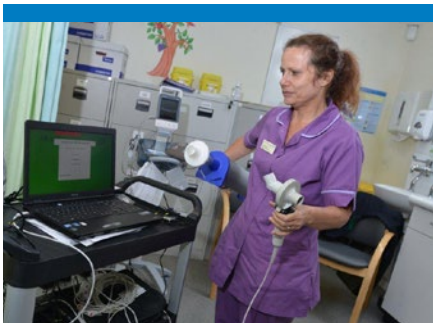
NHS

Bradford Teaching Hospitals

NHS Foundation Trust

Annual Report & Accounts

2017/18



Together, putting patients first

Bradford Teaching Hospitals NHS Foundation Trust

Annual Report and Accounts
2017/18

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

ANNUAL REPORT CONTENTS

QUALITY REPORT CONTENTS

WE ARE BRADFORD

Bradford Teaching Hospitals NHS Foundation Trust was created on 1 April 2004. It serves a local population of around 500,000 people and employs over 5,500 people working across six sites. Each year we deliver around 6,000 babies, perform over 300,000 operations and see around 500,000 patients in outpatient clinics.

Our mission at Bradford Teaching Hospitals NHS Foundation Trust is "to provide the highest quality healthcare at all times".

We are one of an elite group of hospitals around the country which delivers care, teaching and research. To do well in any one of these domains is an achievement. It is an even greater challenge to excel in all three, but that is our ambition over the next five years.

We intend to do so in a way that respects our workforce, gives them opportunities and backs their ideas and energy.

To this end, we have a vision for the Trust that describes our ambition and where we want to be as an organisation in five years' time.

Our vision is "to be an outstanding provider of healthcare, research and education, and a great place to work."

Our values were developed in discussions with our people and sum up who we are as an organisation. They are:

- *We care*
- *We value people*
- *We are one team*

We all play a part in making these values come alive in our everyday work; whether we are working with patients or each other, We are Bradford.

2.1 OVERVIEW OF PERFORMANCE

2.1.1
STATEMENT FROM CHIEF EXECUTIVE ON PERFORMANCE

This has been a year like no other for our Trust, and I am incredibly proud of the way our people have risen to the unprecedented challenges, with professionalism and determination, to provide the best possible care to our patients.

In the autumn, our new Electronic Patient Record (EPR) system went live. This was not only the largest deployment of an EPR system in Europe; it was also one of the most successful. Along with our partners at Calderdale and Huddersfield NHS Foundation Trust, we have become an exemplar in how to introduce a new EPR system and healthcare organisations around the world are looking at us.

The benefits of EPR will be significant for our patients: instant access to up-to-date information; allergy and medication alerts; the ability to quickly request tests and view results; and more. In time, we will begin to see EPR revolutionise the way we care for our patients.

As with many parts of the NHS we have some ground to make up in the use of digital technologies, but we are confident that with the right ambition and commitment, we can maintain the incredible momentum that's been generated by the 'can do' attitude of staff during the launch of EPR.

There was a royal seal of approval for our new £28m wing at Bradford Royal Infirmary (BRI) when it was officially opened in the summer by HRH the Princess Royal. It was one of the highlights of our year when we were able to showcase the fantastic new world-class facilities we have provided for our patients and their families and carers.

The emergency care standard has proved challenging this year, as it has for most Trusts. During 2017/18, 83.2% of patients were admitted, transferred or discharged within the four-hour window. These pressures also impacted on the Trust's ability to achieve elective waiting time thresholds, and the 18 week threshold was only achieved for 82.3% of patients. The cancer waiting time threshold was achieved for patients referred from screening but not General Practitioner (GP) referrals (where performance was 76.3% against an 85% threshold).

I am proud to report excellent performance once again in the area of infection control with fewer cases of Clostridium difficile and MRSA than in 2016/17.

The Trust continues to drive forward innovations designed to improve access to care. These range from extending the hours of the GP streaming service in A&E, and opening a new Clinical Decisions Unit and new short-stay capacity in General Medicine to innovative approaches to recruitment and new roles such as nursing associates, physician associates and apprentice Health Care Assistants. We are proud of what these innovations have achieved so far and will continue to drive them forward during 2018/19.

We are continuously working to improve the quality of our care. Over the last year we have shown we are willing to try many different approaches, from preventing pressure ulcers and caring for the deteriorating patient, through to improving the efficiency of our theatres and outpatients. We also published our five-year Clinical Service Strategy setting out how we will work with local partners to develop new flexible models of care that meet the changing health needs of the people of Bradford and West Yorkshire.

The common thread is that we are ready to challenge current practice if we think there may be a better way to deliver care: we are dedicated to continual improvement.

Our on-going ambition is to spend more time focusing on quality of care for our patients. This really matters in Bradford where the communities we serve still have some of the poorest health in the UK. We want to be an outstanding provider of care. The Care Quality Commission (CQC) came to the Trust in early 2018, first on an unannounced visit and then for a 'well-led' inspection. We also took part in a system-wide review to help the CQC understand how the Bradford and Airedale health and social care system had coped with supporting our frail older patients at different points in the care pathway.

And our reputation as a leader in education and development in healthcare has been strengthened by the decision of the Wolfson Institute to fund a new centre for applied health research on the BRI site. This ground-breaking new partnership between the NHS and the Universities of Bradford and Leeds will help improve the health and wellbeing of generations to come.

We are an organisation that is succeeding in a difficult climate, but we will not be complacent; we want to push on and be in an even stronger position to recruit and retain the best staff, develop our superb services, invest in facilities for the future, and collaborate effectively with our partners in health and care to give patients a high quality, comprehensive and joined-up service.

Professor Clive Kay
Chief Executive
24 May 2018

2.1.2 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.

2.1.3 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 (BTHFT) is set out in its Constitution as follows:

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

The Foundation 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.

In short, the purpose of the Trust can be summarised in its mission statement which is "to provide the highest quality healthcare at all times" and to do this in a way that is consistent with our values:

- We care
- We value people
- We are one team, striving for excellence.

The Trust is one of an elite group of hospitals around the country which delivers care, teaching and research. To do well in any one of these domains is an achievement. It is an even greater challenge to excel in all three but that is our ambition. To this end we have a Vision at the Trust to be "an outstanding provider of healthcare, research and education and a great place to work".

We also have a number of strategic objectives at the Trust to provide a link between our Mission and Vision statements, and the actions that we need to deliver them. We have developed five key objectives for the Trust, reflecting our mission and our values, they are:

1. To provide outstanding care for patients
2. To deliver our financial plan and key performance targets
3. To be in the top 20% of NHS Employers
4. To be a continually learning organisation
5. To work effectively with local and regional partners.

These objectives frame the practical steps we will take to help deliver our Mission and Vision statements and implement our Clinical Service Strategy.

"A commitment to our patients: our Clinical Service Strategy 2017-2022" sets out how we will improve the services that we offer and describes the type of Trust that we intend to be over the next five years.

CHAPTER 2

PERFORMANCE REPORT

The Clinical Service Strategy was published in September 2017 and sets out how we will develop our clinical services to meet the health needs of the people of Bradford and West Yorkshire. It outlines how we will work with partners to provide new, flexible models of care, tailored to meet the needs of patients and their families. It draws on discussions with our clinicians and staff, commissioners, Healthwatch, our Foundation Trust Governors, and other local stakeholders and is written in light of service user feedback.

In terms of context; as is the case with the rest of the NHS, the Trust faces many challenges due to a combination of a difficult financial climate, ageing population, rising public expectations, medical cost inflation, regulatory requirements and the competing demands for a specialist workforce.

In addition, Bradford and its surrounding district has a set of circumstances leading to significant growth in demand for health and care services, over and above the projections seen elsewhere. Population growth at each end of the age spectrum is significant, and when coupled with other factors such as pockets of deprivation, poor diet and housing this creates a challenging set of issues.

We have recognised that the way in which we operate has to be dynamic and open to change, both in terms of the treatments we offer, and the way we offer them. Quality must be at the heart of everything we do. It is imperative that we embed a culture of safety into all of our processes; that we learn through our experience, and strive for ongoing improvement in patient outcomes. This makes it vital that we get the correct care models in place for future service provision, and with this in mind we have shaped the Clinical Service Strategy around four themes, each comprising specific actions:

1. **High quality care**

   We will

   - provide high quality healthcare, 24 hours a day, 7 days a week
   - take pride in being professional, compassionate and always putting safety first.

2. **Research-led care and learning**

   We will

   - capitalise on our outstanding research capacity, to make the Trust a national exemplar for applying research findings to clinical practice and in improving the health of our population
   - develop the Trust further as a centre of learning excellence and professional development.

3. **Collaborative hospital care**

   We will

   - develop the Trust as the hub for a range of specialised services in the west of West Yorkshire
   - work with other providers of acute hospital care, to best meet the needs of our shared patient populations.

4. **Connected local care**

   We will

   - support people to stay out of hospital where appropriate or be safely discharged as soon as they are ready, so that the defining feature of our approach is that we are "short stay by design"
   - work with local partners and contribute to the formal establishment of a responsive integrated care system
   - ensure the Trust remains closely connected to the community that it serves and becomes a "health-promoting hospital".

The Trust has three Clinical Divisions:	
Division of Medicine and Integrated Care	Emergency department, Acute Medicine, Renal, Diabetology/ Endocrinology, Infectious Diseases, HIV, Cardiology/ Cardiorespiratory, Respiratory Medicine, Neurology/ Neurophysiology, Dermatology, Rheumatology, Clinical Haematology, Oncology, Palliative Care, Stroke, Community Hospitals, Acute Elderly Wards, Virtual Ward, Dietetics/Nutrition, Physiotherapy/Occupational Therapy, Clinical Psychology
Division of Anaesthesia, Diagnostics and Surgery	Theatres, Anaesthesia, Day Case Procedures/Pre-assessment, Pain and Sleep, Intensive Care Unit, Trauma and Orthopaedics, Plastics, Breast, York Suite, Oral and Maxillofacial Surgery, Ophthalmology, Orthodontics, Ear Nose and Throat, Gastroenterology, General Surgery, Vascular, Urology, Radiology/ Imaging/Clinical Physics, Radiation Physics, Pathology, Medical Illustration, Interpreting Services
Division of Services for Women and Children	Services for Children, Maternity Services, Obstetrics and Gynaecology, Neonatal Services
During 2017/18, one of the key steps towards implementing the Clinical Service Strategy has been for each of these clinical divisions to develop divisional plans each containing key priorities aimed at developing the services that we provide, in line within our mission and vision statements, so that we continue to meet the health care needs of our local population.	

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 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 5,500 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 in our objective to provide outstanding care for patients if we do not achieve our target scores in relation to the inpatient survey and Bradford Safety Improvement Plans (SIPs)
2. We fail in our objective to deliver our financial plan and key performance targets if we do not deliver the target NHS Improvement Use of Resources Rating and deliver key access targets
3. We fail in our objective to be in the top 20% of employers in the NHS if we do not meet the agreed set of measures developed as part of our membership of NHS Quest
4. We fail in our objective to be a continually learning organisation if we do not achieve the targets set with regard to the uptake and effectiveness of applied health research, the impact of quality improvement training and the uptake and impact of education
5. We fail in our objective to collaborate effectively with local and regional partners if we do not deliver in relation to the metrics based on making agreed progress in setting up stakeholder management arrangements and progress against our stated milestones for acute provider collaboration.

These risks are set out in the Board Assurance Framework. This is now a monthly agenda item at the Finance and Performance Committee and Quality Committee and bi-monthly agenda item at the Workforce, Partnership and Major Projects Committees. The Chief Executive holds to account the Executive Director Lead for each risk.

The Board Assurance Framework is reviewed three times annually by the Board of Directors. 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

It has been a challenging year for the Foundation Trust. Meeting access standards has been difficult in the context of increasing demand; the Emergency Care Standard and Referral to Treatment waiting times have proved particularly challenging this year. Importantly for our patients, the Foundation Trust continues to perform well on infection control.

The Foundation Trust is assessed by NHS Improvement using the Single Oversight Framework. Our overall segment is '2' but for the Finance and Use of Resources section we have been given the highest possible score of '1', reflecting strong performance in that area.

Work has continued to raise our CQC rating to 'good'. At the point of signing, the reports of the most recent unannounced and well-led CQC inspection visits are not available.

This Foundation Trust is proud of its energy efficiency and strives to continually improve it. The latest available data show us to be the second best performing Trust in our peer group, in terms of energy consumption per occupied floor area.

The staff at the Foundation Trust continue to work hard to provide high quality, safe and timely care to our patients and this report details the achievements and challenges during 2017/18.

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 2017/18.

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 local commissioners
- 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 and 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 Finance and 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

In what has been a difficult year for NHS access targets nationally, the Foundation Trust has struggled to achieve NHS Improvement Single Oversight Framework operational performance targets for the financial year 2017/18.

Levels of emergency demand via A&E and for emergency beds remained high throughout the year, continuing the trend of recent years, whilst elective access targets were also affected by the reduced capacity and continued demand for services.

The introduction of a new EPR system, whilst successful overall, led to a short term decrease in capacity resulting in a backlog of elective patients which the Foundation Trust will address in 2018/19.

The Foundation Trust did not achieve the monthly trajectories in 2017/18 for the Emergency Care Standard, RTT Incomplete threshold and 62-day wait for first treatment from urgent GP referral for suspected cancer.

In addition the Foundation Trust did not achieve a number of monthly trajectories for the maximum 6 week wait for a Diagnostic procedure. Since the implementation of EPR the Foundation Trust has been working to fully report all diagnostic tests relevant to the indicator.

NHS Improvement Single Oversight Framework – Operational performance metrics 2017/18 monthly performance

The new Single Oversight Framework was introduced in 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 the criteria for such triggers for Emergency Care Standard, RTT Incomplete and Cancer 62 day FT Urgent GP referral.

Table 1 shows the monthly performance against the Single Oversight Framework operational metrics and underlines the challenges the Foundation Trust faces in financial year 2018/19 to recover the position.

Table 1: NHSI Single Oversight Framework – operation performance metrics 2017/18 (monthly)

Metric	Threshold	Apr %	May %	Jun %	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %
RTT 18 weeks incomplete	≥92%	88.3	89.0	88.7	88.0	87.1	82.5	82.4	80.0	79.3	79.3	78.0	73.9
Emergency Care Standard	≥95%*	87.4	81.9	86.3	88.1	88.3	88.3	84.5	85.0	83.0	78.3	77.3	78.7
Cancer 62 day FT urgent GP referral	≥85%	80.3	79.6	73.5	75.0	83.7	77.2	73.5	74.7	78.3	73.6	67.8	77.2
Cancer 62 day FT following screening	≥90%	93.5	100.0	100.0	93.9	91.7	78.9	91.8	85.7	94.7	90.0	97.0	89.7
Maximum 6-week wait for diagnostic procedure	≥99%	95.9	95.3	93.8	93.9	94.4	97.3	99.1	98.7	97.9	98.6	99.9	99.9

* Reduced to 90%in Jan 2018

Access key performance indicators

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

The Emergency Care Standard was not achieved for the full financial year, with performance reported as 83.17%. The Foundation Trust did not achieve the threshold of 95% in any month of the financial year. For the full financial year attendances were 134,720 which represents a reduction of 0.3% compared to 2016/17. This volume still represents the third highest volume of attendances in the last eight years.

The Accident and Emergency Department averaged 369 daily attendances in 2017/18 compared to 370 in 2016/17.

This position is reflected nationally, as most Trusts have experienced difficulties in achieving the threshold. Nationally, in March 2018, the England average performance, for Acute Trusts, was 84.6%.

The RTT Incomplete threshold was not achieved in any month this year. During implementation of the EPR the reporting of RTT data was under development from the months of September 2017 to December 2017. The Foundation Trust made unofficial returns for September, October, November and December 2017 to NHS Improvement. These positions were reported to the Finance and Performance Committee and to the Board of Directors. The Foundation Trust resumed official national reporting in January 2018 and will make official returns, for the months reported unofficially, later in the financial year 2018/19. For the full financial year 2017/18, using the monthly positions reported to Board, the percentage of patients waiting less than 18 weeks was 82.3%.

The NHSI Cancer threshold for Cancer 62 Day First treatment was not achieved for the financial year 2017/18, with performance reported as 76.3%. The downturn in performance was due to a number of factors with clinical capacity remaining a constant challenge. The Foundation Trust continued to see large numbers of patients choosing to delay their treatment and is continually providing information to support patients to receive the best care available.

The NHSI Cancer threshold for Cancer 62 day Screening was achieved for the financial year 2017/18 with performance reported as 91.8% 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 17 *Clostridium difficile* cases for the financial year 2017/18. This compares to 24 cases reported in the financial year 2016/17.

The Foundation Trust reported 4 MRSA (*Methicillin Resistant Staphylococcus aureus*) cases, attributed to the Trust, for the financial year 2017/18. This compares to 6 cases reported in the financial year 2016/17.

Commissioning for Quality and Innovation (CQUIN) 2017/18 performance

The Foundation Trust has delivered full achievement against a number of CQUINs however there are also a number of CQUINs where only partial achievement has been achieved. Full reconciliation of year end CQUIN achievement will take place in May 2018.

It is anticipated that the Foundation Trust will fully achieve the following CQUIN schemes:

- Improving services for people with mental health needs who present to A&E
- Activation System for Patients with Long Term Conditions
- Improving Haemoglobinopathy Pathways through Operational Delivery Networks (ODN)
- Quality, Innovation, Productivity and Prevention (QIPP) Incentivisation
- Consistent coding for Oral Surgery and Oral Maxillofacial Surgery procedures.

It is anticipated that the Foundation Trust will partially achieve the following CQUIN schemes:

- Improving staff health and wellbeing
- Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)
- Offering advice and guidance
- NHS E-referrals
- Supporting proactive and safe discharge.

In 2017/18 there remained challenges in terms of achieving the national sepsis screening and antibiotic delivery targets with significant data collection issues both before and after the implementation of the EPR. The Foundation Trust now is working to best utilise the enhanced opportunities that the new system can provide to record and report Sepsis data. This is both an educational and technical task and is being progressed in stages as systems are integrated with EPR and staff become familiar with the available recording tools.

Full sepsis recording and reporting against the CQUIN schemes will be a key priority for the new financial year 2018/19.

The Foundation Trust has taken significant measures towards achieving the Advice and Guidance and Electronic Referrals CQUIN schemes however some of the in-year milestones were not achieved and are projected to result in a partial achievement overall.

The CQUIN Supporting Proactive Discharge had three elements, two of which were achieved; however the delay to the implementation of the Emergency Care Data Set (ECDS) resulted in a partial achievement. The ECDS required a substantial build change to the EPR system and was planned accordingly within a safe timescale of EPR implementation.

The Improving Staff Health and Wellbeing CQUIN was based on improving the results of three questions contained within the annual staff survey. This year the Foundation Trust improved in two out of the three questions but did not show the level of improvement necessary to achieve the CQUIN fully.

Financial Overview

Overview of Financial Performance for 2017/18

The Foundation Trust's financial plan for 2017/18, which was submitted to NHSI in April 2017, included a control total deficit excluding Sustainability and Transformation Funding (STF) of £7.8m. Available STF was £9.8m and the planned (control total) surplus including STF was £2.0m.

The plan included a Cost Improvement Programme (CIP) savings target of £20.2m. The actual CIP savings for the year were £26.9m however this delivery was supported by non-recurrent financial efficiencies.

The reported pre-STF deficit for the year was £21.1m. However, this includes a £14.6m impairment to the new hospital wing asset and an adjustment for depreciation on donated assets and donations for capital purchases. NHSI excludes these adjustments from its assessment of a Trust's operating results, and when these are removed the relevant pre-STF deficit for the year is £7.1m, which is ahead of plan.

Actual full year STF recovery notified by NHSI was £13.5m, which includes £7.7m of core STF, £0.7m of Incentive STF and £2.0m of Bonus STF and a general distribution of STF of £3.1m. Excluding the impact of the impairment, this results in a full year post-STF surplus of £6.4m which is £4.3m ahead of plan.

Tables 2 and 3 summarise how the position changed between 2016/17 and 2017/18

Table 2 - Including Impairment (£ million)

Details	16/17 Outturn	17/18 Plan	17/18 Actual	17/18 Variance	Change vs 16/17
Income excluding STF	381.1	390.2	387.9	-2.2	6.8
Operating expenditure	-368.4	-381.1	-378.1	3.0	-9.7
EBITDA	**12.7**	**9.1**	**9.9**	**0.8**	**-2.8**
Non-operating expenditure	-14.7	-17.0	-16.3	0.6	-1.6
Impairment	-8.6	-12.7	-14.6	-1.9	-6.0
Pre-STF margin	**-10.6**	**-20.7**	**-21.1**	**-0.4**	**-10.5**
STF	12.5	9.8	13.5	3.7	1.0
Post-STF margin (with impairment)	**1.9**	**-10.9**	**-7.6**	**3.3**	**-9.5**

Table 3 - Excluding Impairment (£ million)

Details	16/17 Outturn	17/18 Plan	17/18 Actual	17/18 Variance	Change vs 16/17
Pre-STF margin	-10.6	-20.7	-21.1	-0.4	-10.5
Adjust for Impairment	8.6	12.7	14.6	1.9	6.0
Adjust for depreciation on donated assets and donations for capital purchases	0	0.2	-0.6	-0.8	0.6
Adjusted Pre-STF margin	**-2.0**	**-7.8**	**-7.1**	**0.7**	**-5.1**
STF	12.5	9.8	13.5	3.7	1.0
Post-STF margin (without impairment)	**10.5**	**2.0**	**6.4**	**4.3**	**-4.1**

In 2017/18, the Foundation Trust invested £19.5m in capital expenditure and ends the year with a relatively strong liquidity position resulting in an end of year cash balance of £25.6m.

Income

The total income, including STF, reported for the 2017/18 financial year was £401.5m, which is split as follows:

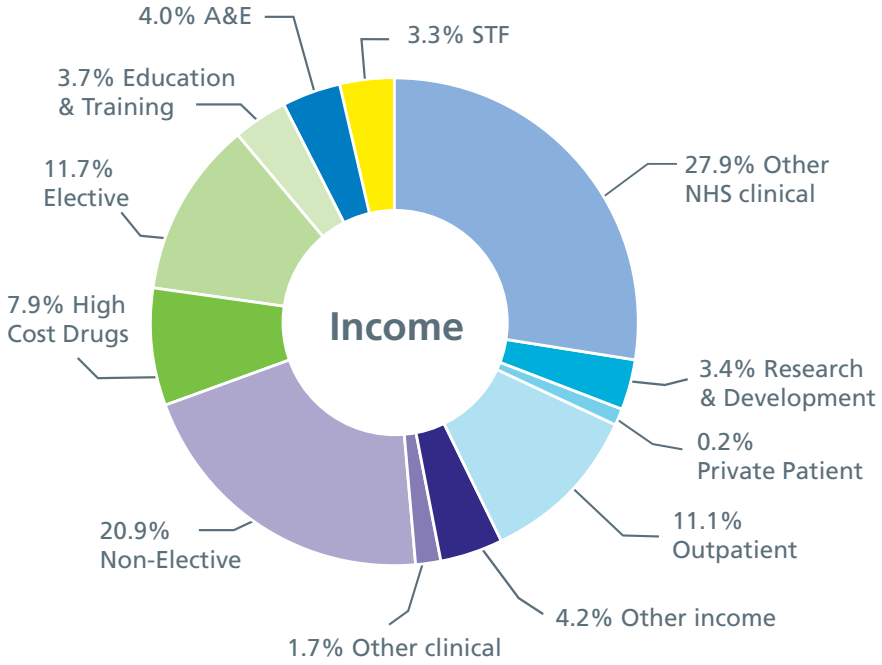
- Clinical Income - £342.6m
- Other Operating Income - £45.4m
- STF - £13.5m.

Figure 1: Income breakdown 2017/18

A more detailed breakdown of income in 2017/18 is provided in figure 1

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 £5.2m lower than planned. This reflects lower than expected elective, day case, outpatient income and other clinical income (-£25.8 m), partially offset by higher than planned levels of non-elective (£15.6m) and other activity.



Expenditure

Including the impairment, the total expenditure reported for 2017/18 was £403.7m, which is split as follows:

- Payroll bill for employed and agency staff: £250.4m;
- Non-Pay costs including drug costs: £122.4m;
- Financing costs including depreciation and Public Dividend Capital: £16.3m;
- Impairment (nil cash impact): £14.6m.

A more detailed breakdown of expenditure in 2017/18 is provided in figure 2

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
- Premium rate payments for waiting list initiatives.

