	0	372
-later than one year and not later than five years	6,516	0	0	0	2,191	0	4,325
<b>Total</b>	<b>8,878</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,181</b>	<b>0</b>	<b>4,697</b>

## Note 15 Revaluation reserve movement

### Note 15.1 Revaluation reserve movement – 2016/17

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	49,598	50	49,548
Impairment	(3,112)	0	(3,112)
Revaluation	8,603	24	8,579
Revaluation reserve at 31 March	<b>55,089</b>	<b>74</b>	<b>55,015</b>

### Note 15.2 Revaluation reserve movement – 2015/16

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	38,428	50	38,378
Impairment	(698)	0	(698)
Revaluation	11,868	0	11,868
Revaluation reserve at 31 March	<b>49,598</b>	<b>50</b>	<b>49,548</b>

## Note 16 Cash and cash equivalents

### Note 16.1 Cash and cash equivalents

	2016/17 £000	2015/16 £000
<b>At 1 April</b>	<b>66,227</b>	<b>67,490</b>
Net change in year	(15,861)	(1,263)
<b>At 31 March</b>	<b>50,366</b>	<b>66,227</b>
Broken down into:		
Cash at commercial banks and in hand	11	17
Cash with the Government Banking Service	50,355	66,210
<b>Cash and cash equivalents as in SoFP and SoCF</b>	<b>50,366</b>	<b>66,227</b>

Third party assets held by the NHS foundation trust at 31 March 2017 were £3,000 (31 March 2016: £3,000)

### Note 16.2 Pooled budgets

The NHS foundation trust is not party to any pooled budget arrangements in 2016/17 or 2015/16.



## **Note 17 Contractual capital commitments and events after the reporting period**

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### **Note 17.1 Contractual capital commitments**

Commitments under capital expenditure contracts at the reporting date were £6,851,000 (31 March 2016: £21,740,000). The NHS 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 Other financial commitments**

Other financial commitments at the reporting date were £10,496,000 (31 March 2016: £Nil). The NHS foundation trust has financial commitments for the Electronic Patient Records.

### **Note 17.3 Events after the reporting period**

There are no events after the reporting period to disclose.

## **Note 18 Contingent liabilities / assets**

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There are no contingent liabilities or assets as at 31 March 2017 (31 March 2016 Contingent liability: £706,000).

## **Note 19 Related party transactions**

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### **Note 19.1 Related party transactions**

The NHS foundation trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members nor members of the key management staff, nor parties related to them, has undertaken any material transactions with the NHS foundation trust.

The Register of Interests for the Council of Governors for 2016/17 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 NHS 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 NHS foundation trust has also received capital payments from a number of funds held within the Charity, the trustee of which is the NHS foundation trust. Furthermore, the NHS 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 NHS foundation trust's accounts (see note 1.4).

**Note 19.2 Related party balances**

	<b>Income £000</b>	<b>Expenditure £000</b>
<b>Value of transactions with other related parties 2016/17</b>		
Airedale NHS Foundation Trust	1,277	1,472
Bradford City Council	484	719
Bradford District Care NHS Foundation Trust	2,588	1,181
Bradford Hospitals Charity	405	0
Calderdale and Huddersfield NHS Foundation Trust	1,095	176
Care Quality Commission	0	196
Central Manchester University Hospitals NHS Foundation Trust	1	99
Community Health Partnerships	0	563
HM Revenue and Customs	0	17,692
Integrated Laboratory Solutions LLP	0	457
Integrated Pathology Solutions LLP	0	680
Leeds Teaching Hospitals NHS Trust	693	8,434
NHS Airedale, Wharfedale And Craven CCG	12,647	0
NHS Blood and Transplant	13	1,721
NHS Bradford City CCG	60,279	43
NHS Bradford Districts CCG	178,601	306
NHS Calderdale CCG	4,147	0
NHS England – Yorkshire and Humber Specialised Comm. Hub	53,029	0
NHS East Lancashire CCG	1,093	0
Health Education England	14,437	0
NHS Greater Huddersfield CCG	2,530	0
NHS Leeds West CCG	3,878	0
NHS Litigation Authority	0	8,308
NHS North Kirklees CCG	2,759	0
NHS Pension Scheme	0	21,881
NHS Property Services	0	1,200
NHS Shared Business Services	0	499
Sheffield Teaching Hospitals NHS Foundation Trust	3,090	45
York Teaching Hospital NHS Foundation Trust	14	129
Other NHS Bodies	34,802	471
Other Related Parties	23	644