Non-pay overspends associated with:

- 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;

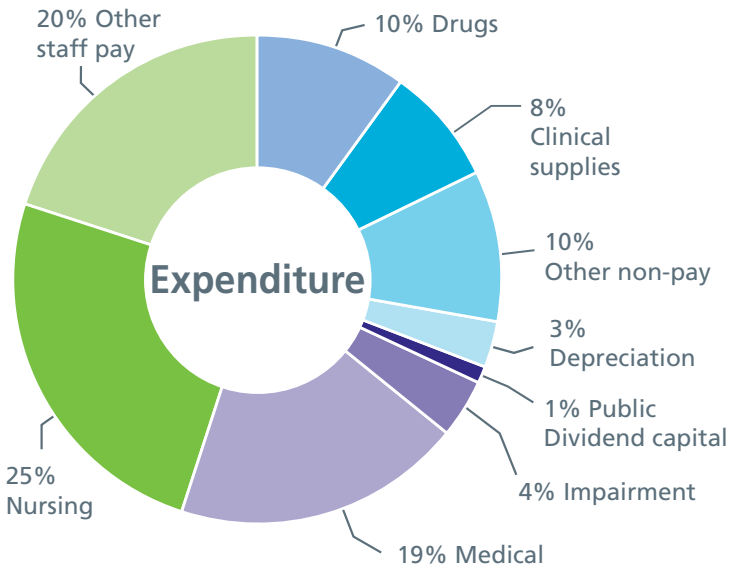
However, these were offset by non-recurrent financial benefits including unplanned winter funding from NHS Improvement and unplanned CQUIN revenue.

Efficiency Requirements

The annual financial plan determined that delivering the control total surplus of £2m required the Foundation Trust to secure efficiencies of £20.2m mainly through the delivery of Cost Improvement Programmes (CIPs) that deliver real cash-releasing savings. Income and Expenditure pressures emerging within the financial year meant total efficiencies of £26.9m were ultimately required to meet the financial control total.

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 trust-wide schemes have been commissioned to support the delivery of CIPs. CIP delivery was £26.9m, which was higher than planned, however much of this improvement is recognised as non-recurrent, and therefore must be found again next financial year in addition to the 2018/19 target.

Figure 2: Expenditure breakdown 2017/18



Looking Forward to 2018/19

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. To both maintain and improve the quality and safety of services provided all efficiency initiatives will undergo a robust Quality Impact Assessment (QIA) and will not be progressed unless the QIA is approved.

For the forthcoming years, the Foundation Trust will continue to link the delivery of efficiency gains with service improvement and transformation through the Bradford Improvement Programme. 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 2018/19 is a deficit of £7.5m. Available STF is £10.3m, which gives rise to a post-STF control total surplus of £2.8m. Delivering the control total will require the Foundation Trust to make in-year financial efficiencies of £25.3m.

The cash and liquidity position is forecast to become increasingly challenging in 2018/19 and delivery of the required financial efficiencies will be crucial to supporting these metrics.

Key Financial Risks

The Foundation Trust started 2017/18 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 2018/19 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 £25.3m required to meet the £2.8m 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;
- Delivery of the access standards that attract a share of the £10.3m STF funding included in the annual plan; and
- Maintain liquidity and delivery of the capital programme.

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 through increased market share of elective and outpatient activity; and
- Maintain regular dialogue with divisions, to ensure internal reporting processes are appropriately identified where contractual changes have been introduced.

Bradford Improvement Programme

The Foundation Trust is implementing a revised approach to financial and performance improvement in 2018/19, known as the Bradford Improvement Programme. This is overseen by the Bradford Improvement Programme Board, which has a robust project management approach and individual work streams led by Executive Directors, clinicians and transformation leads with the onus on delivery at the front line by clinicians and divisional management teams. Quality Improvement is integral to many of the work streams and each efficiency plan must follow a defined Quality Impact Assessment process. 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 Bradford Improvement Programme Board has identified, and is pursuing, a number of Trust-wide modernisation and service improvement initiatives as part of the Bradford 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;
- Estates and Facilities Improvement;
- Divisional Improvements;
- Clinical Documentation 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.

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

- Enhance service delivery;
- Align capacity to ensure services are provided from the optimum location;
- 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;
- 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 roll out of a new service line reporting system in 2018/19 will improve the Foundation Trust's understanding of the relative standing of services in relation to the income it receives through tariff and will facilitate more mature budgetary management arrangements. This will be further facilitated by the roll-out of a newly implemented patient-level costing system which will be finalised in May 2018, 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 £25.6m (2016/17 £50.4m) which is largely due to the capital investment programme.

Long Term Borrowing

The Foundation Trust secured a loan of £10m over 10 years from the Department of Health and Social Care (DHSC) (formerly the Independent Trust Finance Facility (ITFF)). The current amount outstanding is £1m and the final principal repayment is due in January 2019. This loan was used to fund a modular ward block at the BRI site. Further loans from the DHSC 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 £2.052m 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 repayments totalling £2m have been made, with the final principal repayment due in November 2024.

The Foundation Trust has also secured interest free loans from the Salix Energy Efficiency Loan Scheme. The Trust paid the final principal repayment during September 2017 (£38k). The dates each loan was secured and first repayment dates are in table 4. The balances outstanding on each of these loans is shown in table 5.

Table 4: Loan dates

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

Table 5: Loan balances

	31 Mar 18 £000	31 Mar 17 £000
Current		
Loans from DHSC – Ward Block 1	1,000	1,000
Loans from DHSC – New Hospital Wing	1,052	1,052
Loans from DHSC – Electronic Patient Record	2,000	2,000
Salix Loans	0	38
Total	**4,052**	**4,090**

	31 Mar 18 £000	31 Mar 17 £000
Non-Current		
Loans from DHSC – Ward Block 1	0	1,000
Loans from DHSC – New Hospital Wing	16,844	17,896
Loans from DHSC – Electronic Patient Record	12,000	14,000
Total	**28,844**	**32,896**

Investments

The Foundation Trust does not have any investments in subsidiaries. However, during 2016/17 the Foundation Trust entered into two joint venture limited liability partnerships (LLPs), 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 £19.5 was made during the year. The main elements of the capital programme are in table 6.

Table 6: Capital Investment

Scheme	£ million
Information Technology Schemes	12.6
Medical Equipment	1.5
Buildings and Engineering Maintenance and Upgrade	1.5
New Building Schemes & Other Strategic Investments	3.9
Total	**19.5**

2.2.3 ENVIRONMENT AND SUSTAINABILITY

The Trust is committed to the UK's Climate Change Act 2008, which has legally binding targets of reducing carbon emissions by 28% by 2020 and 80% by 2050, this measured against a 2013 baseline. As a healthcare provider, employer and purchaser of goods and services, the Trust recognises that it has a significant impact on the environment and acknowledges its role in promoting sustainability and improving environmental performance.

The Trust aims to be in the top 20% of NHS employers and to provide the best possible work environment for its staff. The organisation also recognises the impact that the environment in which people live has on their health. Therefore, by becoming more sustainable, and through caring for the environment, the Trust can help improve the lives of the people in its care.

The Trust's Sustainable Development Management Plan is currently in its consultation stage before being submitted for board approval.

The Trust has a continuing strong commitment to reduce the level of energy and resource consumption and to correspondingly reduce the cost of service delivery. The Trust seeks to eliminate wasteful practices leading to an overall reduction in energy waste and cost and also seeks to collaborate effectively with local and regional partners in doing so.

By striving for excellence, the organisation seeks to provide the best care possible, providing the greatest benefit we can to the community of Bradford, and contributing to increased social sustainability.

The 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 a rating over 150 is the worst. This is then benchmarked on an A-G scale, where A is the best.

As shown below, the Trust has demonstrated excellent performance in both of its two main hospital 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 C. The progress made over time demonstrates that the Trust is improving its energy and environmental performance and thereby reducing its carbon emissions.

Unfortunately, the Trust experienced a lengthy downtime of nearly two months on our largest Combined Heat and Power unit at St Luke's Hospital and was therefore unable to produce our own electricity. Consequently, this has impacted on our DEC performance for that site.

Figure 3: Display Energy Certificate Performance for the main building at Bradford Royal Infirmary

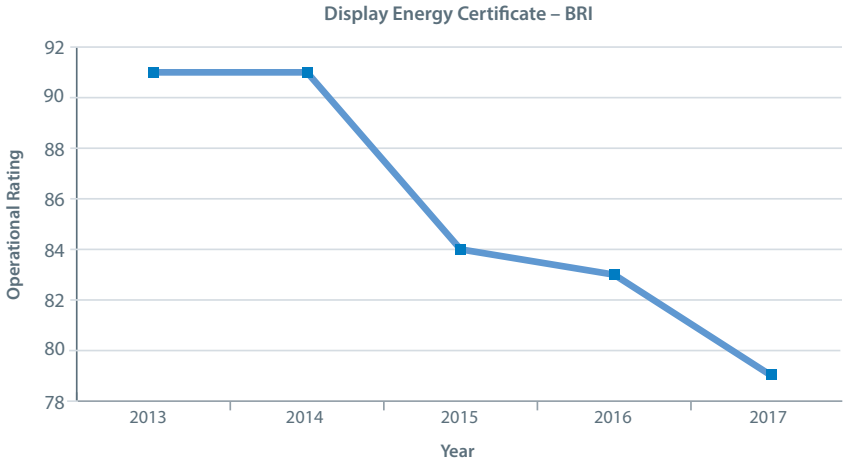
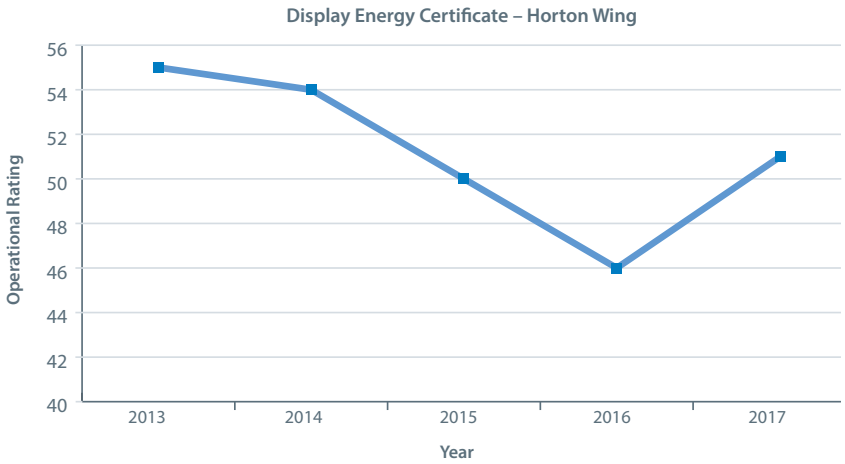
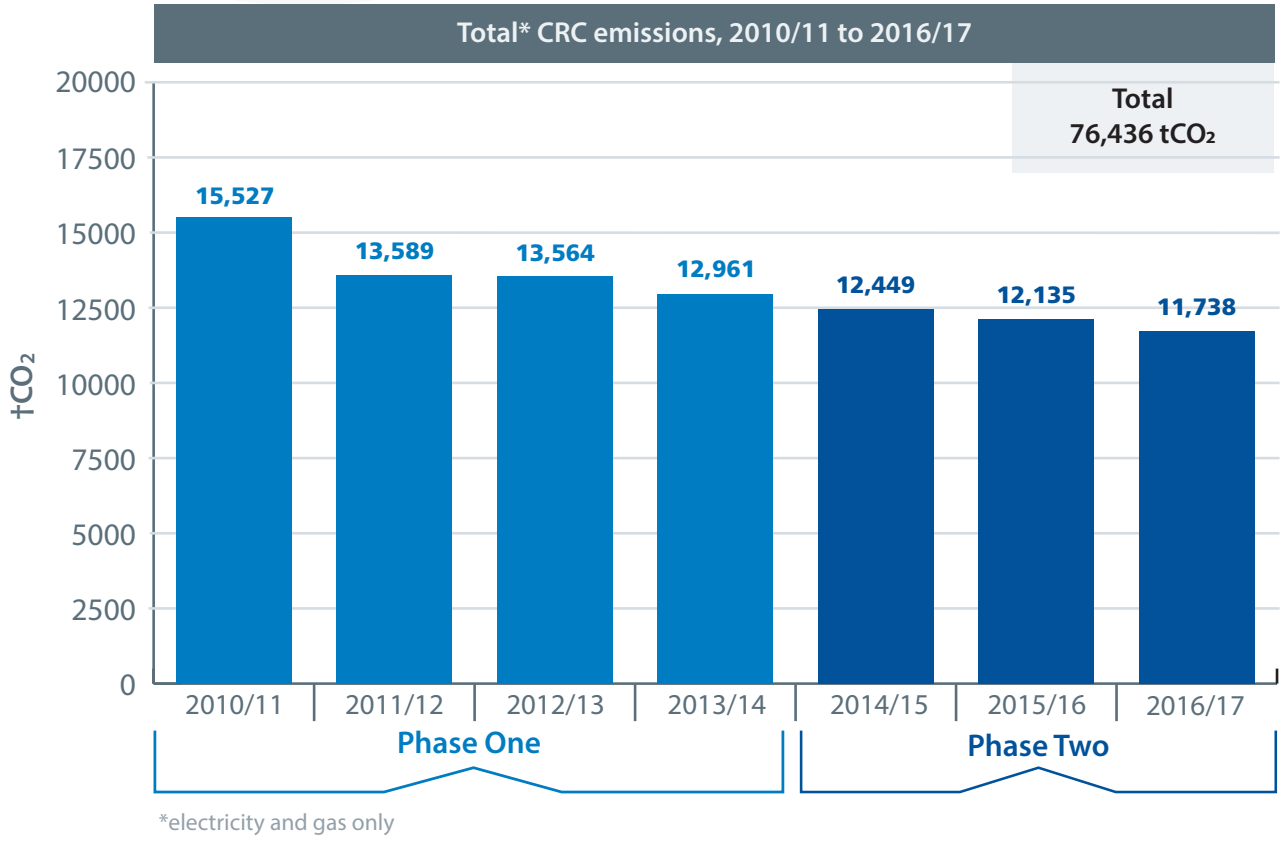


Figure 4: Display Energy Certificate Performance for Horton Wing Building at St Luke's Hospital



The chart below shows that the Trust has reduced its building operational carbon emissions by 24.4% in the past seven financial years. In terms of the Climate Change Act 2008 target of 28% reduction by 2020 against a 2012/13 baseline, we are currently at a 13.5% reduction on our externally verified gas and electricity consumption.

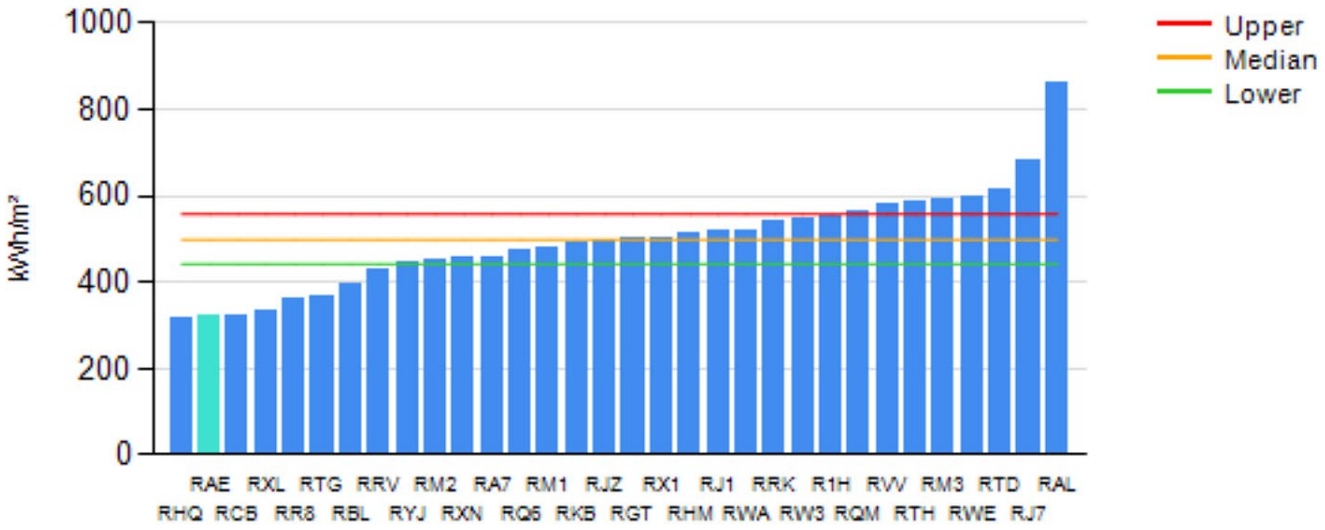
Figure 5: Bradford Teaching Hospitals NHS Foundation Trust - Carbon reduction commitment energy efficiency scheme performance 2010 - 2017.



The Trust Utilities Consumption Group is continually investigating ways to operate the hospital more sustainably, for example, by assessing further investment opportunities in 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 other innovative technologies. Therefore, the Trust continues to strive to reduce its impact on the environment.

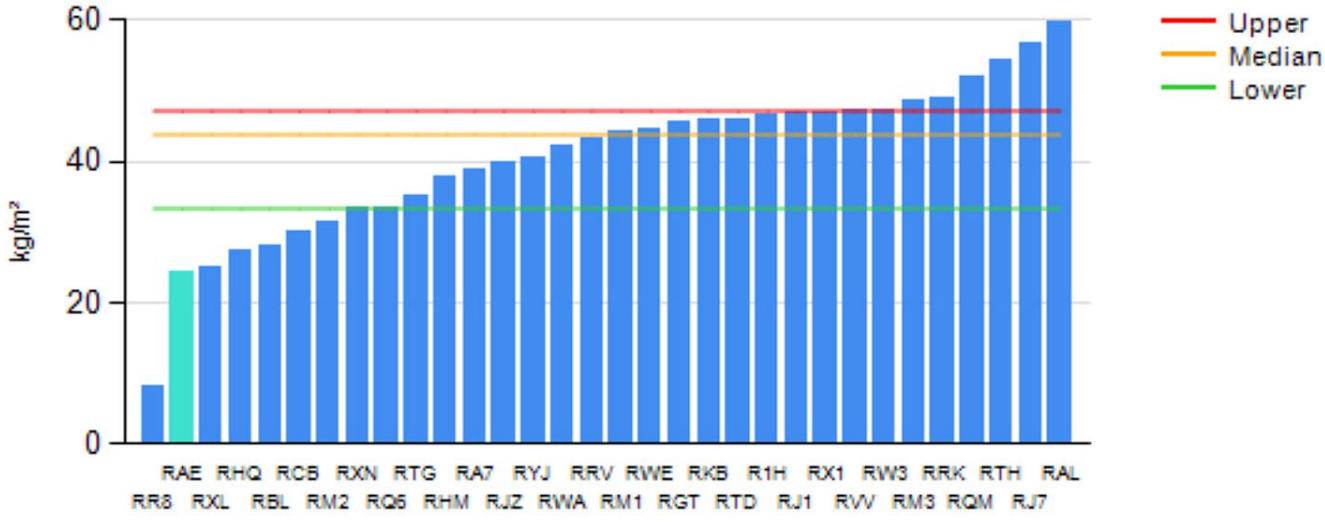
The Trust submits data for the Estates Returns Information Collection (ERIC), which is a mandatory collection for all NHS trusts. This includes information relating to the costs of providing, maintaining and servicing the NHS estate, including energy use; we expect data for 2017/18 to be published on the gov.uk website in October. Please see figure 6 for the 2016/17 ERIC return for Carbon Emissions and Energy consumed per square metre. As can be seen the Trust performs strongly in comparison to its ERIC peer group.

Figure 6: Bradford Teaching Hospitals NHS Foundation Trust ERIC Return 2016/17 comparing NHS Acute Teaching Hospitals energy consumed per patient occupied floor area.



Bradford Teaching Hospitals NHS Foundation Trust – Second position = 322.74 kWh/ m^2

Figure 7: Bradford Teaching Hospitals NHS Foundation Trust ERIC Return 2016/17 comparing NHS Acute Teaching Hospitals Carbon emissions per occupied floor area.



Bradford Teaching Hospitals NHS Foundation Trust – Second position = 24.38 kg/ m^2

2.2.4
SOCIAL, COMMUNITY, ANTI-BRIBERY AND HUMAN RIGHTS: ISSUES AND POLICIES

The Foundation Trust has forged strong links with the local communities it serves. We work in partnership with other local health economy partners on shared equality objectives and consult with the local community on our progress. These issues are very important to this Foundation Trust so we have opted to include a full Equality Report in section 3.4. This covers employment, training and hate crime reporting.

Information about the Foundation Trust's anti-fraud, bribery and corruption policy can be found in section 3.3.2 on Staff Policies and Actions.

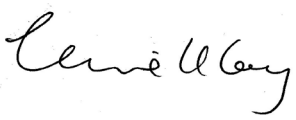
2.2.5
OVERSEAS OPERATIONS

The Foundation Trust has no overseas operations.

2.2.6
EVENTS SINCE YEAR END

No significant events occurred between the end of the 2017/18 financial year and submission of this report to NHS Improvement.

Signed



Professor Clive Kay
Chief Executive
24 May 2018

3.1 DIRECTORS' REPORT

3.1.1
THE BOARD OF DIRECTORS

Our Board of Directors is responsible for all aspects of the operation and performance of the Foundation Trust, and for its effective governance. This includes setting the corporate strategy and organisational culture, taking those decisions reserved for the Board, and being accountable to stakeholders for those decisions.

The Board of Directors is a unitary Board. This means that within the Board of Directors, the Non-Executive Directors and Executive Directors make decisions as a single group and share the same responsibility and liability. All Directors, Executive and Non-Executive, have responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.

The Board of Directors also has a framework of local accountability through members and a Council of Governors. The Council of Governors are responsible as a Council for holding the Non-Executive Directors, individually and collectively, responsible for the performance of the Board. In turn, our Governors are accountable to our Foundation Trust Members and key partners who elect or appoint them and must represent their interests and those of the public.

Table 7: Composition of the Board of Directors – Executive Directors

Executive Directors			
Name	Role	Current Appointment	
		From	To
Professor Clive Kay	Medical Director Interim Chief Executive Chief Executive	1 November 2006 1 September 2014 11 December 2014	31 August 2014 10 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 Director of Finance	1 November 2011 1 August 2012	31 July 2012 Present
Sandra Shannon*	Acting Chief Operating Officer	8 January 2018	31 March 2018
Ms Donna Thompson	Interim Director of Governance and Corporate Affairs Director of Governance and Corporate Affairs Director of Governance and Operations / Deputy Chief Executive Director of Governance and Corporate Affairs/ Deputy Chief Executive	11 September 2014 1 February 2015 1 August 2016 8 January 2018	31 January 2015 31 July 2016 7 January 2018 31 March 2018
* Non-voting Executive Director			

The Council of Governors has established 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 Foundation Trust.

All the statutory duties and responsibilities of the Council of Governors are presented in section 3.5.2.

The Board reviewed the Reservation of Powers to the Board and Scheme of Delegation in November 2017. Matters reserved to the Board include:

- Defining the strategic aims and objectives of the Foundation Trust;
- Annual approval of revenue and capital budgets;
- Approval of organisational structures to facilitate the discharge of business by the Foundation Trust.

The Scheme of Delegation sets out the detailed arrangements for the delegation of budgetary control and financial procedures to the Executive Directors and is available in full on the Foundation Trust's website along with the Board of Directors Standing Orders which includes the terms of reference for all Board Committees.

The Board of Directors is responsible for the preparation of the Annual Report and Accounts. The Board 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.

There are no Executive Directors who have resigned or whose tenure was either terminated or concluded in-year. Donna Thompson (Director of Governance and Corporate Affairs and Deputy Chief Executive) retired on 31 March 2018.

In January 2018 the Board of Directors approved an amendment to the BTHFT Constitution to add the post of Deputy Chief Executive (DCE) to the list of Executive Directors with voting rights. The addition to the Constitution allowed for combining the DCE post with a voting Executive Director post, combining the DCE post with a non-voting Executive Director post or having a dedicated Deputy Chief Executive post. The Council of Governors approved the amendment at their meeting held on 18 January 2018.

Table 8: Composition of the Board of Directors - Non-Executive Directors

Non-Executive Directors			
Name	Role	Current Appointment	
		From	To
Professor Bill McCarthy	Non-Executive Director	1 November 2015	31 October 2016
	Chair	1 November 2016	31 October 2019
	Chair of both Nominations and Remuneration Committees	1 November 2016	31 October 2019
Ms Trudy Feaster-Gee	Non-Executive Director	1 January 2018	31 December 2021
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
Mr Amjad Pervez	Non-Executive Director	1 February 2015	31 January 2018
	Non-Executive Director	1 February 2018	31 January 2021
Mr Jon Prashar	Non-Executive Director	1 February 2018	31 January 2021
Mr Barrie Senior	Non-Executive Director	1 December 2017	30 November 2020
Professor Laura Stroud	Non-Executive Director	23 October 2017	22 October 2020
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	20 May 2018

Table 9 lists the Non-Executive Directors who are considered to be independent, in line with the requirements included within the Foundation Trust Code of Governance.

Table 9: Independent Non-Executive Directors

Independent Non-Executive Directors
Ms Trudy Feaster-Gee
Dr Trevor Higgins
Mr Amjad Pervez
Mr Jon Prashar
Mr Barrie Senior
Mrs Selina Ullah
Mrs Pauline Vickers

Table 10: Former Non-Executive Directors

Former Non-Executive Directors (Directors who resigned or whose term of office ended during the year)			
Name	Role	Appointment Dates	
		From	To
Dr Mohammed Iqbal	Non-Executive Director	1 February 2015	31 January 2018
Mr David Munt	Non-Executive Director	1 November 2013	31 October 2017
Professor James Walker	Non-Executive Director	1 April 2013	30 September 2017

The Foundation Trust's Constitution sets out the circumstances that would disqualify an individual from holding a directorship and should any of those circumstances become applicable to a Non-Executive Director, their appointment would be terminated. Other circumstances that would result in termination of a Non-Executive Directors appointment are laid out in the Terms and Conditions agreed with the Non-Executive Director at appointment.

If the Council of Governors is of the opinion that it is no longer in the interests of the National Health Service that the individual continues to hold office then, subject to the provisions of the Constitution, an appointment may be terminated with immediate effect. The Council of Governors will consider each case on its merits, taking account of all relevant factors. These include;

- If a Non-Executive Director fails to meet the requirements of the Fit and Proper Persons Test as set out in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended or supplemented from time to time);
- If an annual appraisal or sequence of appraisals is unsatisfactory;
- If the Non-Executive Director fails to deliver work against pre-agreed targets incorporated within their annual objectives;
- If there is a terminal breakdown in essential relationships, for example, between a Non-Executive Director and the Board of Directors;
- Non-compliance with the requirements of the Standing Orders of the Trust with regard to pecuniary interests in matters under discussion at meetings of the Trust (e.g. a failure to disclose such an interest);
- Non-attendance at a meeting of the Trust for a period of three months unless the Council of Governors is satisfied that the absence was due to a reasonable cause and the Non-Executive is able to attend within such time as is considered reasonable;
- The Non-Executive ceases to be independent within the meaning of the NHS Foundation Trust Code of Governance.

The appraisal processes for the Chair and Non-Executive Directors were reviewed and approved by the Council of Governors in April 2017. All appraisals have been carried out in line with the processes agreed. The positive reports from the Chairman on the Non-Executive Director appraisals and from the Senior Independent Director on the Chair's appraisal were received by the Council of Governors in November 2017 and in January 2018 respectively.

Performance evaluation of the Board, its Committees and its Directors has taken place as part of the Well-Led Review. Further details are included within section 3.1.3.

Register of Interests

The Board of Directors and Council of Governors undertake an annual review of the Register of Declared Interests. At each meeting of the Board of Directors and the Council of Governors, 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: https://www.bradfordhospitals.nhs.uk/our-trust/lists-and-registers/ and are also available by request from The Foundation Trust Secretary, using the details below:

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

3.1.2
BETTER PAYMENT PRACTICE CODE

See table 11. 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.

Table 11: Better Payment Practice Code

	2017/18		2016/17	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	66,915	206,060	71,673	214,577
Total Non-NHS trade invoices paid within target	50,612	168,453	55,251	179,727
Percentage of Non-NHS trade invoices paid within target	76%	82%	77%	84%
Total NHS trade invoices paid in the year	3,139	18,144	2,917	19,723
Total NHS trade invoices paid within target	2,200	13,100	2,254	16,096
Percentage of NHS trade invoices paid within target	70%	72%	77%	82%

The Foundation Trust aims to improve transactional processing to pay creditors within this target whilst maintaining a balance on appropriate authorisation and validation of invoices. No interest charges were paid in 2017/18 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.

REVIEW OF GOVERNANCE AGAINST THE WELL-LED FRAMEWORK

The Board of Directors undertook an external Governance review against NHS Improvement's Well-led Framework in April 2017. Deloitte LLP (who also act as External Auditors for the Trust) carried out the Review which met the requirement for performance evaluation of the Board, its Committees and its Directors.

In December 2017, Deloitte LLP completed a follow up review of progress made against the recommendations. Both reviews have enabled the Foundation Trust to ensure that the Board of Directors is balanced, complete and appropriate for the requirements of the organisation. In early February 2018, the CQC held a Well-Led Review of Governance (following an unannounced CQC inspection in January 2018). At the time of signing the Foundation Trust is awaiting the report of these inspections.

PARTNERSHIPS

The Trust refreshed its clinical service strategy as described in section 2.1.3, undertaking a great deal of work to look at all of our clinical specialties. One of the most important outcomes to emerge from this work was that we are part of a bigger system and that we need to find ways to work in partnership.

Modern healthcare demands collaborative working, multidisciplinary teams and the breaking down of old boundaries. Providers who do not do this will not meet the needs of their patients as they will struggle to the meet the multiple challenges of recruiting and retaining enough skilled people, the need to deliver national standards, the difficulty of balancing planned and urgent work and satisfying ever increasing demand.

At the Trust we see this as a challenge that we are well-placed to meet. We are one of only two teaching hospitals in West Yorkshire; this offers us a significant opportunity to spearhead the modernisation of the local NHS. With this in mind our clinical strategy identified four themes, each containing a number of actions. Two of these themes relate specifically to working in partnership; they are Collaborative Hospital Care and Connected Local Care.

Collaborative Hospital Care

During 2017/18, the Trust has worked closely with its partner acute Trusts across West Yorkshire including:

- Working closely with our West Yorkshire Association of Acute Trusts (WYAAT)1 partners to develop a coordinated approach to challenges across the West Yorkshire and Harrogate health and care system. This has involved reviewing the provision of services and specialties across the region. Specific examples of projects include designing a new delivery model for vascular services across the acute trusts, improving the regional supply chain for medicine and updating imaging equipment and systems.
- Exploring opportunities with our nearest acute partner, Airedale NHS Foundation Trust, to collaborate more closely. This work will help ensure that services for our shared patient population remain robust and sustainable into the future. We already have an extensive range of acute services on which Bradford and Airedale work together. Recent work has focused on enabling closer clinical and operational working practices across the two sites for Gastroenterology, ENT and Stroke services.
- Completing the highly successful implementation of a new Electronic Patient Record (EPR) through a fully collaborative project with Calderdale and Huddersfield NHS Foundation Trust. Over a two year period this hugely complex programme was completed in genuine partnership, with full joint procurement, project management and governance across the two organisations. This level of collaboration in the effective implementation of an EPR system is unique in the NHS, and the system is now driving patient benefits throughout both organisations.
- Using a joint venture to deliver pathology services. Integrated Pathology Solutions LLP is a joint venture between the Pathology Departments of Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust. It has a shared board with a single managing director, with a joint long term contract with a laboratory service provider. This joint venture also provides a platform for collaborative working with wider NHS partners, delivering high quality diagnostic services not just to the two trusts but with primary and secondary care providers in the local area.

Connected Local Care

Given the increasing demand for services in Bradford it is vital that we consider new models of care. Many of these new models of care offer significantly enhanced patient experience through offering a shorter hospital stay, being more "joined up" with social care and delivering care closer to the patient's home. They all rely on working together with partners across Bradford in primary, community and social care.

[1] WYAAT is an innovative collaboration which brings together the NHS Trusts who deliver acute hospital services across West Yorkshire and Harrogate. It is about local hospitals working in partnership with one another to give patients access to the very best facilities and staff. WYAAT comprises Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and The Mid Yorkshire Hospitals NHS Trust.

For some patients admission to hospital is unavoidable and these patients are given the highest quality inpatient care. However, in many cases it is more beneficial for the patient if they are cared for outside the inpatient setting as much as possible. As a result, during 2017/18 we have continued to develop our services with this aim including:

- Further developing our "virtual ward" model. The over-riding theme of the virtual ward is that the patient receives integrated care from a range of clinicians and from social care as a result of which they avoid admission to hospital or can be safely discharged sooner. The use of this model has been developed in 2017/18 and now we have "virtual" services not just for Care of the Elderly, but also some Diagnostic services and Paediatric services. The Bradford Virtual Ward won the Health Service Journal 2017 national award for improving value in the care of frail older patients.
- Working with the Bradford Provider Alliance (BPA) to develop healthcare, care and support for citizens in out of hospital settings. Throughout 2017/18 the Trust and BPA partners have been working closely to develop new integrated services as a pilot for a wider integrated care system in Bradford. These services include Diabetes and Out of Hospital Care.

Prevention of ill health is also vital. With this in mind the Trust has an aim to become a "health promoting" hospital and during 2017 played an active role in connecting with the local community through specific health initiatives such as *Well Bradford*.

Well Bradford is anchored at the Foundation Trust and works with local partners to enable and deliver innovative projects in the local community. The aim of these projects is to help overcome the causes of ill health related to social circumstance and behaviour and improve overall health outcomes and wellbeing. To date, *Well Bradford* has provided grants in the Girlington area to launch projects such as Movement (a ladies only six week course covering health prevention and exercise), Onna Bikes (providing cycling opportunities for those who would otherwise find it difficult) and raising awareness on healthy eating to reduce obesity. Further rounds of grants are being processed to introduce health improvement initiatives and community activities and *Well Bradford* is now looking to extend its support to the Holme Wood and Keighley areas.

3.1.4
INFORMATION ON FEES AND CHARGES (INCOME GENERATION)

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. None of these schemes exceed £1 million nor are they sufficiently material to warrant separate disclosure. The revenues and expenditure relating to these schemes are included in the annual accounts.

3.1.5
INCOME DISCLOSURES

As required under Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), 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.

3.1.6
AUDIT DISCLOSURES

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

1. So far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware; and
2. 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 2017/18. 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:

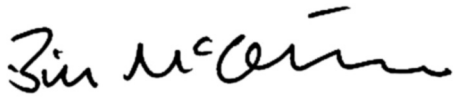
- Senior Managers' Remuneration Policy
- Annual Report on Remuneration. This includes details about Directors' service contracts, and sets out governance matters such as committee membership, attendance and the business undertaken by the Committee.

Major decisions on remuneration

During 2017/18, due to the retirement of the Director of Governance and Operations the Committee agreed there was a requirement to appoint to separate roles of Chief Operating Officer, and Director of Governance and Corporate Affairs. The Committee was responsible for overseeing these appointments and agreed the appropriate level of remuneration taking into account relevant market conditions, available benchmarking information and 'established' pay ranges issued by NHSI.

The Committee reviewed all Board level salaries which were over £142,500 in July 2017, and agreed to a process being conducted amongst the current Executive Directors to appoint to the Deputy Chief Executive role.

Signature



Professor Bill McCarthy

Foundation Trust Chair and Chair of the Nominations and Remuneration Committee

3.2.2
SENIOR MANAGERS' REMUNERATION POLICY

Table 12: Executive Directors' Remuneration Policy

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.	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. Progression is annually earned. In determining the appropriate salary band the committee considers: Salary levels for similar positions through the Foundation Trust and Association of UK University Hospitals (AUKUH) networks. Individual skills and experience. Public sector pay guidance. 'Established' pay ranges in acute NHS Trusts and Foundation Trusts published by NHSI. 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. These factors are taken into account when setting and reviewing the salaries of staff who earn over £142,500. This level rose to £150,000 in March 2018.	Increments if awarded are set at £5000. The committee on occasion will also recognise changes in the role, and/or duties of a Director and salary progression for newly appointed Directors.	Increase of salary level to £150,000 when NHSI opinion required.
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.

Table 13: Non-Executive Directors

Position	Pay	Policy
Chair From 1 April 2017 to 31 October 2017	£55,145	At the Governors' Nominations and Remuneration Committee meeting held on 9 June 2017, the Committee discussed in detail Non-Executive Director Remuneration with reference to the current benchmarking information available from NHS Providers for the period 2016/17. The Committee confirmed the following statements and recommendations: • There is no change to the basic rate of £13,785 per annum for Non-Executive Director Appointments for 2017/18. • No uplifts will be applied to any new Non-Executive Director appointments made to the roles of Deputy Chair and Audit Committee Chair. • The Deputy Chair will revert to the Non-Executive Director remuneration rate of £13,785 per annum, effective from 1 April 2018. • The Chair's rate of remuneration would reduce by £3,310 from 1 November 2017 (as proposed by the Chairman) The Council of Governors agreed these recommendations at their meeting held on 20 July 2017. 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.
Chair From 1 November 2017	£51,835	
Deputy Chair	£17,095	
Chair of Audit Committee From 1 April 2017 to 31 October 2017	£17,095	
Chair of Audit Committee From 1 November 2018	£13,785	
Non-Executive Director	£13,785	

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 three months.

Policy on payment for loss of office

All senior manager contracts contain a notice period of three 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. 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 three 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 resignation scheme (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 Human Resources (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 has not made any new appointments in 2017/18 where salary levels have been set over £142,500 (from March 2018 this level changed to £150,000). 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 2017/18.

The process adopted for the Chief Operating Officer was as follows:

The Committee agreed to the engagement of the Leadership Academy to manage the appointments process to this key role. A selection process was conducted in October 2017 which consisted of stakeholder discussion groups, a formal competency based interview and a presentation. An external assessor was present as advisor to the panel. Unfortunately no appointment was made. From 8 January 2018 Ms Sandra Shannon was appointed to the post of acting Chief Operating Officer following an interview process conducted by the Chair and Chief Executive and the completion of the 'fit and proper person' full pre-employment checking process. The Trust undertook a further selection process which culminated in an interview process on 23 February 2018 and Ms Sandra Shannon was appointed taking up the substantive postition from the 1 April 2018.

The process adopted for the Director of Governance and Corporate Affairs was as follows:

This post was nationally advertised and the selection process consisted of a presentation and question and answer session with a stakeholder group and a formal competency-based interview with an external assessor present as advisor to the panel. The selection process was held on 23 October 2017 with full pre-employment checks undertaken in line with the 'fit and proper person' regulations. Ms Tanya Claridge was appointed taking up the position from 1 April 2018.

The Committee has also agreed to the appointment of a Deputy Chief Executive from the current Executive Directors.

Attendance during 2017/18 is in table 14.

Table 14: Attendance and membership during 2017/18

Member	28 June 2017	26 July 2017	14 December 2017	11 January 2018
Bill McCarthy (chair)	✔	✔	✔	✔
Trevor Higgins	✔	✔	✔	✔
David Munt	✔	✔		
Pauline Vickers	✔	✔	✔	✔
Mohammed Iqbal	✘	✔	✔	✔
Amjad Pervez	✔	✔	✔	✔
James Walker	✘	✔		
Selina Ullah	✔	✘	✘	✔
Laura Stroud			✔	✔
Barrie Senior			✔	✔
Jon Prashar				
Trudy Feaster-Gee			✔	✔
Clive Kay (in attendance)	✔	✔	✔	✔
Pat Campbell (in attendance)	✔	✔	✔	✔

Denotes period when not a member of the Committee

✔ = attended ✘ = apologies sent

Table 15: NRC membership and attendance at meetings during 2017/18

Name	09/06/17	15/09/17	29/09/17	08/12/17	16/03/18	Total
Professor Bill McCarthy, Chair	✔	✔	✔	✔	✔	5 of 5
Dr Marina Bloj, Partner Governor	✔	✘	✘	✔	✔	3 of 5
Mr Alan English, Public Governor	✔	✔	✔	✘	✘	3 of 5
Ms Wendy McQuillan, Public Governor	✔	✘	✔	✔	✔	4 of 5
Ms Hardev Sohal, Patient Governor	✔	✘	✔	✘	✘	2 of 5
Dr David Walker, Public Governor	✔	✔	✘	✔	✔	4 of 5
Ms Ruth Wood, Staff Governor	✔	✔	✘	✘	✔	3 of 5
✔ = attended ✘ = apologies sent						

Governors Nominations and Remuneration Committee for Non-Executive Directors (NRC).

The NRC met five times during 2017/18:

- 9 June 2017
- 15 September 2017
- 29 September 2017
- 8 December 2017
- 16 March 2018.

NRC membership and attendance at meetings during 2017/18 is presented in table 15.

Process undertaken for the appointment of Non-Executive Directors

To support the Non-Executive Director appointment process the services of a recruitment agency were secured to undertake the Non-Executive Director search. The procurement exercise was undertaken in line with the Foundation Trust's rules and guidelines.

Harvey Nash Executive Search secured the contract to support the Nominations and Remuneration Committee with regard to the Non-Executive Director appointment.

The NRC met with Harvey Nash Executive Search to discuss the brief and agree the schedule for the appointment of the Non-Executive Directors. In considering the Non-Executive Director appointments account was taken of:

- The skills and knowledge required by the Board of Directors as identified as part of the Well-led Review
- Developing a more diverse and representative Board of Directors.

The Non-Executive Director appointment schedule established with the NRC was as follows.

Longlisting	15 September 2017
Shortlisting	29 September 2017
Interviews	12 October 2017

Governors were provided with a link to the microsite which contained all documents associated with the Non-Executive Director appointments including the role description, person specification and additional information regarding the Foundation Trust and advised of the recruitment schedule. Nominations were sought from candidates in relation to the Audit Committee Chair and the General Non-Executive Director post.

There was a focus on ensuring a strong sense of diversity throughout the search to ensure that the appointments to the Board reflect the communities served by the Foundation Trust. The search undertaken by Harvey Nash has sought to achieve this through their approaches which have included diversity specific advertising. As listed above, we have also taken the opportunity to circulate details of the role amongst multiple Harvey Nash networks with a focus on diversity.

The longlist was discussed and agreed at the NRC held on 15 September 2017.

With regard to the Audit and Assurance Committee Chair post; the CVs of 10 candidates were scrutinised by the NRC. Following detailed discussion the longlist was confirmed at 5 candidates.

With regard to the General Non-Executive Director post, the CVs of 24 candidates were scrutinised by the NRC. Following detailed discussion the longlist was confirmed at 11 candidates.

The shortlist was discussed and agreed at a meeting of the NRC held on 29 September 2017.

The interviews took place on 12 October 2017. There were two interview panels.

The Audit and Assurance Committee Chair panel comprised:

- Professor Bill McCarthy, Chairperson
- Mr David Walker, Governor, NRC
- Mrs Wendy McQuillan, Governor, NRC
- Professor Clive Kay Chief Executive (in attendance)
- Mr Simon Green, Director, Healthcare, Harvey Nash Executive Search (observer).

The General Non-Executive Director appointment panel comprised

- Professor Bill McCarthy, Chairperson
- Mr Alan English, Governor, NRC
- Mrs Hardev Sohal, Governor, NRC
- Mrs Ruth Wood, Governor, NRC
- Professor Clive Kay Chief Executive (in attendance)
- Mr Simon Green, Director, Healthcare, Harvey Nash Executive Search (observer).

The NRC formally confirmed with the Council of Governors that it followed the process established for the appointment of Non-Executive Directors and worked in accordance with the Terms of Reference of the Governors Nominations and Remuneration Committee.

The Council of Governors approved the appointments of the following Non-Executive Directors:

- Mr Barrie Senior, Non-Executive Director and Chair of the Audit and Assurance Committee
- Ms Trudy Feaster-Gee, Non-Executive Director
- Mr Jon Prashar, Non-Executive Director.

Following the completion of the 'Fit and Proper Persons Requirements' check:

- Mr Barrie Senior commenced his appointment on 1 December 2017
- Ms Trudy Feaster-Gee commenced her appointment on 1 January 2018
- Mr Jon Prashar commenced his appointment on 1 February 2018.

Expenses claimed by Directors

The total number of Directors holding office during 2017/18 was 21 (the number in 2016/17 was 21). The number of Directors receiving expenses during 2017/18 was 11 (the number in 2016/17 was 16). The aggregate sum of expenses paid to Directors in 2017/18 was £6,162 (in 2016/17 this was £7,253).

Expenses claimed by Governors

The total number of Governors holding office during 2017/18 was 20 (the number in 2016/17 was 21). The number of Governors receiving expenses during 2017/18 was 7 (the number in 2016/17 was 14). The aggregate sum of expenses paid to Governors in 2017/18 was £1,036 (in 2016/17 it was £1,302).

Fair Pay Multiple (subject to audit)

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 2017/18 was £250,000 - £255,000 (2016/17: £250,000 - £255,000). This was 9.5 times (2016/17, 9.6 times) the median remuneration of the workforce, which was £26,565 (2016/17, £26,302).

The median salary calculation is based on the Agenda for Change Framework Salary 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 a calculation would not materially alter the calculation of the median.

In 2017/18, and 2016/17, 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.

Table 16: Remuneration of Senior Managers (subject to audit)

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.

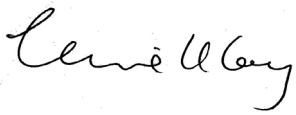
Name and Title 2017/18	Salary and fees (Bands of £5,000) £000s	All taxable benefits (to the nearest £100) £00s	Annual performance related bonuses (Bands of £5,000) £000	Long term performance related bonuses (Bands of £5,000) £000	All pension related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Bill McCarthy (Chairman)	45 – 50	-	-	-	-	45 - 50
Clive Kay (Chief Executive)	250 - 255	-	-	-	-	250 - 255
John Holden (Director of Strategy and Integration)	140 - 145	-	-	-	30.0 - 32.5	170 - 175
Karen Dawber (Chief Nurse)	120 - 125	-	-	-	25.0 - 27.5	150 - 155
Bryan Gill (Medical Director)	230 - 235	-	-	-	-	230 - 235
Matthew Horner (Director of Finance)	140 - 145	-	-	-	37.5 - 40.0	180 - 185
Patricia Campbell (Director of Human Resources)	110 - 115	-	-	-	40.0 - 42.5	150 - 155
Cindy Fedell (Director of Informatics)	110 - 115	-	-	-	25.0 - 27.5	140 - 145
Donna Thompson (Director of Governance and Corporate Affairs)	130 - 135	-	-	-	130.0 - 132.5	260 - 265
Sandra Shannon (Acting Chief Operating Officer)[1]	30 – 35	-	-	-	0 - 2.5	30 - 35
Trevor Higgins (Non-Executive Director)	15 – 20	-	-	-	-	15 - 20
David Munt (Non-Executive Director)[2]	10 – 15	-	-	-	-	10 - 15
Pauline Vickers (Non-Executive Director)	10 – 15	-	-	-	-	10 - 15
James Walker (Non-Executive Director)[3]	5 – 10	-	-	-	-	5 - 10
Amjad Pervez (Non-Executive Director)	10 – 15	-	-	-	-	10 - 15
Mohammed Iqbal (Non-Executive Director)[4]	10 – 15	-	-	-	-	10 - 15
Selina Ullah (Non-Executive Director)	10 – 15	-	-	-	-	10 - 15
Laura Stroud (Non-Executive Director)[5]	-	-	-	-	-	-
Barrie Senior (Non-Executive Director)[6]	0 – 5	-	-	-	-	0 - 5
Trudy Feaster-Gee (Non-Executive Director)[7]	-	-	-	-	-	-
Jon Prashar (Non-Executive Director)[8]	0 – 5	-	-	-	-	0 - 5

[1]Sandra Shannon (Acting Chief Operating Officer) started 8 January 2018 [2]David Munt (Non-Executive Director) left 31 October 2017 [3]James Walker (Non-Executive Director) left 31 October 2017 [4]Mohammed Iqbal (Non-Executive Director) term ended 31 January 2018 [5]Laura Stroud (Non-Executive Director) started 23 October 2017 [6]Barrie Senior (Non-Executive Director) started 1 December 2017 [7]Trudy Feaster-Gee (Non-Executive Director) started 1 January 2018 [8]Jon Prashar (Non-Executive Director) started 1 February 2018

Table 17: Pension entitlements of senior managers (subject to audit)

2017/18 Name and Title	Real increase in pension at pension age (Bands of £2,500) £ 000s	Real increase in pension lump sum at pension age (Bands of £2,500) £ 000s	Total accrued pension at pension age at 31st March 2018 (Bands of £5,000) £ 000s	Lump sum at pension age related to accrued pension at 31st March 2018 (Bands of £2,500) £ 000s	CETV at 1st April 2017 (Bands of £1,000) £ 000s	Real increase / (decrease) in CETV (Bands of £1,000) £ 000s	CETV at 31st March 2018 (Bands of £1,000) £ 000s
John Holden (Director of Strategy and Integration)	2.5 - 5.0	(0 -2.5)	50 - 55	135.0 - 137.5	900 - 901	53 - 54	963 - 964
Karen Dawber (Chief Nurse)	0 - 2.5	(0 -2.5)	35 - 40	87.5 - 90.0	487 - 488	53 - 54	545 - 546
Matthew Horner (Director of Finance)	2.5 - 5.0	0 - 2.5	45 - 50	120.0 - 122.5	679 - 680	76 - 77	762 - 763
Patricia Campbell (Director of Human Resources)	0 - 2.5	5.0 - 7.5	40 - 45	130.0 - 132.5	763 - 764	93 - 94	864 - 865
Cindy Fedell (Director of Informatics)	0 - 2.5	-	5 - 10	-	71 - 72	24 - 25	97 - 98
Donna Thompson (Director of Governance and Corporate Affairs)	5.0 - 7.5	17.5 - 20.0	60 - 65	187.5 - 190.0	1,160 - 1,161	202 - 203	1,374 - 1,375
Sandra Shannon (Acting Chief Operating Officer)[1]	0 - 2.5	0 - 2.5	45 - 50	142.5 - 145.0	1,001 - 1,002	9 - 10	1,054 - 1,055
Note: As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.							
[1]Sandra Shannon (Acting Chief Operating Officer) started 8 January 2018							

Signed



Professor Clive Kay
Chief Executive
24 May 2018

3.3 STAFF REPORT

3.3.1
STAFF NUMBERS AND COSTS

Table 18: Staff Costs - 2017/18

Staff Costs	Permanently employed total	Other total
	£000	£000
Salaries and wages	176,301	6,610
Social security costs	18,240	0
Apprenticeship Levy (pay element)	641	0
Pension cost - defined contribution plans employer's contributions to NHS pensions	22,467	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	-	12,653
Temporary staff - agency/contract staff	-	15,185
NHS charitable funds staff	0	0
Total gross staff costs	**217,649**	**34,448**

Table 19: Staff Numbers 2017/18

Note 4.2 Average number of employees (WTE basis)	2017/18 Total Number	2017/18 Permanent Number	2017/18 Other Number
Medical and dental	696	696	0
Ambulance staff	0	0	0
Administration and estates	1774	1724	50
Healthcare assistants and other support staff	634	634	0
Nursing, midwifery and health visiting staff	1822	1558	264
Nursing, midwifery and health visiting learners	0	0	0
Scientific, therapeutic and technical staff	629	629	0
Healthcare science staff	0	0	0
Social care staff	0	0	0
Agency and contract staff	0	0	0
Bank staff	0	0	0
Other	3	3	0
Total average numbers	**5558**	**5244**	**314**
Of which			
Number of employees (WTE) engaged on capital projects	5	5	0

Table 20: 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	0
Ambulance staff	0	0	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	0	0
Scientific, therapeutic and technical staff	601	601	0
Healthcare science staff	0	0	0
Social care staff	0	0	0
Agency and contract staff	309	0	309
Bank staff	0	0	0
Other	3	3	0
Total average numbers	**5,744**	**5,109**	**635**
Of which			
Number of employees (WTE) engaged on capital projects	50	32	18

Table 21: Analysis of Staff Numbers

At 31 March 2018 – headcount figures, excluding agency and contract and bank staff			
Group	**Female**	**Male**	**Total**
Directors	9	11	20
Senior Managers	238	140	378
Other Employees	4,345	1,175	5,520
Total	**4,592**	**1,326**	**5,918**

At 31 March 2017 – headcount figures, excluding agency and contract and bank staff			
Group	**Female**	**Male**	**Total**
Directors	6	11	17
Senior Managers	229	151	380
Other Employees	4,295	1,143	5,438
Total	**4,530**	**1,305**	**5,835**

Sickness Absence

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

Table 22: Staff Sickness Absence

Staff sickness absence	2017	2016
Total days lost to sickness	52,726	56,369
Total staff years available*	5,175	5,065
Average working days lost per full-time equivalent member of staff	10.2	11.1

*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-rata 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 2017/18 the Foundation Trust spent £967,000 on consultancy.