	<b>Income £000</b>	<b>Expenditure £000</b>
<b>Value of transactions with other related parties 2015/16</b>		
Airedale NHS Foundation Trust	1,347	1,067
Bradford City Council	1,625	324
Bradford District Care NHS Foundation Trust	2,608	1,222
Bradford Hospitals Charity	141	0
Calderdale and Huddersfield NHS Foundation Trust	1,313	1,002
Care Quality Commission	0	112
Central Manchester University Hospitals NHS Foundation Trust	0	88
Community Health Partnerships	0	744
HM Revenue and Customs	0	13,550
Leeds Teaching Hospitals NHS Trust	1,203	8,261
NHS Airedale, Wharfedale And Craven CCG	12,203	8
NHS Blood and Transplant	23	1,633
NHS Bradford City CCG	57,645	38
NHS Bradford Districts CCG	177,316	281
Health Education England	15,137	12
NHS Calderdale CCG	3,874	0
NHS England – Yorkshire and Humber Specialised Comm. Hub	9,166	0
NHS East Lancashire CCG	1,115	0
NHS Greater Huddersfield CCG	2,707	0
NHS Leeds West CCG	3,560	0
NHS Litigation Authority	0	7,151
NHS North Kirklees CCG	2,740	0
NHS Pension Scheme	0	21,299
NHS Property Services	0	1,175
NHS Shared Business Services	0	445
Sheffield Teaching Hospitals NHS Foundation Trust	3,269	99
York Teaching NHS Foundation Trust	14	7
Other NHS Bodies	61,023	414
Other Related Parties	1	1,645

	<b>Receivables £000</b>	<b>Payables £000</b>
<b>Value of balances with other related parties at 31 March 2017</b>		
Airedale NHS Foundation Trust	744	961
Bradford City Council	26	91
Bradford District Care NHS Foundation Trust	662	175
Bradford Hospital Charity	129	0
Calderdale and Huddersfield NHS Foundation Trust	986	426
Community Health Partnerships	0	583
HM Revenue & Customs	326	4,934
Leeds Teaching Hospitals NHS Trust	196	2,128
NHS Airedale, Wharfedale And Craven CCG	164	0
NHS Bradford City CCG	570	755
NHS Bradford Districts CCG	50	3,748
NHS Blood & Transplant	0	21
NHS Litigation Authority	0	26
NHS England – Yorkshire and Humber Specialised Comm. Hub	2,697	0
NHS Greater Huddersfield CCG	5	128
NHS Property Services	0	927
Northumbria Healthcare NHS Foundation Trust	0	39
NHS North Kirklees CCG	0	366
NHS Pension Scheme	0	3,036
Sheffield Teaching Hospitals NHS Foundation Trust	919	1
Other NHS Bodies	7,518	267
Other Related Parties	2,452	0

	<b>Receivables £000</b>	<b>Payables £000</b>
<b>Value of balances with other related parties at 31 March 2016</b>		
Airedale NHS Foundation Trust	831	662
Bradford City Council	48	23
Bradford District Care NHS Trust	1,140	151
Bradford Hospital Charity	90	0
Calderdale and Huddersfield NHS Foundation Trust	1,600	167
Community Health Partnerships	0	163
HM Revenue & Customs	930	4,450
Leeds Teaching Hospitals NHS Trust	401	2,008
NHS Airedale, Wharfedale And Craven CCG	267	5
NHS Bradford City CCG	0	831
NHS Bradford Districts CCG	0	2,577
NHS Blood & Transplant	0	50
NHS Litigation Authority	0	19
NHS England – Yorkshire and Humber Specialised Comm. Hub	2,464	894
NHS Greater Huddersfield CCG	0	45
NHS Property Services	0	42
Northumbria Healthcare NHS Foundation Trust	0	16
NHS North Kirklees CCG	606	0
NHS Pension Scheme	0	2,934
Sheffield Teaching Hospitals NHS Foundation Trust	364	12
Other NHS Bodies	2,287	550
Other Related Parties	2,905	63

## Note 20 Transactions with Joint Venture

The NHS foundation trust has a 50% equity share and voting rights in both Integrated Pathology Solutions LLP and Integrated Laboratory Solutions LLP, with losses limited to £1 each. The company holds no capital assets. Under the terms of the joint venture agreement, the NHS foundation trust is not liable for any losses in the first two years of trading. In year three (2019/2020) of trading the NHS foundation trust is able to receive a 50% share of any profits made, once they exceed the losses in the first two years.