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

Off-Payroll Engagements

Table 23: Details of all off-payroll engagements as at 31 March 2018, for more than £245 per day and lasting longer than six months

Category	Number
No. of existing engagements as of 31 March 2017	4
Of which...	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	3
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

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.

Table 24: Details of all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and lasting longer than six months.

Category	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	32
Of which...	
Number assessed as caught by IR35	32
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to the entity) and are on the entity's payroll	32
Number of engagements reassessed for consistency / assurance purposes during the year.	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 25: Details of any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

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

Staff Exit Packages

Table 26: All exit packages 2017/18

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	7	1	8
£10,000 – £25,000	2	0	2
£25,001 – £50,000	0	0	0
£50,001 – £100,000	0	0	0
£100,000 – £150,000	0	0	0
£150,001 – £200,000	0	0	0
Total number of exit packages by type	9	1	10
Total resource cost	**£66,000**	**£5,000**	**£71,000**

Table 27: All exit packages 2016/17

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	1	1
£10,000 – £25,000	2	0	2
£25,001 – £50,000	0	0	0
£50,001 – £100,000	0	0	0
£100,000 – £150,000	0	0	0
£150,001 – £200,000	0	0	0
Total number of exit packages by type	2	1	3
Total resource cost	**£44,000**	**£2,000**	**£46,000**

Table 28: Exit Packages – non-compulsory departure payments

	2017/18 Agreements Number	2017/18 Total Value of Agreements £000	2016/17 Agreements Number	2016/17 Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirement in the efficiency of the service contractual costs	0	0	0	0
Exit payments following Employment Tribunals or court orders	1	5	1	2
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**1**	**5**	**1**	**2**
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	**0**	**0**	**0**	**0**

Trade Union Facility Time

Table 29: The total number of employees who were relevant union officials during 2017/18

	Number
Number of employees who were relevant union officials during the relevant period	66
Full-time equivalent employee number	60.14

Table 30: Percentage of time spent on facility time

Percentage of time	Number of employees
0%	30
1-50%	34
51%-99%	1
100%	1

Table 31: Percentage of pay bill spent on facility time

Total cost of facility time	£54,031.88
Total pay bill	£250,474,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.022%

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 applications 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 Foundation Trust is committed to equality and diversity and will make every effort to ensure that disabled people are supported in employment and to retain disabled employees through use of reasonable adjustments to the workplace or to the employee's duties. The Management of Attendance and Employee Health and Wellbeing Policy supports the continuing employment of employees who develop or have become disabled. Enable, the Disabled Staff Network has worked with us on the guidance we provide to support staff and they have provided input into the training that is delivered. The policy embeds the importance of employee health and wellbeing for all those working for the Foundation Trust.

The Appraisal, Development and Performance Management Policy covers the arrangements for the training and development of all employees.

Staff Involvement and Consultation

During 2017 we started our 'Let's Talk' engagement programme to make sure everyone had the opportunity to get involved and have their say about what matters most to them. We asked staff to talk about what was important and how they felt about working in our Trust. This led to an update of our Values and Behaviours. We also involved our staff in the refresh of our Mission, Vision and Strategic Objectives and in developing the supporting Clinical Service Strategy, People Strategy and Leadership Strategy and the Healthcare Professionals Framework. We launched 'We Are Bradford', a way to help staff think about their contribution and how they work together, bringing all this together.

Volunteers from across the Trust got involved in supporting some key work programmes – over 50 champions helped with the 'Let's Talk about us' work on values and over 500 Friends got involved in the EPR implementation and Go-Live.

We introduced 'Let's Talk Live', regular listening events giving staff the opportunity to meet the Chief Executive, to raise concerns and ask questions. This builds on the success of the weekly 'Let's Talk' newsletter from the Chief Executive which shares staff stories, provides information on innovations and service developments and celebrates achievements.

We have continued the Executive and Non-Executive Director walk-rounds of wards and departments to find out more about issues that affect our people.

We refreshed our annual recognition awards. Staff embraced the new 'Brilliant Bradford' awards and nominations increased significantly. Following feedback from staff we have introduced new monthly team and employee awards which are proving extremely popular.

Staff took part in a communications audit which informed our new Communications Strategy. As a result, we re-introduced Core Brief, a fortnightly summary of key strategic and operational issues affecting our Trust, delivered in face-to-face team meetings. We have a monthly Senior Leaders event and quarterly 'Let's Talk together' events for Clinical Leaders to keep leaders informed of important issues, and ensure they engage with staff across the Trust.

We have developed a new website for the Trust with input from staff, who were encouraged to provide feedback and comments. We make use of social media, including Facebook and Twitter, which we continue to develop. We have introduced a new Let's Talk intranet hub on our intranet site to keep staff informed of our engagement work and encourage them to get involved.

In 2017 we opened up the quarterly Staff Friends and Family Test and annual NHS Staff Survey to all staff, giving everyone the opportunity to have their say and get involved in making improvements. We have continued our work with Black, Asian and Minority Ethnic (BAME) staff to address the outcomes of the BAME focus groups in 2016 and have set up a group to work on the findings of the Nursing and Midwifery Survey held in March 2017.

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.

Health and Safety

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

The Trust continues to improve its governance and practice in respect of its health and safety responsibilities, through the specialist support function and through the practice of all staff in the Trust. A key focus during 2017/18 has been on improving the identification, reporting and management of incidents requiring external reporting to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The Foundation Trust reported 857 health and safety risk incidents in 2017/18, 405 of these incidents related to staff. The following areas continue to be our highest reported health and safety incidents affecting staff:

- Verbal abuse against staff (116 incidents)
- Threatening behaviour against staff (113 incidents)
- Contamination injuries (100 incidents)
- Physical assault against staff (94 incidents)
- Staff slips, trips, falls (55 incidents).

Included in the health and safety risk incidents, are 11 incidents reported to the HSE under RIDDOR, all but three of these incidents related to staff, the others related to members of the public.

There have been no visits undertaken by the HSE in the last 12 months and no formal enforcement action has been taken against the Foundation Trust.

Countering Fraud and Corruption

The Foundation Trust complied with the requirements of NHS Protect's 2017/18 anti-fraud, bribery and corruption standards for providers on anti-fraud measures up to 30 October 2017. The NHS Counter Fraud Authority (NHSCFA) launched on 1 November 2017 and is a new special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. The Foundation Trust complies with its anti-fraud, bribery and corruption standards for providers on anti-fraud measures.

As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care.

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

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.

Summary of performance

Our staff survey results tell us how our staff feel about our Trust and working here, as well as their concerns and overall experience. This year's results tell a positive and interesting story, not just about our Trust, but how we compare with other acute trusts that are facing the same challenges.

Staff engagement has started to move in a positive direction, with the number of staff who would recommend us as a place to work or receive treatment increased significantly this year. This means more staff saying that the care of patients and service users is our Trust's top priority; they would recommend our Trust as a place to work and, if a friend or relative needed treatment, they would be happy with the standard of care provided. Compared to other acute trusts, we have moved from 'below average' last year to 'average' this year. Our score of 3.82 is on the threshold for 'better than average'; we missed out by a very small margin. This means we have made good progress in the first year towards our target to be in the top 20% of NHS employers.

Staff feel satisfied with the quality of care they give to patients and feel strongly that their role makes a difference to patients and service users. Staff know what their responsibilities are, feel trusted to do their job and do it to a standard they are pleased with. They feel supported by work colleagues and feel their managers encourage them to work as a team. This is really positive and reflects what we have heard our staff say over the last year, embodied in our values of caring and valuing people.

Response rate

Our response rate this year was 35%, compared to last year's rate of 39%. Although our percentage response rate decreased, this year we opened the survey to all staff; 2023 staff took part, so we have a much larger representation of our workforce at 35% compared to last year, when 468 took part (from a sample size of 1250), which represented 9% of the workforce. However unfortunately the response rate puts us in the lowest 20% of Acute Trusts in England, where the average was 44%.

Areas of improvement and deterioration

Our performance has improved in a number of areas. The number of staff recommending the Trust as a place to work and receive treatment and the effective use of patient feedback has significantly increased, which has made a positive impact on our overall staff engagement.

In staff appraisals, 89% of staff said they had been appraised in the last 12 months and the quality of appraisals has improved since last year; compared to other acute trusts the percentage of staff appraised and quality of appraisals is above average, with both scores just short of being in the top 20% of acute trusts.

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has significantly reduced, which is really positive.

We have significantly improved our score for the effective use of patient and service user feedback. However we are below average for acute trusts here.

Where we don't do so well is the percentage of staff reporting the most recent experience of harassment, bullying or abuse, which has significantly reduced (yet is above average for other acute trusts.) Communication between staff and senior managers still needs improving as does support from immediate managers, while both show slight increases, both are below average, along with the percentage of staff reporting errors and near misses or incidents and those experiencing discrimination at work in the last 12 months.

Overall, despite all the challenges, we are 'holding our own' and maintaining our performance while for other acute trusts, performance appears to be dropping. This shows how resilient we are, the 'We are Bradford' spirit in action.

Table 32: Top five ranking scores

	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group average	
Key finding 24: Percentage of staff/colleagues reporting most recent experience of violence	70%	79%	66%	Improvement Top 20% of acute Trusts
Key finding 8: Staff satisfaction with level of responsibility and involvement	3.94	3.96	3.91	Improvement Top 20% of acute Trusts
Key finding 17: Percentage of staff feeling unwell due to work related stress in the last 12 months (the lower the score the better)	36%	34%	36%	Improvement Top 20% of acute Trusts
Key finding 16: Percentage of staff working extra hours (the lower the score the better)	69%	70%	72%	Deterioration Better than average
Key finding 12: Quality of appraisals	3.14	3.19	3.11	Improvement Better than average

Table 33: Bottom five ranking scores

	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (trust type) average	
Key finding 29: Percentage of staff reporting errors, near misses or incidents in the last month	87%	89%	90%	Deterioration Below average
Key finding 23: Percentage of staff experiencing physical violence from staff in last 12 months (the lower the score the better)	3%	3%	2%	No change Above (worse than) average
Key finding 6: Percentage of staff reporting good communication between senior management and staff	27%	30%	33%	Improvement Below average
Key finding 32: Effective use of patient/service user feedback	3.53	3.66	3.71	Improvement Below average
Key finding 13:Quality of non-mandatory training, learning or development	4.02	4.04	4.05	Improvement Below average

Comparison to 2016 results

Our scores compared to last year show we made a significant improvement in performance in four of the key findings: the percentage experiencing harassment, bullying or abuse from patients, relatives or the public; the percentage of staff appraised; staff recommending the Trust as a place to work and receive treatment and the effective use of patient feedback.

Our performance significantly decreased in one area, the percentage reporting the most recent experience of harassment, bullying or abuse, which is concerning.

Performance in the other 27 Key Findings showed no significant changes, however of those scores, two stayed the same; six went down and the 19 went up, so the performance shift is in the right direction.

Work during 2017/18

The Trust has worked hard to address the outcomes of the 2017/18 Staff Survey, engaging staff in a range of activities, with teams working together across the Trust to address areas for improvement.

Our 'Let's Talk' campaign aimed at increasing staff engagement launched last year and covered several strands of work, building on the importance of having effective conversations, with the aim of engaging staff, getting them involved, giving them opportunities to have their say and be listened to.

'Let's Talk Live' events, an opportunity for staff to meet the Chief Executive, raise concerns and talk about things that matter most started in July and proved really popular with staff. Events will continue throughout 2018/19.

Over the summer and autumn we embarked on a conversation with everyone who works throughout our Trust. 'Let's Talk about us' engagement work focused on our values to make sure they are still relevant. Activities included focus groups; surveys; questionnaires; walking the wards and team sessions. We asked staff to talk about what was important to them and explored how they felt about our values. Over 50 champions, volunteers from across the Trust got involved. This led to a refresh of our values and behaviours and the launch of 'We Are Bradford', giving our Trust a sense of identity.

Staff were involved in refreshing our Mission, Vision and Strategic Objectives, to provide clear direction; these were launched in September 2017 and were brought under the 'We are Bradford' banner. 'We are Bradford' is a way to help staff think about their contribution and how they work together, bringing together Our Vision, Mission, Strategic Objectives and Values. Our focus on this along with appraisals and leadership during the year aimed to make sure everyone understands, no matter what role they are in, how they are providing the highest quality of healthcare at all times.

As a member of NHS Quest, we helped develop the NHS Quest 'best employer' brand, which launched at the end of 2017. This means encouraging, developing and enabling a supportive, compassionate and positive organisational culture.

In December we held a week of celebrations to recognise our achievements over the year, in the run up to the annual awards. Staff embraced our revamped and renamed Brilliant Bradford Awards; nominations for Team of the Year significantly increased from 16 in 2016 to 50 in 2017. Overall nominations increased from 32 to 120 showing staff are valuing each other, recognising achievements and celebrating success. In response to staff feedback we have introduced monthly Brilliant Bradford awards to recognise teams and individuals for outstanding contributions and these have proved really successful and popular so far.

We use 'Staff Stories' in our regular Let's Talk newsletter to celebrate success, recognise achievements and share good practice. A new 'Let's Talk about us' intranet hub launched at the end of August to keep staff updated and informed on things that are important to them. Staff took part in a communications audit which informed our new Communications Strategy. As a result, we re-introduced Core Brief, a fortnightly summary of key strategic and operational issues affecting our Trust, delivered in face-to-face team meetings.

We have developed a new website with input from staff, who were encouraged to provide feedback and comments. We continued to use social media, including Facebook and Twitter, which we continue to develop.

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has reduced. This was a priority area in our action plan. The Local Security Management Specialist has worked with nursing teams on Ward-Based Security and Safeguarding Management Plans to address violence and aggression towards staff. Focused risk assessments are carried out relating to the top five reported areas and these are monitored by the Security Steering Group. Police Community Support Officers (PCSOs), work with the security team and ward staff to engage early to manage inappropriate behaviour, violence and aggression. The Local Security Management Specialist is part of the enhanced care collaborative working to address the requirement for one to one support for patients.

Our work in supporting and training staff to deal with physical violence from patients or service users continued; 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.

The review of the Harassment and Bullying Policy is underway and incorporates feedback from the BAME staff survey, staff networks, other key stakeholders in the Trust, and best practice.

It is disappointing that despite the hard work to address errors and incidents, there has been no change in the responses from staff and we are below average in the fairness and effectiveness of procedures for reporting and the percentage reporting errors.

We have developed a Learning and Surveillance hub, including bounce back feedback, rapid response actions, risk awareness information, publicising actions taken and their effectiveness following an incident. The hub meets monthly to address different topics and a 'Responding and Improving' bulletin is published on a quarterly basis. A 'Learning Matters' bulletin identifies and shares learning points and recommendations, supported by feedback from staff via the 'Learning Matters' email mailbox. Risk awareness is also provided via 'Let's Talk' newsletters and emails.

Our focus on patient care and experience has included an increase in our use of social media to engage with patients, service users, members of the community and staff. The Patient Experience Team is working in collaboration with the Associate Director of Quality to run a Patient Experience Collaborative Project based on themes drawn from the National Inpatient Survey Engagement. Although we have increased our score around the effective use of patient and service user feedback this year, we are below average compared to other acute trusts. It is important we learn best practice from other trusts to make sure we continue to improve in this area.

Other work related to the staff survey outcomes included our 'time2talk' campaign, focusing on making sure everyone has effective one to one conversations and appraisals; we embedded the values into our appraisals; introduced new workshops, guidance and a simplified policy and procedure, all available on a new 'time2talk' intranet hub.

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 and musculoskeletal) continued including resilience training on managing stress and the appointment of an Occupational Therapist.

Benchmarking

Our scores are benchmarked against 93 other acute trusts. The top and bottom five ranking scores are shown above. Although of the 32 Key Findings, 27 saw no significant change compared to our results last year, our performance compared to other acute trusts is more favourable this year, due to shifts in their performance.

Of the areas where we are below average compared to other acute trusts, there are two themes that stand out. These are:

- Errors and incidents: reporting of errors and near misses and the fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Managers: support from immediate managers and communication between senior managers and staff.

A lot of work has taken place in these areas over the last year. We are reviewing why the actions have not been effective and what we need to do differently in 2018/19. The other areas which are below average include the experience of discrimination at work; experiencing physical violence from staff; quality of non-mandatory training, learning or development and effective use of patient feedback. We are focusing on these areas in the year ahead, however it is noted that there is a lot of good work already taking place which we will continue, while considering and learning from best practice in high performing trusts in these areas.

Priorities 2018/19

Our staff survey results show where we have made improvements and it is important that we continue to build on the progress we have made during 2017/18 particularly around increasing staff engagement. This remains our top priority – getting this right should have a positive effect in other areas, in particular our patient outcomes, staff motivation and wellbeing.

Other priority areas in 2018/19 are those where our performance has deteriorated or is worse than the average for acute trusts. These are:

- Errors and incidents: percentage reporting errors, near misses or incidents witnessed in the last month and fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Managers: percentage reporting good communication between senior management and staff and support from immediate managers
- Patient care and experience: effective use of patient/service user feedback
- Violence, harassment and bullying: percentage experiencing physical violence from staff in the last 12 months and percentage reporting most recent experience of harassment, bullying or abuse.

These priorities will be addressed through our Trust Staff Survey action plan, with progress monitored throughout the year by the Workforce 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 the 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 Work stream. Selina Ullah is the Non-Executive equality and diversity champion on the Board of Directors.

3.4.2 ACHIEVEMENTS IN 2017/18

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 less than 6%. Since Project SEARCH Bradford started, 36 of our interns have graduated. Of these, 26 have gained employment, a success rate of 72%. It works by providing three work rotations to the young people (Interns), immersing them into the culture of work with five hours on the job experience and two hours tuition and reflection each day. It is based on a programme of systematic instruction – beginning with a small number of tasks, adding on additional tasks when the Intern is ready.

The key partners in the Project are:

- **Southfield School**, which is the Project SEARCH Bradford franchise holder provides a full time tutor, project assistant and resources for the project
- **Hft**, which is a national charity providing supported employment for people with learning difficulties who provide the full time job coach
- **Bradford Travel Training Unit**, which provides one to one support to all Interns to overcome the major barrier of independent travel to work
- **Bradford Council**, which provides the funding for the Job Coach and a key strategic objective to increase employment rates for vulnerable adults
- **University of Bradford**, which is a key employment partner for Project SEARCH. It provides third term placement opportunities and have provided employment to some Interns.

We are now in our fifth year of Project SEARCH Bradford. 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).

12 young people started Project SEARCH Bradford in September 2017, with 10 still on the programme. They are receiving varied work experience in jobs such as administration, ward hospitality, cleaning and catering. 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. We had significant achievements with Project SEARCH in 2017/18 which included:

- Winning the Sovereign Health Care sponsored Best Practice in Employment of Disabled People Award from Bradford & District disabled people's forum
- 75% 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 on a work trial, with the aim of gaining permanent employment and another has gained employment
- 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 December 2017.

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
- Airedale NHS Foundation Trust
- University of Bradford.

It is chaired by Professor Clive Kay, our Chief Executive. The membership also includes our Director of Human Resources. The Head of Equality and Diversity has provided support to other Project SEARCH sites who wish to set up their own BAC, sharing our experience.

We are delighted to announce that we have been shortlisted for the Healthcare People Management Association (HPMA) award for Partnership working for Project SEARCH Bradford.

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.

Table 34: Top 10 languages requested (April 2017 – February 2018)

Language	No. of Sessions
Urdu/Punjabi	18,737
Czech/Slovak	5,793
Polish	3,574
Arabic	2,458
Bengali	2,101
Hungarian	1,194
Pushto	750
BSL	725
Romanian	633
Russian	569

3.4.3
STAFF EQUALITY

Black Asian and Minority Ethnic (BAME) Employment Targets

In February 2015, the Board of Directors set itself a target date of 2025 to achieve a workforce reflective of the local BAME working age population of 35%. This is a challenging but achievable target which would require a year on year increase of 1% BAME staff to reach the target. Our data for the first three years looks promising in some areas, with more work to be done in others. Our overall percentage of BAME staff has risen from 24.7% in March 2015 to 29.3% in March 2018. 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 6 percentage points.

The data for senior managers (from band 8 upwards) is less encouraging. From a starting point in March 2015 of 7.59%, the percentage of BAME staff at this level has risen to 12.6%. Whilst this demonstrates a year on year increase, the trajectory of the latest figures indicates that by 2025, only 23% of our senior managers will be from BAME backgrounds. This is a 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.

Workforce Race Equality Standard (WRES)

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

Four indicators from the 2017 Staff Survey contribute to our WRES data, which we submit annually in July. From the 2017 staff survey we have the following:

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

White: 26%; BAME: 28%. There has been a reduction of 8% in the percentage of white staff who experienced this in the last 12 months and a 1% drop for BAME staff. Our overall figures are in line with the national average this year.

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

White: 22%; BAME: 27%. This is an improvement on the 24% for white staff in 2016 and better than the average for acute trusts by 3%. For BAME staff it is also an improvement from 28% in 2016 and is in line with the national average.

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

White: 89%; BAME: 68%. There is a slight increase in the number of white staff who think this, which is 2% above the national average. There has been a significant fall from 80% of BAME staff who felt there were equal opportunities. This is also below the national average of 75%.

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

White: 6%; BAME: 14%. The percentage of white staff reporting this is the same as those in 2016. This is below the national average of 7%. There has been an improvement from 17% of BAME who experience this which is also 1% below the Acute Trust average.

Bradford Teaching Hospitals NHS Foundation Trust Surveys

To gain insight into the experience and barriers to promotion for BAME, Disabled and LGBT (Lesbian, Gay, Bisexual and Transgender) staff, we commissioned the Bradford Institute for Health Research in conjunction with the University of Leeds and Yorkshire Quality and Safety Research Group to undertake a nurse and midwifery survey. The survey was sent to all 1,700 nurses and midwives. We had a response by 528 staff which represents a response rate of 32%. Unfortunately we did not receive sufficient responses from LGBT nurses and midwives to carry out any analysis. However, we have clear evidence of differences for BAME and disabled nurses and have set up a task and finish group to review the findings and decide on action that is required to address disparity.

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 – 98% 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.

Moving Forward

Nine BAME 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. A number of staff have been successful in gaining promotion.

Staff Networks

Staff networks for BAME staff, disabled staff and LGBT staff operate within the Foundation Trust. All the networks are confidential, self-governing groups which provide support and help in raising awareness of issues affecting these staff groups and wherever possible, staff should be given approval to attend meetings during work time.

The Co-Chairs of the BAME staff network were finalists for the Staff Network of the Year award from the Employers Network for Equality and Inclusion for their part in supporting us to improve BAME staff experience.

The Head of Equality and Diversity worked with the Chair of Enable, the disabled staff network on workshops for disabled staff to share their experience of working in the Trust. Once the workshops are complete, consideration will be given to the action required to improve the working lives of disabled staff.

The LGBT staff network organised a stall in the main foyer of BRI to celebrate LGBT History Month.

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

In April 2016, the Foundation Trust published equality objectives for 2016-20, seven of which we share with other local health economy partners. In summary these are:

- Carry out a Gender Pay Gap Audit using a recognised audit framework
- Implement the Accessible Information Standard (AIS)
- Improve BAME service users access and experience of services
- Increase awareness of mental health issues and improve access and experience of mental health service users across the health economy
- Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified
- Implement the Workforce Race Equality Standard
- Implement the recommendations in the Healthy Attitudes Stonewall Study and Equity partnership, lesbian, gay, bisexual, and transgender Local Health Needs Assessment
- Commit to employing at least a third of Project SEARCH Interns who have graduated from the programme.

We work in partnership with other local health economy partners and consult with the local community on our progress. We agreed a series of equality panels to review our performance against our equality objectives and assess our grading against the Equality Delivery System (EDS2). The panels paired together two protected characteristics as follows:

- **Panel 1:** Age and Disability
- **Panel 2:** Ethnicity and Religion, Belief
- **Panel 3:** Sexual Orientation and Gender Reassignment
- **Panel 4:** Gender and Pregnancy, Maternity.

These panels took place in December 2017 and January 2018. Local voluntary sector stakeholders raised concern that, due to workload capacity and staffing shortages, reliance on panel meetings alone would not enable those who wished to comment to have the opportunity to do so. Therefore we also ran an electronic survey to invite a wider pool of people to participate in the analysis, progress and priorities going forward.

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 is challenging but we have put 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.

3.4.6
HATE CRIME REPORTING

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. We agreed in February 2018 to work with the police and Bradford Hate Crime Alliance to set up a Hate Crime Reporting Centre in the Information Centre, at the entrance to Bradford Royal Infirmary. The Centre will enable our staff, patients, visitors and the local community to report Hate Crime. The benefits are that BTHFT will:

- Raise awareness of the importance of reporting and tackling hate crime
- Assist/support them to report hate crime
- Assist them in gaining confidence to stand and speak out against hate crime
- Provide education and training to our staff to enable better understanding of hate crime and how to report it
- To improve its relationship with our local community
- To improve partnership working.

This initiative has come out of joint work with our Black, Asian and Minority Ethnic (BAME) staff network on their experience of violence and aggression in the workplace. We are determined to support all our staff to feel safe whilst at work. This initiative demonstrates that we are listening, and taking innovative action when our staff are facing hate-related crime.

3.4.7
STAFF SURVEY

For the first time, we have carried out a whole staff survey (instead of a smaller sample). This will enable us to have more confidence that the experience of our staff is based on a much larger cohort of respondents. We will, for the first time be able to analyse our results to determine the experience of LGBT staff.

3.4.8
DOMESTIC VIOLENCE

We have changed our Managing Attendance Policy to enable staff to tell us they are experiencing domestic violence, and if this has had an impact on their attendance. We are keen to ensure that we provide our staff with the help and support they require, should they want it. Our local health partners and Bradford Council have now followed suit.

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 the Foundation Trust's compliance with the Code of Governance was carried out by the Integrated Governance and Risk Committee in March 2018 and reported to the Board of Directors in May 2018.

The review concluded that, with regard to the provisions within the Foundation Trust Code of Governance to which "comply or explain" is applicable, the Foundation Trust is compliant with all those provisions.

3.5.2
COUNCIL OF GOVERNORS

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.

With regard to their statutory roles and responsibilities the Governors have, during 2017/18:

- Approved the Appraisal Processes for the Chairman and the Non-Executive Directors
- Received the Annual Accounts, Auditor's Report and the Annual Report 2016/17
- Received the Audit Report from the Auditor on the Quality Report and the Annual Report 2016/17
- Considered and approved the agenda for the Annual General Meeting / Annual Members' Meeting 2016/17
- Appointed Deloitte LLP as the Foundation Trust's External Auditor
- Approved amendments to the Constitution regarding changes to the Board of Directors
- Reappointed two Non-Executive Directors: Dr Trevor Higgins for a further one year term to 20 May 2019 and, Mr Amjad Pervez for a further three-year term to 31 January 2021
- Approved the appointment of Professor Laura Stroud, Non-Executive Director, for a term of three years to 22 October 2020 following her nomination by the School of Medicine, University of Leeds.
- Appointed Mr Barrie Senior, Non-Executive Director as Chair of the Audit and Assurance Committee for a term of three years to 30 November 2020.
- Appointed Ms Trudy Feaster-Gee, Non-Executive Director for a term of three years to 31 December 2020.
- Appointed Mr Jon Prashar, Non-Executive Director for a term of three years to 31 January 2021.
- Selected an indicator for audit by the Foundation Trust's External Auditor, in line with NHSI reporting requirements. The indicator selected for audit was 'Ambulance handovers taking longer than 30 minutes to handover'
- 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 2018/19; including comment sought on the Service Development ambitions for each of the Foundation Trust's Clinical Divisions.
- Discussed strategic developments with regard to the Well Bradford Initiative.

The Council of Governors has also reviewed and approved:

- The Council of Governors' Standing Orders
- The reappointment of Mr David Walker and Ms Hardev Sohal as members of the Nominations and Remuneration Committee (for appointments related to the Non-Executive Directors)
- The Nominations and Remuneration Committee Terms of Reference (for appointments related to the Non-Executive Directors)
- The Council of Governors' Terms of Reference
- The remuneration of the Chair and Non-Executive Directors
- The appointment process for the Non-Executive Directors
- The Non-Executive Directors Terms and Conditions.

COMPOSITION OF THE COUNCIL OF GOVERNORS

Table 35: Council of Governors from 1 April 2017 to 31 March 2018

Public Governors (elected)		Term end date
Ms Stella Hall	Public Bradford East	March 2019
Mr Michael Parry	Public Bradford East	December 2019
Ms Hilary Meeghan	Public Bradford South	December 2020
Mr Alan English	Public Bradford South	May 2019
Ms Jean Pitts	Public Bradford West	July 2017
Mr Jonathan Clift	Public Bradford West	December 2017
Ms Ruby Hussain	Public Bradford West	November 2018
Ms Jenny Scott	Public Bradford West	December 2019
Mr David Walker	Public Shipley	November 2018
Mr David Wilmshurst	Public Shipley	December 2019
Ms Wendy McQuillan	Public Keighley	March 2019
Ms Marian Olonade-Taiwo	Public Keighley	December 2019
Patient Governors (elected)		
Ms Hardev Sohal	Patient (Out of Bradford)	March 2019
Staff Governors (elected)		
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 (appointed)		
Cllr Tariq Hussain	Partner Governor Bradford Metropolitan District Council	May 2019
Dr Andrew Clegg	Partner Governor University of Leeds	December 2018
Professor Marina Bloj	Partner Governor University of Bradford	March 2019

There are two vacancies on the Council of Governors; one for a Public Governor (Rest of England) and one for a Patient Governor.

Vice-Chair and Lead Governor		
Mr David Walker	Vice-Chair of the Council of Governors	April 2018
Professor Marina Bloj	Lead Governor	April 2018

The appointments by the Council of Governors are made for a maximum term length of two years for each position.

ELECTIONS TO THE COUNCIL OF GOVERNORS

The election process launched on 27 October 2017 for four seats on the Council of Governors;

- Bradford West Public Governor (1 seat)
- Bradford South Public Governor(1 seat)
- Rest of England and Wales Public Governor (1 seat)
- Patient Governor (1 seat).

Nomination packs with information about how to stand for election to these positions were made available from 27 October 2017 from the Returning Officer at Electoral Reform Services Ltd.

Nominations were received for the Bradford West Public Governor vacancy and the Bradford South Public Governor vacancy. No nominations were received for the Rest of England and Wales Public Governor vacancy nor the Patient Governor vacancy.

Ballot papers were distributed to qualifying members in the Bradford West and Bradford South Public membership constituencies' on 1 December 2017. The closing date for the receipt of votes by the Independent Scrutineer (Electoral Reform Services Ltd) was 12 noon on Thursday 21 December 2017.

The highest polling candidate in the Bradford West constituency stood down shortly after the election. In line with the Constitution the next highest polling candidate in the Bradford West election was appointed as Governor and will fill the vacancy until the next scheduled elections.

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.

ATTENDANCE AT MEETINGS OF THE COUNCIL OF GOVERNORS IN 2017/18

The Council of Governors met formally five times in 2017/18:

Table 36: Attendance at Meetings of the Council of Governors 2017/18

Name		20.4.17	12.5.17	20.7.17	16.11.17	18.1.18	TOTAL
Professor Bill McCarthy	Chair	✔	✘	✔	✔	✔	4 of 5
Professor Marina Bloj	Partner Governor University of Bradford	✔	✔	✔	✔	✔	5 of 5
Dr Andrew Clegg	Partner Governor University of Leeds	✔	✔	✔	✔	✘	4 of 5
Mr Alan English	Public Governor Bradford South	✔	✔	✔	✔	✔	5 of 5
Ms Pauline Garnett	Staff: Nursing and Midwifery	✔	✔	✔	✔	✔	5 of 5
Cllr Tariq Hussain	Partner Governor BMDC	✔	✘	✘	✔	✔	3 of 5
Ms Stella Hall	Public Governor Bradford East	✔	✔	✔	✔	✘	4 of 5
Ms Wendy McQuillan	Public Governor Keighley	✔	✔	✘	✘	✔	3 of 5
Ms Hilary Meeghan	Public Governor Bradford South	✔	✔	✔	✘	✔	4 of 5
Dr Sulleman Moreea	Staff: Medical and Dental	✘	✔	✔	✔	✔	4 of 5
Ms Marian Olonade-Taiwo	Public Governor Keighley	✔	✘	✔	✔	✔	4 of 5
Mr Michael Parry	Public Governor Bradford East	✔	✔	✔	✔	✔	5 of 5
Ms Jean Pitts	Public Governor Bradford West	✔	✔	✔			3 of 3
Ms Jenny Scott	Public Governor Bradford West	✔	✘	✔	✔	✔	4 of 5
Ms Hardev Sohal	Patient Governor (Out of Bradford)	✔	✔	✘	✘	✔	3 of 5
Mr David Walker	Public Governor Shipley	✔	✔	✔	✔	✔	5 of 5
Mr David Wilmshurst	Public Governor Shipley	✔	✔	✔	✔	✔	5 of 5
Ms Ruth Wood	Staff Governor: All Other Staff groups	✔	✘	✔	✔	✘	3 of 5
Ms Katherine Wright	Staff Governor: Allied Health Professionals and Scientists	✔	✘	✔	✘	✘	2 of 5
Ms Ruby Hussain	Public Governor Bradford West					✔	1 of 1

PROCESS UNDERTAKEN FOR THE APPOINTMENT OF THE EXTERNAL AUDITOR

The Audit Appointment Working Group (AAWG) was established in October 2016, following approval by the Council of Governors, and was tasked with presenting a recommendation to the Council of Governors regarding the appointment of the External Auditor for the 2017/18 audit year onwards.

Membership of the AAWG approved by the Council of Governors was as follows:

- Mr David Wilmshurst, Public Governor (appointed Chair of AAWG)
- Ms Marian Olonade-Taiwo, 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.

The process for the appointment of the Auditor was approved by the Council of Governors in January 2017. The AAWG met on five occasions to deliver the following:

- Confirmation of the procurement framework to be used for the appointment of the Auditors
- Review and approval of the tender documents including; the scoring and weighting of the evaluation criteria and confirmation of the questions to be included in the tender
- Detailed and lengthy review and scoring of the tender responses in line with the evaluation criteria previously confirmed
- Receiving presentations from the suppliers and engaging in a detailed Q&A with the two suppliers shortlisted
- Confirmation amongst the AAWG of the scoring applied
- Reaching a consensus on the recommendation to be presented to the Council of Governors for approval.

The Chair of the Audit and Assurance Committee presented a recommendation to the Council of Governors to approve the appointment of Deloitte LLP as the Foundation Trust's External Auditor from 1 June 2017. The Council of Governors approved the recommendation.

GOVERNORS' EFFECTIVENESS

In addition to the delivery of their statutory duties and responsibilities, in March 2017 the Council of Governors undertook a review with the Chairman which covered the effectiveness of the Council of Governors. The key area marked for particular focus was the development of stronger relationships between the Non-Executive Directors and the Governors. In year, the Governors' work programme has included and been informed by the following.

Governor engagement with the Board of Directors

The members of the Board of Directors, in particular the Non-Executive Directors, regularly engage with the Council of Governors to develop an understanding of the views of Governors about the NHS Foundation Trust. The Board and Governors have continued to cement and develop a range of engagement models during 2017/18 all of which have been proactively supported by the Chairman. These activities have also supported the delivery of responsive learning and development opportunities for Governors (both individually and collectively).

Council of Governors Meetings

During 2017/18 the Council of Governors' meetings further developed to include the delivery of key presentations, supporting challenge and discussion between Directors and Governors on matters of key material interest for the Foundation Trust. In year sessions have covered:

- The Foundation Trust's approach to Performance Improvement
- The Foundation Trust's draft Operational Plans 2018/19
- CQC update on actions in relation to inspection
- EPR pre and post Implementation updates
- Implementing the 'NHSI Learning from Deaths Framework'

- Understanding the Trust's new Integrated (Performance) Dashboard
- Foundation Trust's Organisational Values.

Meetings with the Chair: Professor Bill McCarthy, Chairman has continued to hold regular quarterly meetings with the Vice-Chair of the Council of Governors and the Lead Governors. The Deputy Chair of the Board of Directors has been in attendance and an open invitation has routinely been extended to all Governors to attend these sessions.

Joint meetings between the Non-Executive Directors and Governors: Two informal sessions between Governors and Non-Executive Directors only have supported the focus on matters discussed at Board meetings and how Non-Executive Directors are holding the Executive Directors to account. These sessions have also proved beneficial in support of Non-Executive Directors and Governors getting to know each other better. Following a review on the value of the sessions both Non-Executive Directors and Governors firmly supported their continuance and as such these now form part of the regular meetings cycle.

Independent review of Governance against the NHSI Well-led Framework: The Council of Governors attended a session on 20 July 2017 delivered by Deloitte LLP and received a comprehensive report on the outcomes from the Well-led Review.

Communications with Governors: A regular electronic bulletin was sent to Governors from the Chairman and routinely included:

- 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
- Other items of note shared by Governors.

All Governors are in receipt of the weekly staff magazine 'Let's Talk' which keeps them abreast of operational initiatives, priorities, developments and good news stories.

Governors have been consulted on the content of the Quality Report 2017/18 and invited to take part in consultations with regard to the divisional plans.

In year the Governors have not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 to require one or more of the Directors to attend a governors' meeting for the purpose of obtaining information about the Foundation Trust's performance or its functions or the Director's performance of their duties. The Non-Executive and Executive Directors regularly attend the Council of Governors' meetings.

Governor engagement with Patients, Visitors and Staff

During 2017/18 the 'Getting to Know You' programme, launched in the previous year, has continued. 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. In year visits have covered:

- New Ward Block (the Trust's £23m development)
- Endoscopy Unit
- A&E.

Governors have also taken part in a wide range of other activities which have also supported them in the delivery of their duties, roles and responsibilities. These have included the following:

- Participation in the Trust's improvement programme ProgRESS (Programmed Reviews of Effectiveness, Safety and Sensitivity). This special programme is an NHSI supported review which covers 15 domains in a day
- Attendance at sessions on member engagement and development to discuss engagement events, communications and the development of the member development strategy
- Professor Marina Bloj has continued to represent the Council of Governors as a member of the EPR Transformation Board which oversaw the implementation of the EPR at both our Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust
- Governors Alan English, Jenny Scott and Wendy McQuillan joined with a number of Non-Executive Directors as EPR Ambassadors in support of the EPR Implementation
- Two Governors, Ms Marion Olonade-Taiwo and Ms Hilary Meeghan, joined the panel of the Bradford Innovation Group (BIG) which supports the development of ideas and innovations amongst staff teams to support improvements in the patients' experience and contribute to the safety and quality of care provided in our Trust
- Governors have routinely 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 PLACE visits is provided within the Quality Report.

Governors have communicated 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 took place on 20 July 2017. The accompanying Focus on the Future event also provided good opportunities for engagement around key matters of material interest to the Foundation Trust (these are further described in section 3.5.7 Foundation Trust Membership).

External engagement

Governors are active within a range of third sector and statutory organisations that form part of the local health economy and these relationships inform engagement with the Board of Directors. The Foundation Trust has also worked to support and facilitate the development of networks between the Council of Governors and statutory and third sector organisations that are part of the local health economy. In year Governors have attended:

- The National Governors' Conference, FOCUS, delivered by NHS Providers
- BMDC Health and Social Care Overview and Scrutiny Committee
- West Yorkshire and Harrogate Health and Care Partnership event.

Governors have also taken part in a focus group with the CQC in relation to the Well-led Review of the Foundation Trust.

Learning and development

Formal and informal learning and development opportunities have continued to be made available to the Council of Governors. As well as areas identified in relation to their engagement with the Board of Directors:

- A number of Governors have attended sessions delivered by GovernWell (NHS Providers) - part of the national training programme for Governors.
- 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.

- Governors met with the new External Auditor, Deloitte LLP, to understand more about the scope of their role and to gain further insights into their work in relation to the audit of the Foundation Trust's Quality Report
- Governors met with the Foundation Trust's Head of Nursing, Research & Innovation who provided an in-depth presentation on the work of the Bradford Innovation Group (BIG) and how they have supported the development of ideas and innovations amongst staff teams to support improvements in the patients' experience and contribute to the safety and quality of care provided in the Trust.

3.5.3 BOARD OF DIRECTORS

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.

OUR DIRECTORS

Professor Bill McCarthy, Chair

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.

Professor Clive Kay, Chief Executive

Clive was appointed as Chief Executive Officer in January 2015.

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, 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 Donna Thompson, Director of Governance and Corporate Affairs and Deputy Chief Executive

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 and then the Director of Governance and Corporate Affairs and Deputy Chief Executive in January 2017. Donna initially trained and practised 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 master's degree from the University of Leeds. Donna has worked in both senior operational and corporate management roles before being appointed to her current position.

Mrs Sandra Shannon, Acting Chief Operating Officer

Sandra was appointed as Acting Chief Operating Officer in January 2018 and substantively from 1 April 2018. Sandra has over 12 years' experience in senior operational management roles including Deputy Chief Operating Officer, Hospital Director and Cost Improvement Programme Management Office Director as well as leading turnaround and performance improvement in a number of NHS organisations. She also worked as part of the National Intensive Support Team at the Business Services Authority supporting NHS Trusts to reduce healthcare associated infections and improve hospital cleanliness. Sandra started her career as a nurse and a midwife and held a number of professional roles including Head of Midwifery and Deputy Director of Nursing before moving into general management.

Ms Pat Campbell, Director of Human Resources

Pat has held the position of Director of Human Resources 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 has been working with NHS Providers to establish a Directors of Informatics forum and with the University of Bradford to develop an informatics programme. Cindy previously worked in Canada where she was at Mount Sinai Hospital in Toronto, an academic tertiary hospital in the top 3.5% of clinical automation, and was a member of the Information and Communication Technology Council of Canada's eHealth group. Cindy holds Chief Information Officer and Advanced Leadership certificates from the College of Healthcare Information Management Executives and the University of Toronto respectively, as well as degrees from Ryerson University and Lakehead University in Canada. In addition to her roles in acute care, Cindy worked in the private sector for several years as an Informatics Management Consultant advising hospitals on systems design and implementation.

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 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

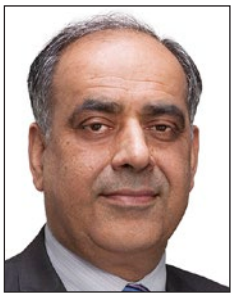
John was appointed in August 2016 as Director of Strategy and Integration, to lead on developing and integrating services which deliver new models of care in the Bradford district and across the wider West Yorkshire region, ensuring the Foundation Trust continues to provide high quality care which meets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

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 from the University of Bradford for services to businesses and communities across the region.



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.

Mrs Pauline Vickers, Non-Executive Director

Pauline was appointed as a Non-Executive Director in November 2013 and Senior Independent Director (SID) from 1 December 2016. 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 Laura Stroud, Non-Executive Director

Laura was appointed as a Non-Executive Director in October 2017. She is a Professor of Public Health and Education Innovation and the Director of the Institute of Health Sciences at the University of Leeds. Laura's expertise is in professional education and supervision. She has significant experience of mentoring and supporting development of individuals and teams and has held a number of roles as an independent chair or expert invitee in the health and not-for-profit sector. She has recently been working on Quality Improvement initiatives in association with the local NHS through her work with the Centre for Innovation in Health Management

Mr Barrie Senior, Non-Executive Director

Barrie was appointed as a Non-Executive Director and as Chairman of the Audit and Assurance Committee with effect from 1 December 2017. He was born, educated, trained and qualified as a Chartered Accountant in Bradford. He is a Fellow of the Institute of Chartered Accountants in England and Wales (FCA). His career to date spans partnership roles with two major accounting firms, finance and corporate development director roles with two significant Yorkshire-based PLCs, as well as non-executive director and audit committee chairman positions. For five years prior to joining the Foundation Trust, Barrie was a non-executive director and chairman of the Audit Committee at Yorkshire Ambulance Service NHS Trust

Ms Trudy Feaster-Gee, Non-Executive Director

Trudy was appointed as a Non-Executive Director from January 2018. She is a barrister and partner at Walker Morris LLP (Leeds) with some 25 years' experience advising businesses and public sector organisations across a broad range of industries, with a particular emphasis on regulated sectors. Trudy also has experience of advising in-house as well as within enforcement agencies, having worked on secondment at the European Commission, Volkswagen Group UK (as head of legal), the UK's Competition Commission (now part of the Competition and Markets Authority) and at Lloyds Banking Group (as head of external competition engagement).

Mr Jon Prashar, Non-Executive Director

Jon was appointed as a Non-Executive Director from February 2018. Jon is the Group Head of Diversity and Inclusion at Places for People. He is instrumental in promoting equality and diversity to achieve continual improvement in a changing customer market. With over 30 years of experience of working in the public, private and voluntary sectors, Jon has focussed on designing and delivering best practice. He is therefore particularly adept at designing new operational processes as well as delivering robust communication plans to ensure that employees, service users, contractors and partners promote equality and harness the opportunities created by diversity. Jon has a background in construction, organisational development and training and he has a wealth of experience in building relationships and promoting equality and inclusion. He fully supports the business case for diversity and the benefits that different perspectives bring to deliver creativity and quality outcomes. With a wealth of experience and commitment to public service, Jon is also a Board member of the Housing Diversity Network, a member of Homes England Equality and Diversity Board and a Board member of Leeds and Yorkshire Housing Association. Jon works passionately to promote a culture of professional accountability. He has a visual impairment and considers himself to be the very lucky owner of a working guide dog.

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

Professor James Walker, Non-Executive Director (from April 2013 to 30 September 2017)

James was appointed as a Non-Executive Director in April 2013 and remained in post until 30 September 2017. He 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 Gynaecologists. 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.

Mr David Munt, Non-Executive Director (from November 2013 to October 2017)

David was appointed as a Non-Executive Director in November 2013 and remained in post until 31 October 2017. 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. After the PCT was disbanded, David was Lay Member (Governance) for the Airedale, Wharfedale and Craven CCG and was their Audit Committee Chair.

Dr Mohammed Iqbal, Non-Executive Director

Mohammed was appointed as a Non-Executive Director in February 2015 and remained in post until 31 January 2018. 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 Smith & Nephew as a Market Access Manager. Prior to joining the Board of Directors, Mohammed had served as a Lay Member on the Governing Body of the NHS Bradford 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.

It is the opinion of the Board of Directors that the skills, expertise and experience of the Board are balanced, complete and appropriate to the requirements of the Foundation Trust.

ATTENDANCE AT MEETINGS OF THE BOARD OF DIRECTORS 2017/18

Table 37: Attendance at meetings of the Board of Directors 2017/18

BOARD MEMBERS	11.5.17	25.5.17	8.6.17	13.7.17	30.8.17	14.9.17	9.11.17	11.1.18	TOTAL
Bill McCarthy	✔	✘	✔	✔	✔	✔	✔	✔	7 of 8
Pat Campbell	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Karen Dawber	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Cindy Fedell	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Bryan Gill	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
John Holden	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Matthew Horner	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Clive Kay	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Donna Thompson	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
Sandra Shannon								✔	1 of 1
Trevor Higgins	✔	✔	✘	✔	✔	✔	✔	✔	7 of 8
Mohammed Iqbal	✔	✔	✔	✔	✔	✔	✔	✔	8 of 8
David Munt	✔	✔	✘	✔	✔	✔			5 of 6
Amjad Pervez	✔	✘	✔	✔	✔	✔	✔	✔	7 of 8
Selina Ullah	✘	✔	✔	✔	✘	✔	✔	✔	6 of 8
Pauline Vickers	✔	✘	✘	✔	✔	✔	✘	✔	5 of 8
James Walker	✘	✘	✔	✔	✔	✔			4 of 6
Laura Stroud							✔	✔	2 of 2
Barrie Senior								✔	1 of 1
Trudy Feaster-Gee								✔	1 of 1
Jon Prashar									0 of 0

✔ = Attended ✘ = Apologies sent Denotes period when not a member of the board

Board of Directors' meetings are also attended by the Trust Secretary. Board of Directors' meetings changed to bi-monthly from September 2017. The Board of Directors met 8 times in 2017/18. The March 2018 meeting was cancelled due to adverse weather conditions

3.5.4
COMMITTEES OF THE BOARD

PERFORMANCE COMMITTEE

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

The Performance Committee and the Finance Committee merged to become one Committee from September 2017.