During 2016/17 the interests in Joint Ventures accounted for using the equity method are:

	Profit / (loss) £000	Gross Assets £000	Net Assets £000
Integrated Laboratory Solutions LLP	(139)	419	(139)
Integrated Pathology Solutions LLP	(76)	0	(76)
<b>Total</b>	<b>(215)</b>	<b>419</b>	<b>(215)</b>

The combined loss of £215,000 therefore means the NHS foundation trust has not reflected any entries in the statement of comprehensive income for 2016/17.

## Note 21 Private Finance transactions

The NHS foundation trust is not party to any Private Finance Initiatives. There are therefore no on-SoFP or off-SoFP transactions which require disclosure.

## Note 22 Financial instruments

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The NHS foundation trust actively seeks to minimise its financial risks. In line with this policy, the NHS 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 NHS foundation trust in undertaking its activities.

### Liquidity risk

The NHS 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 NHS 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 NHS 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 NHS foundation trust currently finances the majority of 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 NHS 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 NHS foundation trust is not, therefore, exposed to significant liquidity risks in this area.

### Interest rate risk

With the exception of cash balances, the NHS foundation trust's financial assets and financial liabilities carry nil or fixed rates of interest.

The NHS foundation trust monitors the risk but does not consider it appropriate to purchase protection against it.

### Foreign currency risk

The NHS foundation trust has negligible foreign currency income, expenditure, assets or liabilities.

### Credit risk

The NHS foundation trust receives the majority of its income from NHS England, CCGs and statutory bodies and therefore the credit risk is negligible.

The NHS 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 NHS foundation trust is not materially exposed to any price risks through contractual arrangements.

## Note 23 Financial assets and liabilities

### Note 23.1 Financial assets by category

	31 Mar 17 £000	31 Mar 16 £000
<b>Assets as per SoFP at 31 March</b>		
Trade and other receivables excluding non-financial assets	20,150	16,427
Cash and cash equivalents at bank and in hand	50,366	66,227
<b>Total</b>	<b>70,516</b>	<b>82,654</b>

### Note 23.2 Financial liabilities by category

	31 Mar 17 £000	31 Mar 16 £000
<b>Liabilities as per SoFP at 31 March</b>		
Borrowings excluding finance lease and PFI liabilities	36,986	31,412
Trade and other payables excluding non-financial liabilities	42,083	43,929
Provisions under contract	5,356	6,945
<b>Total</b>	<b>84,425</b>	<b>82,286</b>

All financial liabilities fall within "other financial liabilities".

### Note 23.3 Fair values

For all of the NHS foundation trust's financial assets and financial liabilities, fair value matches carrying value.

### Note 23.4 Maturity of financial liabilities

	31 Mar 17	31 Mar 16
	£000	£000
In one year or less	48,166	47,262
In more than one year but not more than two years	7,415	8,895
In more than two years but not more than five years	9,156	7,594
In more than five years	19,688	18,535
Total	<b>84,425</b>	<b>82,286</b>



## **ACRONYMS**

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CCG	Clinical Commissioning Group
CODM	Chief Operating Decision Maker
CQUINS	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
DH	Department of Health
EU	European Union
FIFO	First In, First Out
FT ARM	NHS Foundation Trust Annual Reporting Manual
FReM	Financial Reporting Manual
FSA	Financial Services Authority
HMRC	Her Majesty's Revenue and Customs
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
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
SoCI	Statement of Comprehensive Income
SoCF	Statement of Cash Flows
SoFP	Statement of Financial Position
VAT	Value Added Tax
WTE	Whole Time Equivalents