Table 38: Attendance at Meetings of the Performance Committee 2017/18

MEMBERS	26.4.17	31.5.17	28.6.17	26.7.17	30.8.17	TOTAL
Pauline Vickers (Chair)	✔	✔	✔	✔	✔	5 of 5
Pat Campbell	✔	✔	✔	✔	✔	5 of 5
Karen Dawber	✔	✘	✔	✔	✔	4 of 5
Cindy Fedell	✘	✔	✘	✔	✔	3 of 5
Bryan Gill	✔	✔	✔	✔	✔	5 of 5
John Holden	✔	✔	✔	✔	✔	5 of 5
Matthew Horner	✔	✔	✔	✔	✔	5 of 5
Clive Kay	✔	✔	✔	✔	✔	5 of 5
Donna Thompson	✔	✘	✘	✔	✔	3 of 5
Mohammed Iqbal	✘	✔	✘	✔	✔	3 of 5
James Walker	✔	✔	✘	✔	✔	4 of 5
David Munt	✔	✔	✔	✔	✔	5 of 5
Selina Ullah	✘	✘	✔	✘	✘	1 of 5
Amjad Pervez	✘	✔	✔	✔	✘	3 of 5
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee		

Committee meetings are also attended by the Trust Secretary and Head of Performance.

FINANCE AND INVESTMENT COMMITTEE

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

The Committee provided assurance and, if necessary raised concerns or made recommendations to the Board of Directors. In fulfilling this purpose, the Committee sought assurance that patient safety was not compromised by any proposed recovery or action plan.

The Finance and Investment Committee changed to the Finance and Performance Committee in September 2017.

Table 39: Attendance at Meetings of the Finance and Investment Committee 2017/18

MEMBERS	26.4.17	31.5.17	28.6.17	26.7.17	30.8.17	TOTAL
Amjad Pervez (Chair)	✘	✔	✔	✔	✔	4 of 5
Pat Campbell	✔	✔	✔	✔	✔	5 of 5
Karen Dawber	✔	✘	✔	✔	✔	4 of 5
Cindy Fedell	✔	✔	✘	✔	✔	4 of 5
Bryan Gill	✔	✔	✔	✔	✔	5 of 5
John Holden	✔	✔	✘	✔	✔	4 of 5
Matthew Horner	✔	✔	✔	✔	✔	5 of 5
Clive Kay	✔	✘	✘	✔	✔	3 of 5
Donna Thompson	✔	✘	✘	✔	✔	3 of 5
Mohammed Iqbal	✘	✔	✘	✔	✔	3 of 5
James Walker	✔	✔	✘	✔	✔	4 of 5
David Munt	✔	✔	✔	✔	✔	5 of 5
Selina Ullah	✘	✘	✔	✘	✘	1 of 5
Pauline Vickers	✘	✔	✔	✔	✘	3 of 5
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee		

Committee meetings are also attended by the Trust Secretary.

FINANCE AND PERFORMANCE COMMITTEE

The Committee was established in September 2017. The purpose of the Committee is two-fold:

- 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
- To provide detailed scrutiny of performance matters.

The Committee provides assurance and, if necessary raises concerns or makes recommendations to the Board of Directors. In fulfilling this purpose, the Committee at all times seeks assurance that patient safety is not compromised by any proposed recovery or action plan.

The Performance Committee and the Finance Committee merged to become one committee from September 2017.

Table 40: Attendance at Meetings of the Finance and Performance Committee 2017/18

MEMBERS	27.9.17	25.10.17	29.11.17	20.12.17	31.1.18	28.2.18	28.3.18	TOTAL
Pauline Vickers (Chair)	✔	✔	✔	✔	✔	✔	✔	7 of 7
Karen Dawber	✘	✘	✘	✔	✘	✔	✘	2 of 7
Cindy Fedell	✔	✔	✔	✔	✔	✔	✔	7 of 7
Matthew Horner	✔	✔	✔	✔	✔	✘	✔	6 of 7
Donna Thompson	✔	✘	✔	✔	✔	✔	✘	5 of 7
Mohammed Iqbal	✘	✔	✘	✘	✔			2 of 5
Trevor Higgins	✔	✔	✔	✔	✔	✔	✔	7of 7
Jon Prashar						✔	✔	2 of 2
David Munt	✔	✔						2 of 2
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee				

Committee meetings are also attended by the Trust Secretary and Head of Performance.

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.

Table 41: Attendance at Meetings of the Quality and Safety Committee 2017/18

MEMBERS	26.4.17	31.5.17	28.6.17	26.7.17	30.8.17	TOTAL
James Walker (Chair)	✔	✔	✘	✔	✔	4 of 5
Pat Campbell	✔	✔	✔	✔	✔	5 of 5
Karen Dawber	✔	✘	✔	✔	✔	4 of 5
Cindy Fedell	✘	✔	✘	✔	✔	3 of 5
Bryan Gill	✔	✔	✔	✔	✔	5 of 5
John Holden	✔	✔	✔	✔	✔	5 of 5
Matthew Horner	✔	✔	✔	✔	✔	5 of 5
Clive Kay	✔	✔	✔	✔	✔	5 of 5
Donna Thompson	✔	✘	✔	✔	✔	4 of 5
Mohammed Iqbal	✘	✔	✘	✔	✔	3 of 5
Pauline Vickers	✔	✔	✔	✔	✔	5 of 5
David Munt	✔	✔	✔	✔	✔	5 of 5
Selina Ullah	✘	✔	✔	✘	✘	2 of 5
Amjad Pervez	✘	✔	✔	✔	✔	4 of 5
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee		

Committee meetings are also attended by the Trust Secretary.

The Quality and Safety Committee became the Quality Committee from September 2017.

QUALITY COMMITTEE

The Quality Committee was established in September 2017 and 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 safety, effectiveness and patient experience in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Table 42: Attendance at Meetings of the Quality Committee 2017/18

MEMBERS	27.9.17	25.10.17	29.11.17	20.12.17	31.1.18	28.2.18	28.3.18	TOTAL
James Walker (Chair until Sept 2017)								0 of 0
Laura Stroud (Chair from Sept 2017)		✘	✔	✔	✔	✔	✔	5 of 6
Karen Dawber		✘	✘	✔	✘	✔	✘	2 of 6
Bryan Gill		✘	✘	✔	✘	✔	✔	3 of 6
Cindy Fedell		✔	✔	✔	✔	✔	✔	6 of 6
Donna Thompson		✘	✔	✔	✔	✔	✘	4 of 6
Mohammed Iqbal		✔	✘	✘	✔			2 of 4
Amjad Pervez		✔	✔	✔	✔	✔	✔	6 of 6
Selina Ullah		✔	✔	✘	✔	✘	✔	4 of 6
Jon Prashar						✘	✔	1 of 2
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee				
				Meeting cancelled				

Committee meetings are also attended by the Trust Secretary and Head of Performance.

The Quality and Safety Committee became the Quality Committee from September 2017.

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.

Table 43: Attendance at Meetings of the Integrated Governance and Risk Committee 2017/18

MEMBERS	24.4.17	22.5.17	NO MEETING IN JUNE	17.7.17	21.8.17	18.9.17	16.10.17	20.11.17	11.12.17	15.1.18	12.2.18	19.3.18	TOTAL
Clive Kay (Chair)	✔	✔		✔	✔	✔	✘	✘	✔	✔	✔	✔	9 of 11
Pat Campbell	✔	✔		✘	✔	✔	✔	✔	✔	✔	✔	✘	9 of 11
Karen Dawber	✔	✔		✘	✔	✔	✘	✔	✔	✔	✔	✔	9 of 11
Cindy Fedell	✔	✔		✔	✔	✔	✔	✔	✘	✔	✔	✔	10 of 11
Bryan Gill	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	✘	10 of 11
John Holden	✔	✔		✔	✘	✔	✘	✔	✔	✔	✔	✔	9 of 11
Matthew Horner	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	✔	11 of 11
Donna Thompson	✔	✘		✔	✔	✔	✔	✔	✔	✘	✔	✘	8 of 11
Sandra Shannon										✔	✔	✔	3 of 3

✔ = Attended	✘ = Apologies sent		Denotes period when not a member of the Committee
			Denotes when no meeting held

Committee meetings are also attended by the Trust Secretary

CHARITABLE FUNDS COMMITTEE

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

Table 44: Attendance at Meetings of the Charitable Funds Committee 2017/18

MEMBERS	13.4.17	13.7.17	9.11.17	8.3.18	TOTAL
Bill McCarthy (Chair)	✔	✔	✔	✔	4 of 4
Trevor Higgins	✔	✔	✔	✔	4 of 4
David Munt	✔	✔			2 of 2
Trudy Feaster-Gee				✘	0 of 1
Clive Kay	✔	✔	✔	✔	4 of 4
Matthew Horner	✔	✔	✔	✔	4 of 4
Karen Dawber	✔	✔	✔	✔	4 of 4
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee	

Committee meetings are also attended by the Assistant Director of Finance and Charity Fundraiser.

MAJOR PROJECTS COMMITTEE

The purpose of the Committee is to provide detailed scrutiny of the Foundation Trust's major projects in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Table 45: Attendance at Meetings of the Major Projects Committee 2017/18

MEMBERS	25.10.17	20.12.17	28.2.18	TOTAL
Amjad Pervez (Chair)	✔	✔	✔	3 of 3
Mohammed Iqbal	✔	✘		1 of 2
Trudy Feaster-Gee			✔	1 of 1
Pauline Vickers		✔	✘	1 of 2
Clive Kay		✔	✘	1 of 2
Donna Thompson	✘	✔	✘	1 of 3
Bryan Gill		✔	✔	2 of 2
Karen Dawber		✔	✘	1 of 2
Pat Campbell	✔	✔	✘	2 of 3
Cindy Fedell	✔	✔	✔	3 of 3
Matthew Horner	✔	✔	✘	2 of 3
John Holden	✘	✔	✔	2 of 3
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee
				Executive Director attendance depends on the projects that are underway.

PARTNERSHIPS COMMITTEE

The purpose of the Committee is to provide detailed scrutiny of the Foundation Trust's arrangements for partnerships and collaborative working in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Table 46: Attendance at Meetings of the Partnerships Committee 2017/18

MEMBERS	29.9.17	1.12.17	26.1.18	30.3.18	TOTAL
Bill McCarthy (Chair)		✔	✔	✔	3 of 3
Clive Kay		✘	✔	✔	2 of 3
John Holden		✔	✔	✔	3 of 3
Bryan Gill		✔	✘	✘	1 of 3
Matthew Horner		✔	✔	✔	3 of 3
Amjad Pervez		✔	✘	✔	2 of 3
Laura Stroud		✔	✔	✔	3 of 3
Trudy Feaster-Gee			✔	✔	2 of 2
James Walker					0 of 0

✔ = Attended	✘ = Apologies sent		Denotes period when not a member of the Committee
			Meeting cancelled

Committee meetings are also attended by the Trust Secretary

WORKFORCE COMMITTEE

The purpose of the Committee is to provide detailed scrutiny of the Foundation Trust's workforce arrangements in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

Table 47: Attendance at Meetings of the Workforce Committee 2017/18

MEMBERS	27.9.17	29.11.17	31.1.18	28.3.18	TOTAL
Selina Ullah (Chair)		✔	✔	✔	3 of 3
Pat Campbell		✔	✔	✘	2 of 3
Donna Thompson		✔	✔	✘	2 of 3
Bryan Gill		✔	✘	✔	2 of 3
Karen Dawber		✘	✘	✘	0 of 3
Pauline Vickers		✔	✔	✔	3 of 3
Jon Prashar				✔	1 of 1

✔ = Attended	✘ = Apologies sent		Denotes period when not a member of the Committee
			Meeting cancelled

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.

The matters to be considered by the Audit and Assurance Committee are included within the Audit and Assurance Committee Terms of Reference. The Terms of Reference are reviewed annually and approved by the Board of Directors. The Terms of Reference are published and available on the Foundation Trust website.

In year the committee considered and reviewed the following reporting from Internal Audit:

- Internal Audit Annual Report & Head of Internal Audit Opinion
- The Counter Fraud Annual Report
- The Internal Audit Plan for 2017/18
- regular Internal Audit Progress reports
- Regular reports concerning follow up of Internal Audit recommendations
- Counter Fraud Progress Reports
- Internal Audit Charter.

The committee considered and reviewed the following reporting from the Foundation Trust:

- Clinical Audit Annual Report
- Clinical Audit High Priority Work Plan
- Deloitte Well-led Review Action Plan
- New Guidance from NHS England: Conflicts of Interest
- Appointment of External Auditor update
- Draft Annual Accounts (2016/17)
- Draft Annual Report & Quality Report (2016/17)
- Draft Letters of Representation (2016/17)
- Cyber Security Attack Update
- Information Commissioner's Office Best Practice Visit Update
- Board of Directors Standing Orders
- Draft Charitable Funds Committee Annual Accounts (2016/17) and Letter of Representation
- Annual Review of Internal Audit and External Audit Performance
- Audit and Assurance Committee Annual Report
- Audit and Assurance Committee Self-Assessment
- Audit and Assurance Committee Terms of Reference
- ISA 260 Report 2016/17 Recommendations
- CQC Compliance Process
- Fire Safety Report
- Annual Security Report
- Annual Report & Quality Report 2017/18 - Timetable for Production
- Foundation Trust Annual Reporting Manual 2017/18
- Internal Audit Report BH/11/18 – Cost Improvement Plan recommendations update
- Board Assurance Framework Process
- Review of arrangements for use of External Auditors for Non-Audit Purposes
- Annual Reported Physical Assaults 2016/17
- Electronic Patient Record (EPR) go-live Process
- Clinical Correspondence Electronic Circulation Assurance
- Internal Audit Waste Segregation Update
- Audit and Assurance Committee Work Plan.

The committee considered and reviewed the following reporting from the External Auditors

- External Audit Report 2016/17 - KPMG LLP
- Charitable Funds ISA260 Report - KPMG LLP
- External Audit Annual Plan 2017/18 - Deloitte LLP
- Benchmarking & Sector Developments Report - Deloitte LLP.

In-year, the Audit and Assurance Committee considered and approved the following items:

- Standing Financial Instructions (SFIs) and the Scheme of Delegation
- Audit Plan and Sector Developments Report - Deloitte LLP
- Foundation Trust Annual Accounts Update 2017/18
- Review of arrangements for use of External Auditors for Non-Audit Purposes.

The committee considered and noted the risks identified as part of the External Audit Plan including revenue recognition, management override of control, impairment of the EPR system and value for money.

The minutes from the meetings of the Audit and Assurance Committee, along with reports from the Chair of the Audit and Assurance Committee, highlighting the key items for discussion, are routinely presented at the public meetings of the Board of Directors. These documents are available on the Foundation Trust website.

The Committee's membership has been as follows:

- David Munt – Chair until 31 October 2017
- Barrie Senior – Chair from 1 December 2017
- Trevor Higgins
- Selina Ullah.

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

Table 48: Attendance at Meetings of the Audit and Assurance Committee 2017/18

MEMBERS	16.5.17	24.5.17	1.8.17	3.10.17	5.12.17	6.2.18	TOTAL
David Munt	✔	✔	✔	✔			4 of 4
Trevor Higgins	✔	✔	✘	✔	✔	✔	5 of 6
Selina Ullah	✘	✔	✔	✔	✔	✔	5 of 6
Barrie Senior					✔	✔	2 of 2
✔ = Attended	✘ = Apologies sent			Denotes period when not a member of the Committee			

Audit and Assurance Committee meetings are also attended by the Director of Finance, an Assistant Director of Finance and the Trust Secretary. The Chief Executive attends at least one meeting per year. Representatives of both Internal and External Audit also attend meetings.

3.5.5 EXTERNAL AUDIT

The external auditor for the Foundation Trust is:

Deloitte LLP
One Trinity Garden
Broad Chare
Newcastle upon Tyne
NE1 2HF

The external auditor was appointed in June 2017 following a procurement exercise led by a working group of the Council of Governors. The appointment was in accordance with the Code of Audit Practice for NHS Foundation Trusts, issued by the National Audit Office on behalf of the Comptroller and Auditor General.

The fee for the year is shown in table 49 below.

Table 49: Audit Fees

Fee (excluding VAT)	2017/18 £000	2016/17 £000
Audit Services – Statutory Audit	48.4	48.6
Non Audit Services - Audit-related assurance services	5.6	8.8
Non Audit Services – Other Assurance Services	32.1	92.0
Total	**86.1**	**149.4**

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 which were in respect of audit related assurance services (£6,000) and other assurance services (£32,000) (2016/17 £101,000 in total).

3.5.6 INTERNAL AUDIT AND COUNTER FRAUD SERVICE

Internal Audit and Counter Fraud Services are provided by Audit Yorkshire (previously West Yorkshire Audit Consortium). The Director of Finance sits on the Audit Yorkshire Board which oversees Audit Yorkshire at a strategic level.

An Internal Audit Charter formally defines the purpose, authority and responsibility of internal audit activity. This document was updated, reviewed and approved by the Audit and Assurance Committee in August 2017. The Audit and Assurance Committee approved the planning methodology to be used by Internal Audit to create the Internal Audit Plan for 2017/18, and gave formal approval of the Internal Audit Operational Plan in April 2017.

The conclusions as well as all findings and recommendations of finalised Internal Audit reports are shared with the Audit and Assurance Committee. The Committee can, and does, challenge Internal Audit on assurances provided, and requests additional information, clarification or follow-up work if considered necessary.

A system whereby all internal audit recommendations are followed-up on a quarterly basis is in place. Progress towards the implementation of agreed recommendations is reported (including full details of all outstanding recommendations) to the Executive Management Team and the Audit and Assurance Committee on a quarterly basis. This has been an area of focus by the Committee during the year and Trust management have worked hard to ensure that the process for responding to Internal Audit recommendations has been improved.

The Counter Fraud Plan was reviewed and approved by the Audit and Assurance Committee and the Local Counter-Fraud Specialist (LCFS) presented regular reports detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

3.5.7 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 and Wales'. Keighley, Shipley, Bradford East, Bradford South and 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 and 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.

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.

Table 50: Public Membership Constituencies

Public Membership Constituencies	Wards
Keighley	Craven, Ilkley, Keighley Central, Keighley East, Keighley West, Worth Valley.
Shipley	Baildon, Bingley, Bingley Rural, Shipley, Wharfedale, Windhill and Wrose.
Bradford East	Bolton and Undercliffe, Bowling and Barkerend, Bradford Moor, Eccleshill, Idle and Thackley.
Bradford South	Great Horton, Queensbury, Royds, Tong, Wibsey, Wyke.
Bradford West	City, Clayton and Fairweather, Heaton, Manningham, Thornton, Toller, Little Horton.
Rest of England and Wales	Remaining electoral wards that do not form part of the BMDC area.

Number of Members

At the year end the Foundation Trust has a total membership of 48,192. 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.

Table 51: Foundation Trust Membership

Public Membership Constituency Breakdown	FT members	% membership	BMDC total population	% of BMDC population
Bradford East	8,834	24	117,521	22%
Bradford South	8,538	24	104,892	20%
Bradford West	8,897	25	117,921	22%
Keighley	2,999	8	98,861	18%
Shipley	6,712	18	97,103	18%
Rest of England	257	1	N/A	N/A
Total Public Membership	**36,237**		**536,298**	
Total Patient Members	**6,380**			

Staff Membership Constituency breakdown	FT members	Total eligible staff population	Membership as % of total eligible staff population
Allied Health Professionals and Scientists	594	649	92%
Nursing and Midwifery	1,632	1,697	96%
Medical and Dental	678	698	97%
All Other Staff Groups	2,671	2,898	93%
Total Staff	**5,575**	**5,942**	**94%**

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

Membership Recruitment, Engagement and Development 2017/18

At the beginning of April 2017, total overall membership stood at 47,882. During the year, membership has declined overall by 310 members, which equates to a 1% 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) no active recruitment campaigns have been undertaken, however people were provided with opportunities to register as new members in tandem with general public engagement activities and via the Foundation Trust's on-line membership joining form. The profile of the membership continues to be monitored with regard to representation. The Foundation Trust is able to report that from a socio-economic perspective the membership remains fairly representative of the communities served. The number of members within the 16-22 years age group are under-represented, and the number of members within the 60-75 years age group are over-represented.

In-year the Foundation Trust has published a new Clinical Strategy, People Strategy and Patient Engagement Strategy. Work on a new Membership Development and Engagement Strategy, taking account of the new health landscape and working in partnership with other organisations, will be completed during 2018/19.

Information regarding Membership recruitment, engagement and development has been reported to the Board of Directors as part of the Chairman's Reports.

Annual Members Meeting / Open Event featuring key developments

The Annual Members' Meeting was combined with the Annual General Meeting and took place on 20 July 2017. 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:

- Research and Development (Bradford Institute of Health Research)
- Developments around Diabetes – Andrea Lealman
- The Virtual Ward – Sarah Patrick
- Development of the Foundation Trust's Clinical Strategy - Matthew Howson
- Getting involved through Volunteering
- The work of our Chaplaincy
- The Foundation Trusts' approach to Service Improvement – Louise Middleton
- Organisational Development and our Foundation Trust Values – Lily Hurford
- Dementia: How the Foundation Trust is embracing John's campaign
- Quality Improvement Priorities
- Capital Programme Developments
- Electronic Patient Record Implementation.

Members have been:

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

A membership event aimed at one of the Trust's 'hard to reach' groups was delivered in October 2017. 'Your Future Your Health' was delivered in partnership with the other local Foundation Trusts and the CCGs across Bradford and Craven hosted our second highly successful health event for young people aged from 14 to 18 years. Your Future Your Health attracted approximately 475 students who took great advantage of the opportunity to engage with the professionals around health and wellbeing, employment, and careers and education opportunities.

Membership Communications

Communications have been channelled through the Members Zone website up to November 2017 when all Foundation Trust membership on-line communications transferred back to the main Trust website at www.bradfordhospitals.nhs.uk.

General and targeted emails have been used as the main means of direct communications with members. The Foundation Trust continues to encourage people to join online and sign up for electronic communications.

In September 2017 Members were consulted over the development of the Trust's new Communications Strategy. A new membership e-bulletin, Focus On, will launch in April 2018.

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 Trust's 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 Governors 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.

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 31 March 2018. 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.

Table 52: Single Oversight Framework: BTHFT finance and use resources scoring

Area	Metric	2017/18	2016/17
Financial sustainability	Capital service capacity	2	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.

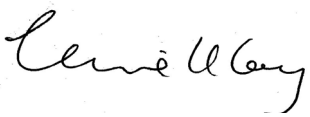
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- 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
- 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 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
24 May 2018

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 2018, 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 Corporate Affairs was established in February 2015 as a result of an extensive consultation exercise. During August 2016 this was developed into the Office of Governance and Operations to reflect a change in the portfolio of Executive Director roles. Due to the planned appointment of a substantive Chief Operating Officer in early 2018/19, the Office of Governance and Corporate Affairs was re-established in December 2017 and the key objectives of the Office revised accordingly.

The key objectives for the Office of Governance and Corporate Affairs 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 with which the Foundation Trust has confidence
- Ensure that the Board and sub-committee structure of the Foundation Trust acts as an enabler for the escalation, contextualisation and management of risk
- Work with other non-clinical directorates as 'enablers' to support the clinical divisions in relation to the management of risk.

In line with the principles of the devolved management structure within the 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 is unable to take action to mitigate a risk because it falls outside of its 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 can be evidenced through the introduction and use of a revised Board Assurance Framework (Quarter 3 2017/18), which describes the Trusts' key strategic objectives, the associated assurance and risks and controls in place. During 2017/18 the Foundation Trust took further steps to strengthen the governance of the Committees of its Board of Directors which has directly supported the implementation of the Board Assurance Framework.

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

Information on the Board's Committee structure, Director changes in year, the Board's performance and assessment of its own effectiveness is covered in the Accountability Report under section 3.1.1 The Board of Directors.

TRAINING

The Foundation Trust provides a comprehensive mandatory training programme, which includes governance and risk management awareness and training. 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 and risk management training programme is reviewed annually by the Office of Governance and Corporate Affairs 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.

MITIGATION AND CONTROL AND LEARNING LESSONS

The Foundation Trust uses a single electronic 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 2017/18 a formal review of the incident reporting form was undertaken, a revised approach developed and piloted within the Maternity Service and this will be rolled out across the Trust during early 2018/19. The Trust also introduced the Datix Care Quality Commission module during 2017/18, and this will be using this module proactively to support the assurance in relation to our compliance with the Fundamental Standards of Quality and Safety.

During 2017/18 the Foundation Trust focused on developing awareness and skills in relation to high quality and focused risk assessments, amongst both clinical and non-clinical staff. A risk management development group has been established and a central repository for all risk assessments has been implemented.

The Foundation Trust has an established knowledge management framework to support learning, embedded within a quality oversight system. This system enables the identification of precursor incidents from complaints, claims, incident reporting, inquests, mortality reviews, patient experience information, ProgRESS reviews (our reviews of our compliance with fundamental standards), effectiveness data information from regulators and external partners, staff and patient conversations, risks and a quarterly focus group of the learning and surveillance hub. The system allows the creation, acquisition, dissemination, and implementation of this knowledge across the organisation.

Key outputs from the system are:

- 'bounce back communication' to staff or patients that identify an incident or a risk, in order to keep them informed
- 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

- 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
- 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 Trust-Wide 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 Committee, Finance and Performance Committee, Workforce Committee and Health and Safety Committee.

The Quality 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 Resolution and the Health and Safety Executive, and acts on recommendations and alerts from these bodies as appropriate. The Foundation Trust also continues to strengthen 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 strategic 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 Committees. 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 2 risks that are rated 20 or above; these are current, in-year risks but require ongoing management into the future.

The first of these risks relates to the risk of failure to maintain financial stability and sustainability in the current economic climate with the organisation facing continued cost inflation, tariff deflation, regulatory change, increased demand on services and a predicted curtailment of CCG growth funding. The second relates to the risk of not being able to achieve the expected benefits realisation affecting the organisation's financial position following the implementation of the EPR.

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.

The Board Assurance Framework is 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. All the Board Committees 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 reviews 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 is 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 Clinical Strategy
- A Quality Plan
- A sub-committee with a clear focus on patient experience – the 'Patients First Committee', a sub-committee of the Quality Committee - which meets monthly and is chaired by the Chief Nurse. It is responsible for monitoring performance against the agreed annual patient experience metrics
- Annual Accounts

- A suite of Quality Reports, which report progress against the key quality objectives in year, and are submitted to the Quality Committee following an agreed work-plan. 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 and the Foundation Trust's participation in the National Clinical Audit Programme
- The Medical Director, who has the lead for mortality. The Mortality sub-committee, a sub-committee of the Quality 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 walk rounds on all wards and departments – clinical and non-clinical – in order to ensure that there is 'Board to Ward' oversight and ownership of quality and safety issues
- Our Programmed Reviews of Effectiveness, Safety and Sensitivity (ProgRESS) which support assurance in relation to our compliance with the Fundamental Standards of Quality.

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

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 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.

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

Compliance with the Provider Licence is formally reviewed on an annual basis. This was last carried out by the Integrated Governance and Risk Committee in April 2018, and reported to the Board of Directors in May 2018. The review concluded that there was assurance in place that could evidence compliance with all the licence conditions.

An independent Well-led review was undertaken in 2017/18 as part of NHS Improvement's Well-led Governance Framework.

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.

CARE QUALITY COMMISSION

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. In 2016 the Foundation Trust's overall rating was 'Requires Improvement'.

During early January 2018 the CQC carried out an unannounced inspection of the Foundation Trust. The CQC inspected the following core services:

- Maternity
- Urgent and emergency services
- Medicine and care of older people
- Surgery.

At the time of signing the report of this inspection has not been published.

During early February 2018 the CQC carried out a 'Well-led' inspection of the Foundation Trust.

Also during February 2018 the Foundation Trust was involved in a CQC Area Review which focused on the care and the management of care of people over 65 years old.

At the time of signing the reports on these two reviews have not been published.

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.

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 is assured 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.

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 Performance 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 one high risk (Level 2) information governance incident having been reported to the Information Commissioner's Office (ICO). 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 below. The first details the serious incidents requiring investigation classified as Level 2 reportable.

The second table details the incidents classified at lower level security:

Table 53: Serious incidents requiring investigation classified as Level 2 reportable.

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**
December 2017	Unauthorised access to records	Health records	1	Reported to the ICO.

Table 54: Other incidents

Summary of Other Personal Data Related Incidents in 2017/18		
Category	Breach Type	Total Number of Incidents in this category
A	Corruption or inability to recover data	1
B	Disclosed in error	111
C	Lost in transit	11
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	4
F	Non-secure disposal – hardware	0
G	Non-secure disclosure – paperwork	11
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	8
K	Other	64

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.*

GOVERNANCE AND LEADERSHIP

The Director of Governance and Corporate Affairs 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 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.

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. ProgRESS (which stands for a Programmed Review of Effectiveness, Safety and Sensitivity) is our approach to understanding the effectiveness, the safety, the responsiveness and the sensitivity of the care we provide.

We use 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 is in place, 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 two 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, complaints and national alerts.

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 2017/18 we have undertaken Foundation Trust wide ProgRESS reviews in the following areas:

- Management of complaints
- Nutrition and hydration
- Suitably skilled and qualified staff
- Record redaction pre-disclosure
- Effectiveness of action plans associated with serious incidents.

To supplement the programmed reviews described above the Foundation Trust, with the support of NHS Improvement, undertook a focused day of reviews 'mapping out ProgRESS in a day'. The areas covered:

- Theatre safety
- Paediatrics
- End of Life care
- Critical Care
- Responsive domain
- Governance (Clinical Division and Corporate)
- Ward environment assessments.

As with the principles of ProGRESS, a wide variety of reviewers from across the Foundation Trust and external partners supported the day. Individual reviews were led by subject matter experts provided by NHSI.

In addition to the above, 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:

- Accessible information standards
- Accident and Emergency Department Documentation
- Maternity Services Documentation
- Management of emergencies (Crash Calls)
- Management of external reporting (data quality and sign off)
- Management of external visits and their outcomes.

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 Committee. The effectiveness of our response to learning and recommendations from serious incidents is reported to the Quality 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 2017/18. The quality of data submitted to national audit programmes and compliance with case ascertainment will continue to be a clear focus for 2018/19 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 Dashboard.

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 Committee meetings. These inform the Foundation Trust's overall annual Quality Report.

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 is 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.

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.

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.

In order to provide assurance on the quality and accuracy of elective waiting time data the Foundation Trust employs a range of measures that incorporate good practice concepts, developed over time and applied across a wide range of NHS providers.

These include having a clear data quality strategy to ensure all staff understand how their roles can assist in maintaining high quality data standards. The Foundation Trust maintains an ongoing Data Governance Group which is supported by a comprehensive data quality dashboard with defined key performance indicators. The key performance indicators measured include a suite of indicators relevant to elective waiting times and are externally verified by third party experts.

In addition to the working group and dashboard there is continual data sampling and validation of elective waiting list data by staff specifically trained in referral to treatment data entry. This is provided by an established, substantive corporate function dedicated to the role. Validation occurs on an ongoing, daily basis for those patients experiencing the longest waiting times.

The Foundation Trust recognises that poor data quality can directly contribute to a patient receiving non-optimal care. The main risk to elective waiting data quality is the reliance on all staff who contribute to a patient's care recognising their part to play in ensuring that high data quality is maintained at all stages of a patient's pathway. The processes noted above are intended to mitigate this risk.

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 reporting models using real time data supported by the Data Quality Team and the operational divisions to continue to improve the quality of Trust data
- Active use of data quality metrics across all clinical systems especially with regard to the new EPR and the data warehouse
- Strengthening of the data quality governance arrangements with proactive engagement of Information Asset Owners and operational accountability.

The Foundation Trust will also continue to refine and develop the communication across the organisation to better inform staff of their responsibility to maintain good quality data and get the data correct 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 and its Committees and plan to address weaknesses and ensure continuous improvement of the system is in place.

MAINTENANCE AND REVIEW OF THE SYSTEM OF INTERNAL CONTROL

The Audit and Assurance Committee reviews 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 and Assurance 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.

The Committees of the Board of Directors 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.

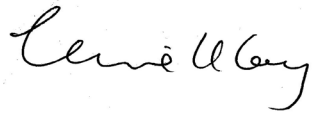
The Head of Internal Audit Opinion on the effectiveness of the system of internal control was presented to the Foundation Trust's Audit and Assurance Committee on 18 May 2018. The opinion was that there was significant assurance and that there is a generally sound system of internal control, designed 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.

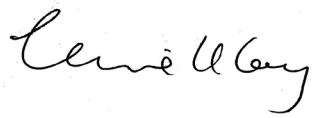
Signed



Professor Clive Kay
Chief Executive
24 May 2018

I also sign in respect of the Accountability report:

Signed



Professor Clive Kay
Chief Executive
24 May 2018

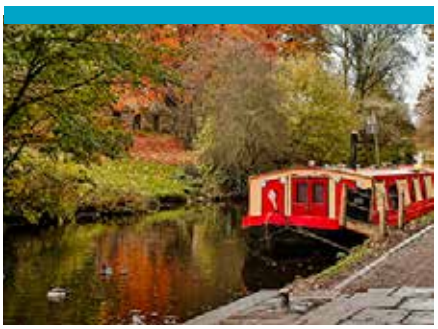
NHS

Bradford Teaching Hospitals

NHS Foundation Trust

Quality Report

2017/18



Together, putting patients first

PART 1: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

I am incredibly proud of the difference everyone working at this Trust makes to the lives of patients every day. It has been a challenging year, not just in Bradford but across the NHS. Unprecedented demand for services has undoubtedly put pressure on our services. Yet it remains the case that 96% of our patients would recommend our service to friends and family.

Taking all the evidence in the Quality Report together with feedback from Foundation Trust members, complaints, incident reports and patient surveys, the Board of Directors has identified six priorities for 2018/19 that we believe will enable us to continuously improve quality across the organisation:

1. Mortality Review Improvement Programme
2. Management of the Deteriorating Patient
3. Pressure Ulcers
4. Safer Procedures
5. Patient Experience
6. Medication Safety

Identifying priorities does not in itself improve quality. But when we combine detailed programmes of work for each priority with efforts to build quality improvement capabilities across the Trust, and we learn from our peers in the NHS Quest scheme, we believe we really can make a difference to patients in these areas.

It was fantastic to see so many of our quality and safety innovations bearing fruit during 2017/18. Local PLACE assessments have led to practical improvements in facilities for patients and their carers, safety huddles are enabling a positive safety culture across the organisation, our new Learning and Surveillance Hub is improving our capacity to learn from incidents and our End of Life Companions are really making a difference for dying patients and their families. We have heard so many moving patient stories during our Board meetings this year and learned so much from listening to staff experiences during walk-round visits. I am very optimistic about the impact of all these initiatives during 2018/19.

National and local clinical audits are a key starting point for identifying areas for improvement. In 2017/18 the Trust participated in 96.8% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate.

The Board reviewed 36 national clinical audits and 44 local clinical audits and identified actions to take.

Our new Electronic Patient Record system is already demonstrating its potential to improve quality and safety by improving data quality, improving communication between all the clinicians involved in a patient's care, and offering more real time data to improve decision making.

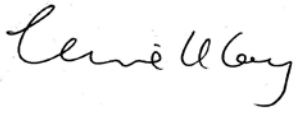
I would also draw your attention to the chapter about research. We are very proud of the scale and quality of clinical research in Bradford and it is a key contributor to improving quality of care. Work is starting on the new Wolfson Centre for Applied Health Research which will focus on healthy childhood and healthy ageing, and enhancing quality and safety across the care pathway during these two crucial periods of life.

Our vision, set out in our 2017-2022 Clinical Service Strategy, is **to be an outstanding provider of healthcare, research and education and a great place to work.** This Quality Report shows we are making solid progress and have robust plans in place to continue this good work during 2018/19.

I am pleased to confirm that the Board of Directors has reviewed the 2017/18 Quality Report and confirms that it is a true and fair reflection of our performance. To the best of my knowledge, the information provided in the report is accurate.

I hope you enjoy reading about the fantastic work done during 2017/18 by all the staff working at the Foundation Trust, and the extraordinary efforts they make every day to provide safe and high quality services for our patients and local community.

Signed



Professor Clive Kay
Chief Executive, 24th May 2018

FOUNDATION TRUST ACHIEVEMENTS IN 2017/18

VISION FOR IMPROVING CLINICAL SERVICES

We launched our refreshed, five-year clinical service strategy for our hospitals. This sets out how we will be an outstanding provider of healthcare, research and education, as well as a great place to work.

BRIGHT FUTURE FOR PROJECT SEARCH GRADUATES

Our scheme to help Bradford students with learning difficulties find employment celebrated the graduation of eight more interns.

MOVING QUALITY FORWARD

We continued to make progress to improve the promotion chances of all our Black, Asian and Minority Ethnic (BAME) colleagues with the Moving Forward programme, which aims to remove barriers to career progression.

NEW MIDWIVES BOOST MATERNITY RECRUITMENT

We benefited from an influx of midwives joining our hospitals with no fewer than 14 new midwives starting work in the latest intake.

ON THE AIRWAVES FOR 65 YEARS

Our volunteer radio presenters at Radio Royal celebrated 65 wonderful years of broadcasting – and being a bedside friend to tens of thousands of our patients at BRI.

EPR GOES LIVE

September marked one of the biggest advances in patient care ever witnessed by the NHS in Bradford as our electronic patient record (EPR) system went live.
This represented not only the largest deployment of an EPR system in Europe, but also one of the most successful. We, along with our partners from Calderdale and Huddersfield NHS Foundation Trust, have become a shining example of how to do it right.

SURGICAL ROBOT NOTCHES UP 1,000th PATIENT MILESTONE

Bradford's revolutionary surgical robot has notched up a milestone, successfully completing its 1,000th operation. The da Vinci robot is an innovative machine which acts as an extension of the surgeon's hands and fingers in miniature and enables advanced keyhole procedures.

FOUNDATION TRUST ACHIEVEMENTS IN 2017/18

NATIONAL PRIZE FOR ANAESTHETISTS

The skills of three very talented consultant anaesthetist colleagues were recognised nationally by the Royal College of Anaesthetists who awarded them the prestigious Humphry Davy Award.

VIRTUAL WARD A WINNER

Our elderly care Virtual Ward was recognised for its innovation by winning the Health Service Journal Value in Healthcare Awards 2017.

ROYAL SEAL OF APPROVAL

Her Royal Highness the Princess Royal officially opened our new £28m wing at Bradford Royal Infirmary (BRI). It was one of the highlights of our year when we were able to showcase the fantastic new world-class facilities we have provided for our patients and their families and carers.

ACHIEVING BEST VALUE

We were named by the Health Secretary as among the best NHS performers for negotiating prices for healthcare supplies which offer the best value for money.

STATE-OF-THE-ART CHILDREN'S WARDS

A new assessment area and two new modern wards for children at BRI's new £28 million wing will transform our children's services.

FIRST SIR PETER CARR AWARD COMES TO THE TRUST

Two of our colleagues beat 91 other entries to claim this prestigious award, created by NHS Improvement to help and inspire the leaders of tomorrow to make improvements for patients. The '15 Seconds – 30 Minutes' project idea encourages staff to complete a small task today, that might take 15 seconds but may save colleagues 30 minutes by avoiding further tasks down the line.

FOUNDATION TRUST ACHIEVEMENTS IN 2017/18

NEW ICU UNVEILED

The move into our new intensive care unit (ICU) took place, bringing together all 16 intensive care and high dependency beds in one location for the first time.

NEW STATE-OF-THE-ART MACULA CENTRE

Our superb new Trinity Macula Centre, offering the very latest in imaging technology, opened its doors to enhance its leading role in eye health in Bradford.

UK FIRST FOR BRADFORD HOSPITAL'S NEONATAL INTENSIVE CARE UNIT

The neonatal intensive care unit, based at BRI, became the first intensive care unit (level 3) in the UK to achieve the 'Baby Friendly Initiative' accreditation, set up by children's charity Unicef and the World Health Organisation.

PIONEERING STROKE SERVICE RE-LAUCHED

Our specialist stroke team re-launched the pioneering stroke thrombolysis service, which gives stroke patients a better chance of survival.

MATERNITY SUPPORT WORKER OF THE YEAR

The Royal College of Midwives has awarded this to Lucy Downing for her superb work supporting some of the most vulnerable new mums in the district.

NEW BORN HEARING SCREENING SUCCESS

Our new-born hearing screening programme was recognised nationally for the high standard of care it delivers to babies with suspected hearing loss, joining just nine other sites in the country to consistently hit a key target.

SPOTLIGHT ON OUR PHOTOGRAPHERS

Four of our clinical photographers received prestigious national awards from the Institute of Medical Illustration.

2.1 PRIORITIES FOR IMPROVEMENT

2.1.1
RETIRED PRIORITIES FROM 2017/18

All of the 2017/18 priorities remain priorities for the Foundation Trust in 2018/19.

2.1.2
2018/19 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): Management of the Deteriorating Patient
- **Priority 3** (effectiveness and safety): Pressure Ulcers
- **Priority 4** (safety): Safer Procedures
- **Priority 5** (experience): Patient Experience
- **Priority 6** (effectiveness and safety): Medication Safety

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; and
- A review of national and local patient surveys.

This has resulted in pressure ulcers becoming a top priority once again and medication safety being identified as a new priority. A short summary of each of these areas is provided below, further detail on the first five priorities is then provided. Work to define the Medication Safety programme for 2018/19 is on-going.

The programmes of work will all report to the Foundation Trust's Quality Committee.

Programmes of work:	Over the coming year we will:
MORTALITY REVIEW IMPROVEMENT PROGRAMME This programme of work will continue as a key priority in 2018/19. It will continue with a focus on enabling a robust approach to learning from deaths. As a provider organisation, we are keen to enable a learning environment that allows for proactive and reflective mechanisms to ensure that the care we give is of the highest standard. Mortality governance is a key Board priority. We place a significant emphasis on the importance of Board leadership ensuring that learning from patient deaths becomes embedded and that quality improvement approaches are used to enable meaningful and effective actions that continually improve patient safety and experience, and supports cultural change.	- Continue to work with specialties to ensure the structured judgement case notes review process is part of routine local mortality and morbidity review practice. - Continue to work towards increasing the percentage of inpatient deaths that we review using agreed screening tools and selection processes. - Continue to deliver ad hoc and planned classroom-structured judgement review training sessions. - Continue to work on improving our approach to thematic analysis of the reviews undertaken and working with the specialties and clinical areas to determine the best way to present their data and their learning. - Continue to develop the reports and the learning in a way that can help inform any future quality improvement programmes and change. - Continue to work with the national mortality programme with a view to adopting the new mortality review and reporting tool developed on Datix. - Continue to strengthen our mortality surveillance and governance processes.
MANAGEMENT OF THE DETERIORATING PATIENT This work continues to be a key priority for 2018/19. This is a complex initiative that requires a multifaceted approach to understanding and identifying the underlying causes and contributing factors to sudden deterioration in patients. To enable a collaborative approach to learning and empowering local action and better ownership, we commenced a deteriorating patient collaborative improvement project to enable clinical teams to identify and create change initiatives that address these problems in their areas.	- Complete an intervention bundle to enable wider cascade of improvement interventions that are proven to improve the identification and management of the sick patient. - Establish robust governance around the improvement project to enable wider learning across clinical areas. - Continue to work at promoting involvement and specialty level representation at the 'managing the deteriorating patient' governance meetings. - Continue to influence the wider conversation around improving leadership for improvement and a safety culture that is receptive to trialling out new ways of working.

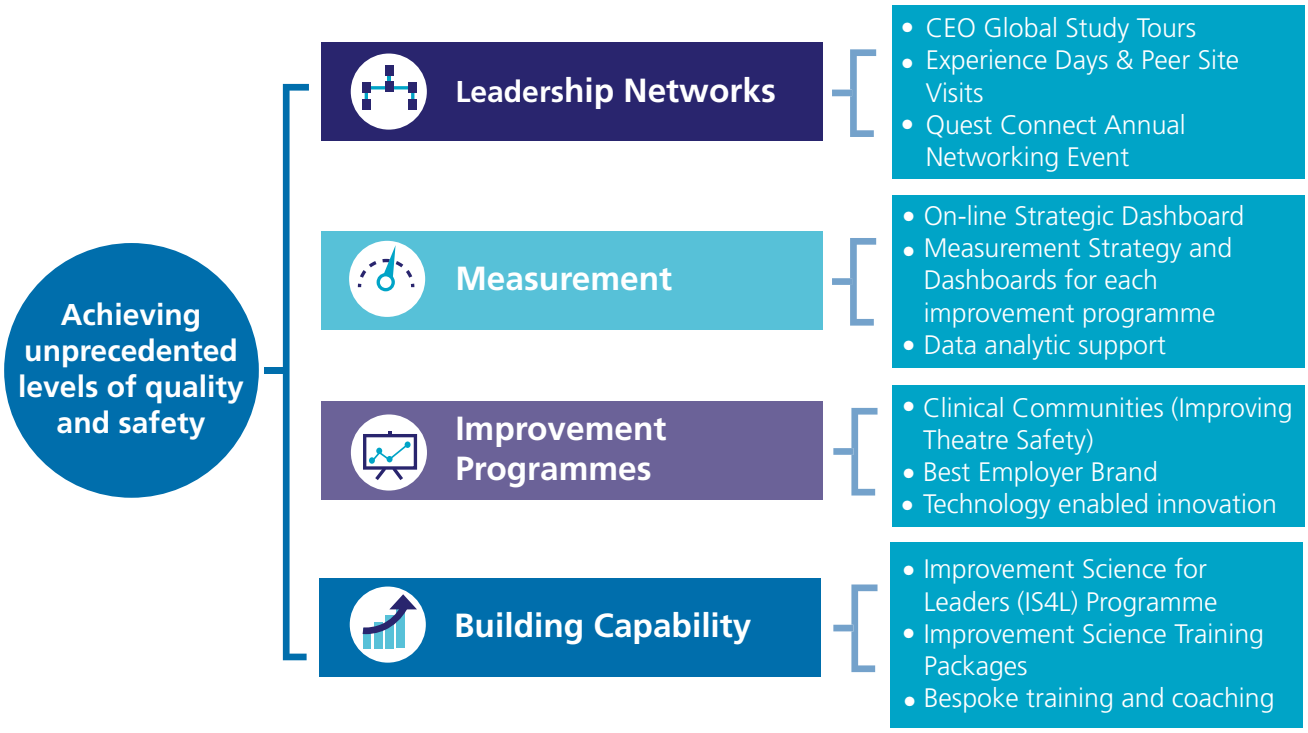
Programmes of work:	Over the coming year we will:
PRESSURE ULCERS Pressure ulcers are an avoidable and costly harm. This priority will be reintroduced in 2018/19 to continue our focus towards creating an improvement and learning environment to enable clinical staff to deliver quality care as well as adopt innovative practice that is evidence-based. Nationally pressure ulcer prevention remains a key priority with working groups examining education and pressure ulcer data collection and audit. We are keen to review the learning from this and use this to test out intervention bundles that have been trialled and proven effective in achieving measurable improvement in patient care.	- Apply the learning from the national collaborative project to create a change intervention bundle in our hospital. - Test out a new approach to improve learning from category 2 pressure ulcer incidents with the intention of developing a Significant Event Audit tool. - Continue to raise awareness of pressure ulcer prevention through International Stop Pressure Ulcers day, posters and a staff competition. - Look into testing out new innovative approaches and equipment that reduce the risk of pressure damage skin e.g. softer nasal cannulae that reduce the risk of pressure damage to ears and noses. - Commence a 2nd wave of the pressure ulcer collaborative improvement project.
SAFER PROCEDURES This priority will continue for 2018/19 and will extend to all patients undergoing an invasive procedure. Having a procedure in a hospital can be vital in ensuring that patients recover from ill health, but such procedures can be associated with risks.	- Continue with the implementation of The National Safety Standards for Invasive Procedures (NatSSIPs). - Continue with the work to improve the effectiveness of the Five Steps to Safer Surgery. - Introduce on-going observational work aimed at continually improving safety in areas where invasive procedures take place. - Work closely with our external colleagues through the NHS Quest Theatre Clinical Community to share good practice and aid widespread, sustainable improvements.
PATIENT EXPERIENCE This priority will continue for 2018/19. Constantly working to improve our patients' experience is always a focus for the Foundation Trust. We have prioritised patient experience for a number of consecutive years.	- Appoint Patient and Public Voice Representatives to the Patients First Committee. - Roll-out a set of 'Always Events'. - Actively embrace and grow our social media presence. - Expand our online presence with continually updated and expanded internal and external websites that will include British Sign Language video content. - Host a second Patient Experience Showcase conference. - Board of Director meetings will continue to open with patient stories.

Programmes of work:	Over the coming year we will:
MEDICATION SAFETY This is a new priority for 2018/19. A significant number of our patients receive medication in a hospital setting, whether continued medication or newly-prescribed medication. An error related to medication can have a significant impact on patient safety and can sometimes cause harm to patients.	- Review the culture within the organisation in relation to medicines-related incidents and act on the information received. - Improve the reporting of medicines-related incidents and learning from any incidents that occur in order to increase prevention. - Introduce an enhanced pharmacy technician role to aid with the administration of oral medication to patients on wards and enhance medication safety on those wards. - Introduce senior pharmacy assistant roles on wards to improve medication safety and to enable nurses and healthcare workers to focus more of their time on direct patient care.

2.1.3
NHS QUEST

Delivering improvements across all these priority areas will be supported by our involvement in NHS Quest. This is the first member-convened network for NHS 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. NHS Quest's 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: https://www.quest.nhs.uk

Figure 1: The work of the Quest national network



Bradford Teaching Hospitals NHS Foundation Trust is one of 13 NHS Trusts which is working with member trusts 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 on developing an optimistic and compassionate culture for the workforce, in order to reliably deliver the best possible care.

The main areas of focus through the NHS Quest network are:

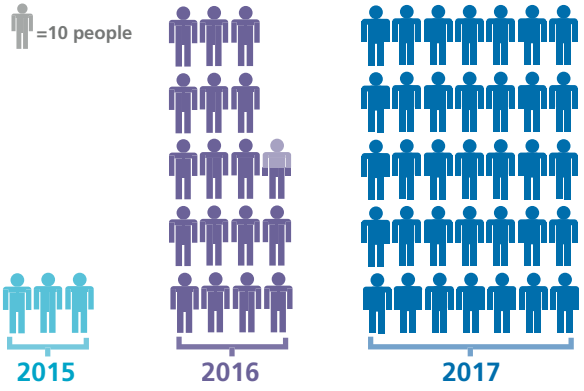
- The Best Employer Brand which aims for all NHS Quest members to be in the top 20% of NHS Trusts to work for by 2020.
- Improvement Science for Leaders is a programme that supports leaders within healthcare to close the gap between research and clinical practice by introducing and developing skills in improvement science. This year there are plans for the Medication Safety Group to participate in the programme.
- The Theatre Safety Culture Collaborative helps trusts to strive to have the safest operating theatres in the country by undertaking a project to develop exceptional safety awareness and healthy departmental cultures. Our theatres teams, supported by our Quality Improvement department will be working towards this goal over the coming year.

In addition to these priorities, other Quality Improvement work is being undertaken which introduces tools to be used across the organisation.

2.1.4 QUALITY IMPROVEMENT CAPABILITY BUILDING

We are also building the quality improvement capability within the Trust. We have developed a capability plan and radically increased the number of staff who are trained in Quality Improvement (QI) methodology (see figure 2).

Figure 2: Number of staff trained in Quality Improvement Methodology



This is all part of the Foundation Trust's aim to be a continually learning organisation. Over the next year we plan to continue our QI training programme and open up learning opportunities for all staff. These include training for Foundation Year Doctors, Quality Improvement for All and for Leader sessions, bespoke training for individual departments, Institute for Healthcare Improvement (IHI) Breakthrough Series Collaboratives and promoting e-learning modules provided by the Improvement Academy.

2.1.5 PROGRAMME DESCRIPTIONS

Mortality Review Improvement Programme

Improving how we learn from death will be a key priority for 2018/19. It will help us change what we do in the future, allow us to recognise when care has been very good and demonstrate that we are a proactive forward looking hospital. The mortality reviews we undertake indicate that the vast majority (>90%) of care we provide is good or excellent and as part of our processes we celebrate staff that have been identified as contributing to this experience.

TYPE OF INDICATOR:	**Patient Safety, Clinical Effectiveness**
WHAT:	To increase the number of eligible inpatient deaths reviewed using the Structured Judgement Review method.
HOW MUCH:	By 25%
BY WHEN:	by March 2019
OUTCOME:	In progress

This is demonstrated in our HSMR (Hospital Standardised Mortality Ratio) which is 86. This places the Trust in the "lower than expected" category meaning that over the twelve month period of December 2016 to November 2017 there were 159 fewer deaths than expected. We have the lowest HSMR of any acute trust in West Yorkshire and one of the lowest in England.

The process of undertaking reviews using the nationally recognised case note review method, the Structured Judgement Review, is now established in our hospitals.

This review methodology provides a high level overview of patient care whilst in hospital and identifies any concerns in the quality of care given. It has been found to be beneficial for a number of other processes in the Trust including its incorporation into our risk management processes for determining cases requiring formal investigation.

Key achievements in 2017/18:

- We are a national leader in the implementation of the standardised approach to mortality review processes which has been implemented to fit in with our organisational governance processes.
- We have produced our "Learning from deaths" policy in line with national guidelines and have commenced mortality reporting on a quarterly basis to the Board.
- We have also developed links with other care providers in Airedale and Bradford to share information and learning around mortality.
- We have established an approach to communicating with staff about mortality. This is through formal reporting which describes our performance against risk adjusted mortality models (HSMR/Summary Hospital-level Mortality Indicator (SHMI)) and a qualitative report that shares emerging key themes and learning from mortality reviews. We also publish a summarised one page report using our Trust "Learning Matters" template.
- We continue to work closely with our Clinical Commissioning Groups to improve learning from mortality within the community.
- We contribute data to the national learning disabilities mortality review (LeDeR).
- We are exploring appropriate ways of informing and involving relatives and carers about the mortality review process.

Improving the Care of the Deteriorating Patient

Improving the care of the deteriorating patient continues to be a key focus for 2018/19. We commenced a deteriorating patient improvement collaborative project during 2017/18 with the intention of building capability among nurses, medical staff and allied health professionals to develop and deliver change initiatives in their clinical areas.

The task of improving the effectiveness and timeliness of how we manage the care of the sick patient has been an ambitious one as sudden patient deterioration can be triggered by a number of contributing factors.

Our clinical teams have been given the responsibility of leading on their own ideas for improvement which would be triggered by their expert understanding of their specialty and areas of practice that can be improved. This pragmatic approach to improvement will increase ownership and have a better chance of embedding this change over time.

We are proud of our teams that have been involved in this work as a number have been shortlisted for trust awards as well as national conference competitions. As a result of the collaborative improvement project, an intervention bundle is being developed which will include the interventions and tools developed by clinical teams which have been seen to be effective at improving their processes for identifying and responding to deterioration in patients within their clinical areas.

TYPE OF INDICATOR:	**Patient Safety, Clinical Effectiveness**
WHAT:	To reduce avoidable deterioration on the collaborative wards. *Operational definition of 'avoidable deterioration' is described as – 'deterioration that could have been prevented if there was timely detection'*
HOW MUCH:	Reduce by 50%
BY WHEN:	March 2019
OUTCOME:	In progress

Key achievements in 2017/18:

- Clinical teams came together to learn and share from each other and explored new ways of working that support staff to deliver high quality care at all times
- Process in place for developing an intervention bundle that will promote tried and tested improvement interventions
- Quality Improvement team and faculty members to support teams during the action periods
- Creation of a "Champion" network to lead change initiatives across the organisation.

Pressure Ulcers

Pressure ulcer prevention remains a key priority for 2018/19 as we work at improving the quality of care we provide by reducing the risk of patients developing a pressure ulcer whilst in hospital. A pressure ulcer collaborative improvement project was run recently which has led to a number of excellent improvement initiatives being led locally by teams.

TYPE OF INDICATOR:	**Patient Safety, Clinical Effectiveness**
WHAT:	To reduce the number of hospital acquired pressure ulcers on the collaborative wards by achieving 100 days ulcer free.
HOW MUCH:	Reduce by 40%
BY WHEN:	March 2019
OUTCOME:	In progress

Key achievements in 2017/18:

- Improved access and visualisation of ward level pressure ulcer data providing a detailed breakdown of severity and location of the ulcer.
- Improved standardisation of patient documentation that supports the delivery of pressure ulcer prevention on our new electronic patient records system.
- Introduction of improved root cause analysis processes and learning from incidents shared with clinical teams.

- Discussion and review of all category 3 and above pressure ulcers acquired in hospital.
- Use of various clinical forums and governance meetings in the hospital to disseminate learning from pressure ulcer prevention incidents.
- Delivery of pressure ulcer prevention training by the Tissue viability nurses to all newly qualified nurses and midwives, Healthcare Assistants (HCAs), apprentices as well as bespoke sessions as required.
- Revision of the Trust Pressure Ulcer Policy to reflect national and international guidance.
- Celebration of good practice and achievement of milestones via monthly pressure ulcer hero nominations and wards.
- Introduction of a pressure ulcer prevention metric as part of the Ward Accreditation Assessment System.

Safer Procedures Programme

The World Health Organization (WHO) developed a surgical safety checklist in 2009 with the intention of providing a reliable system for improving surgical processes. In 2015, NHS England published the 'National safety standards for invasive procedures' which emphasised the requirement for all invasive procedures to implement safety checks and highlighted further areas for improvement including the development of local safety standards and an understanding of the safety culture in areas where invasive procedures take place. These new standards have influenced the direction of this project over the last year.

Key achievements in 2017/18:

- WHO surgical safety checklists are audited on a monthly basis by the theatre teams. We have seen an overall sustained improvement of completion of the checklists over the past year.
- Local standards have been developed in line with the national safety standards for invasive procedures.
- Observations have taken place in numerous theatres/procedural areas which have identified areas of excellent practice and areas where improvements can be made.

TYPE OF INDICATOR:	**Patient Safety**
WHAT:	To improve compliance with the WHO surgical safety checklist and establish safe systems of practice throughout the surgical pathway and extend usage to other areas where invasive procedures take place.
HOW MUCH:	> 95% compliance with completion of checklist.
BY WHEN:	May 2018 (extended target to March 2019 to include improvements related to new standards).
OUTCOME:	On target

- Culture surveys have been undertaken to understand the environment in which invasive procedures take place and understand perceptions of staff working in those areas in relation to patient safety.
- Briefings are common place within all theatre areas where the theatre teams gather to discuss the patients who they will operate on during that session. These are performed to a high standard.
- The WHO checklist has been re-designed in collaboration with theatre teams and is being used within those areas. The re-design process is now being undertaken by other areas involved in invasive procedures.

Patient Experience

Patient Experience is being rolled over as a priority for 2018/19. Putting patients at the forefront of everything we do continues to be a focus for the Foundation Trust and we recognise that this can only be achieved by continuing to engage with patients and improving how they and their friends and family experience our care.

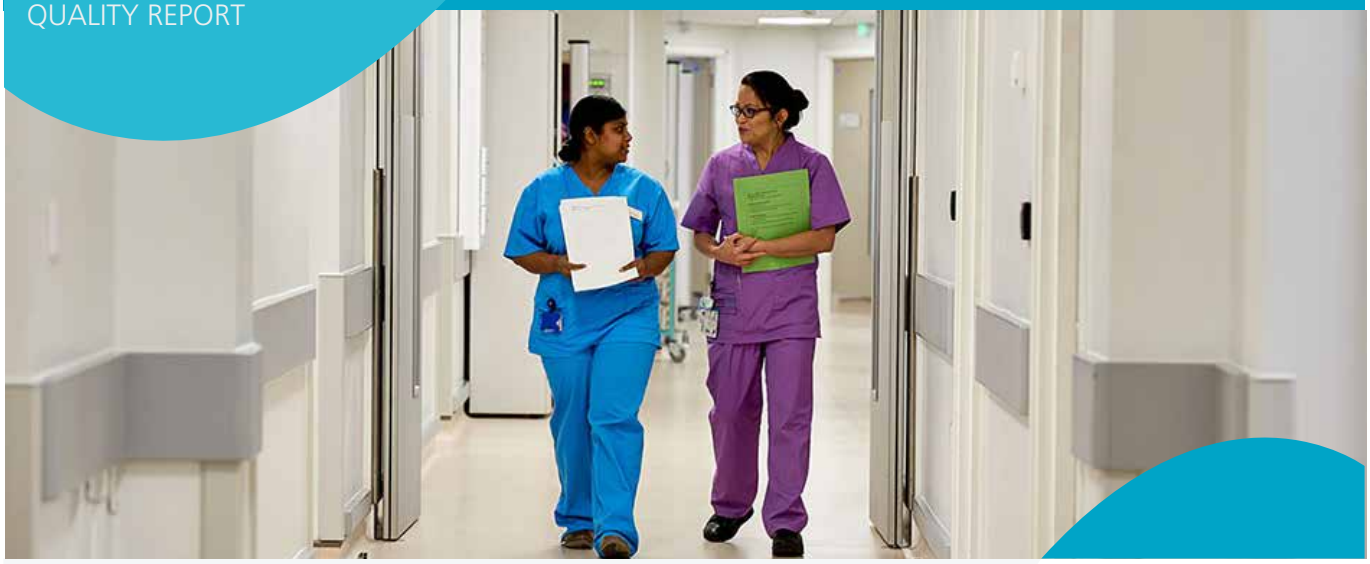
In 2017/18 we introduced a set of strategic goals to improve patient experience which we will expand on and be used to drive our patient experience improvements during 2018/19. This will be overseen by our Patients First Committee.

TYPE OF INDICATOR:	**Patient Experience**
WHAT:	Appoint patient and public voice representatives to the Patient First Committee.
BY WHEN:	by March 2019
OUTCOME:	In progress

TYPE OF INDICATOR:	**Patient Experience**
WHAT:	Roll-out a set of 'Always Events'
BY WHEN:	by March 2019
OUTCOME:	In progress

TYPE OF INDICATOR:	**Patient Experience**
WHAT:	Host a second Patient Experience Showcase conference.
BY WHEN:	by March 2019
OUTCOME:	In progress

TYPE OF INDICATOR:	**Patient Experience**
WHAT:	Open Board of Director meetings with patient stories.
BY WHEN:	by March 2019
OUTCOME:	In progress



Key achievements in 2017/18:

- We have trained a group of more than 50 volunteers to carry out patient-led assessments of the care environment (PLACE assessments – see section 3.2.7); this includes an increased proportion of assessors from Black, Asian and Minority Ethnic (BAME) backgrounds, students, young adults and disabled persons. Over the coming year, this will enable us to enhance our PLACE program with a rolling PLACE LITE program throughout the year. Our PLACE assessors will be further involved in the implementation of improvements based in the findings of last year's PLACE program. This includes targeted pieces of work on handrails, way-finding and the use of induction loop systems at reception points.
- We have carried out work to align our complaints and risk management processes to ensure risks to patient safety and incidents of poor patient experience are addressed in a uniform and robust manner. This will also ensure that we continue to learn valuable lessons from patient feedback and those lessons are shared and actioned across all staff and departments.
- Our Board of Directors meetings have opened with the presentation of Patient Stories. Patient Stories bring first-hand experience of patients into the Boardroom. These stories both celebrate excellent care and highlight areas for improvement. While a wide variety of stories have been presented during the 2017/18 period there has been a theme focussing on the experiences of disabled persons. Some of the focus during the year ahead will be on the impact of patient experience on friends, family and carers. We will also be expanding the programme by providing recorded copies of Patient Stories for use at departmental and staff meetings throughout the Trust.
- New publicity materials have been produced for our Involvement HUB (Health User Bank) database in order to help further expand the numbers and diversity of people who we know are interested in being actively involved with the Foundation Trust.
- Patient representation was used very effectively in 2017 during the procurement process for the provision of patient food, including specialist provision of e.g. ethnic foods and modified foods. Around 40 Bradford area patient representatives, along with patient representatives from some of the other Trusts in the area took part in a 3 day patient food mini-competition for a large new contract and this had a significant impact on the award of the contracts.
- Parents and young people in our Children's Outpatient Department, the Healthy Lives group from Bradford Strategic Disability Partnership, and Bradford Talking Media have all helped us to provide optimal patient information for the new Ambulatory Care Experience (ACE Wheezy Child project). Making information as readable and accessible as possible means we can be more confident that the information we give will be understood properly, and help patients have better health literacy.

2.2 STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

2.2.1
REVIEW OF SERVICES

During 2017/18, Bradford Teaching Hospitals NHS Foundation Trust provided and/or subcontracted 41 relevant health services.

The Foundation Trust has reviewed all the data available to them on the quality of care in all 41 of these relevant health services. The income generated by the relevant health NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant services by the Foundation Trust for 2017/18.

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 2017/18, 31 national clinical audits, 2 Maternal Newborn and Infant Clinical Outcome Review Programme (MBRRACE - UK), 3 national confidential enquiries (NCEPOD) and 1 Learning Disability Mortality Review Programme (LeDeR) covered relevant health services that the Foundation Trust provides. During that period, the Foundation Trust participated in 96.8% 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 2017/18 are described as follows in table 1 below:

Table 1: Bradford Teaching Hospitals NHS Foundation Trust's participation in the National Clinical Audit Programme

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % Case ascertainment	
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	754 (est)	100%
Adult Cardiac Surgery	No	N/A	N/A	N/A
BAUS Urology Audits: Cystectomy	Yes	Yes	40 (est)	100%
BAUS Urology Audits: Nephrectomy	Yes	Yes	43	100%
BAUS Urology Audits: Percutaneous nephrolithotomy	Yes	Yes	20	100%
BAUS Urology Audits: Radical prostatectomy	Yes	Yes	15 (est)	100%
BAUS Urology Audits: Urethroplasty	No	N/A	N/A	N/A
BAUS Urology Audits: Female stress urinary incontinence	Yes	Yes	8	100%
Bowel Cancer (NBOCAP)	Yes	Yes	155 (est)	100%
Cardiac Rhythm Management (CRM)	Yes	Yes	350	100%
Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme	Yes	Yes	902	100%
National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) Child Health Clinical Outcome Review Programme • Cancer in Children, Teens and Young People	Yes	Yes	N/A	N/A
Congenital Heart Disease (CHD)	No	N/A	N/A	N/A
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Yes	320 (est)	100%
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	189	100%

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % case ascertainment	
Elective Surgery (National PROMs Programme)	Yes	Yes	428	100%
Endocrine and Thyroid National Audit	Yes	Yes	168	100%
Falls and Fragility Fractures Audit Programme (FFFAP)				
• National Hip Fracture Database	Yes	Yes	345	100%
• National Audit of Inpatient Falls	Yes	Yes	30	100%
• Fracture Liaison Service Database	Yes	Yes	478	>50 required
Fractured Neck of Femur (care in emergency departments)	Yes	Yes	50	100%
Inflammatory Bowel Disease (IBD) programme	Yes	Yes	68	100%
Learning Disability Mortality Review Programme (LeDeR)[1] [1](*The Foundation Trust is participating in this programme, training of staff is on-going and cases have not yet been allocated).*	Yes	Yes	N/A	N/A
Major Trauma Audit	Yes	Yes	154	38-45%
Maternal, Newborn and Infant Clinical Outcome Review Programme				
• Perinatal Confidential Enquiry	Yes	Yes	<5	100%
• Saving Lives, Improving Mothers' Care	Yes	Yes	Not stated	100%
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)				
• Perioperative management of surgical patients with diabetes	Yes	Yes	12	100%
• Acute Heart Failure	Yes	Yes	5	100%
National Confidential Inquiry into Suicide and Homicide (NCISH)	No	N/A	N/A	N/A
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes		100%
National Audit of Dementia spotlight audit	Yes	Yes	20	100%

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % case ascertainment	
National Audit of Intermediate Care (NAIC) • National Hip Fracture Database • National Audit of Inpatient Falls • Fracture Liaison Service Database	Yes	Yes	193	64%
Endocrine and Thyroid National Audit	Yes	Yes	168	100%
Falls and Fragility Fractures Audit Programme (FFFAP) • Bed based service user audit • Bed based patient reported experience forms • Home based service user audit • Home based patient reported experience forms	Yes	Yes	193 30 28 85 50	64% 60% 56% 85% 50%
National Audit of Psychosis	No	N/A	N/A	N/A
National Bariatric Surgery Registry (NBSR)	Yes	Yes	Not yet available	
National Cardiac Arrest Audit (NCAA)	Yes	Yes	68	100%
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Yes	Yes	668	72%
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	No	N/A	N/A	N/A
National Comparative Audit of Blood Transfusion programme • Audit of Patient Blood Management in adults undergoing elective surgery • Audit of Red Cell and Platelet transfusion in adult haematology patients	 Yes Yes	 Yes Yes	 29 35	 100% 100%
National Diabetes Audit – Adults[2] [2]*The Foundation Trust was not able to participate in this audit in 2017-18 as the data collection period coincided with the launch of the new Electronic Patient Record (EPR) system. The figures quoted relate to the most recent published reports.*	Yes	No	N/A	N/A

National Clinical Audit and Clinical Outcome Review Programmes	Eligible to participate	Participating	Number of cases and % case ascertainment	
National Emergency Laparotomy Audit (NELA)	Yes	Yes	188	100%
National Heart Failure Audit	Yes	Yes	680	99%
National Joint Registry (NJR)	Yes	Yes	485	100%
National Lung Cancer Audit (NLCA)	Yes	Yes	238	100%
National Maternity and Perinatal Audit	Yes	Yes	5911	100%
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	Yes	Yes	750	100%
National Ophthalmology Audit	Yes	Yes	2344	100%
National Vascular Registry	Yes	Yes	249	100%
Neurosurgical National Audit Programme	No	N/A	N/A	N/A
Oesophago-gastric Cancer (NAOGC)	Yes	Yes	150(est)	100%
Paediatric Intensive Care (PICANet)	No	N/A	N/A	N/A
Pain in Children (care in emergency departments)	Yes	Yes	50	100%
Prescribing Observatory for Mental Health (POMHUK)	No	N/A	N/A	N/A
Procedural Sedation in Adults (care in emergency departments)	Yes	Yes	50	100%
Prostate Cancer	Yes	Yes	187	100%
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	714	100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	Not reported	100%
UK Parkinson's Audit	Yes	Yes	21	100%

The reports of 39 national clinical audits that were reviewed by Bradford Teaching Hospitals NHS Foundation Trust during 2017/18 and any actions that the Foundation Trust intends to take to improve the quality of healthcare provided are described in the table 2 below.

Table 2: Actions the Trust intends to take to improve the quality of healthcare provided in relation to 39 national clinical audits that were reviewed by the Foundation Trust.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
Royal College of Emergency Medicine Moderate and Acute Severe Asthma Clinical Audit 2016/17	May 2017	The Foundation Trust identified several areas where improvements could be made in the emergency management of asthmatic patients from the results of this audit. These related to the use of nebulisers within 10 minutes of triage, documentation of oxygen, documentation of peak flow and use of steroids within 60 minutes of triage. A locally developed action plan, which included some rapid improvements, was developed and is being monitored by the Accident and Emergency Department's (AED) Quality and Safety Group.
Royal College of Emergency Medicine Consultant Sign Off Clinical Audit 2016/17	May 2017	The Foundation Trust identified two specific standards within this audit where improvements were required; the documentation of reviews and unscheduled returns to the department. A locally developed action plan was developed and is being monitored by the Accident and Emergency Department's (AED) Quality and Safety Group.
Royal College of Emergency Medicine Severe Sepsis and Septic Shock Clinical Audit 2016/17	May 2017	The Foundation Trust recognised that a number of improvements were required in the way patients with severe sepsis and septic shock were being managed in the Accident and Emergency Department (AED). The audit outcome was escalated to the Foundation Trust's Clinical Audit and Effectiveness Committee for oversight and assurance associated with the effectiveness of the action plan put in place. To respond to the improvements required a number of changes were made in relation to both leadership (the use of 'Sepsis champions'), training (in-situ simulation training), changes to clinical information systems, and changes to clinical practice (for instance, fluid management practice was changed to ensure pressure bags were used rather than bolus administration). A local audit was undertaken to assure the effectiveness of the action plan, this identified areas where further improvements could be made. Representatives from the AED routinely attend the trust-wide Sepsis Improvement Group.
National Diabetes Transition Audit 2003-2014	June 2017	This national report combines data from the paediatric and adult diabetes audits between 2003 and 2014 to describe the national picture for the transition between paediatric and adult services. The report makes 2 recommendations to commissioners and 3 to specialist services. The outcome of the audit was reviewed by the Foundation Trust, and it was concluded that the current transitional pathways in place comply with, and indeed, exceed the recommendations made in the report.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
Myocardial Ischaemia National Audit Project Annual Report: April 2014 – March 2015 (MINAP)	June 2017	The report makes six recommendations for acute Trusts. These have been fully considered by the Foundation Trust, and relate to the dissemination of findings, exploration and action in relation to variations, maintenance of the quality of care, timely angiography, resource allocation for audit and quality improvement and presentation of findings at board level. A locally developed action plan is being implemented to address areas for improvement, for instance in relation to the number of patients admitted to a specialist ward. This report was withdrawn and republished in September 2017.
National Cardiac Arrest Audit	June 2017	National Cardiac Arrest Audit (NCCAA) is a national comparative audit of in-patient cardiac arrest. The Foundation Trust has received results for the 1 Apr 2016-31 Mar 2017 period. Overall observed to predicted survival was lower than expected, however due to a small sample size these results are not statistically significant. The Foundation Trust has reviewed the individual cases included in the audit and no concerns in relation to the management of the patients were identified. The Foundation Trust is actively expanding and optimising its approach to mortality reviews, and therefore enhancing its learning from deaths, and will be ensuring all deaths where a 'crash call' was made is reviewed to ensure that opportunities for improvement are identified, including the use of Do Not attempt Cardio-Pulmonary Resuscitation (DNACPR) and how well the Intensive Care National Audit and Research Centre (ICNARC) prediction model matches the local population.
National Audit of Dementia Care in General Hospitals 2016/17	July 2017	The Foundation Trust has analysed its local results from this audit and the findings have been presented to the Dementia Steering Group, Executive Management Team, Divisional Quality and Safety Meetings and the Clinical Audit and Effectiveness Committee. A new Dementia Strategy, incorporating the audit outcomes has been presented to the Trust's Quality Committee. The Foundation Trust has seen significant changes in relation to the care of patients with dementia following the opening of our new hospital wing and the opening of a carer's room on one of our wards.
National Ophthalmology Database Audit Year 2 Annual report - The First Prospective Report of the National Ophthalmology Database Audit 2017	July 2017	This audit presented data related to the outcomes of cataract surgery performed at the Foundation Trust during 2015/16. The risk adjusted rate for the complication of posterior capsule rupture (PCR) was higher than expected. This was evaluated and found to be as a result of a data quality issue relating to the recording of complexity. As a result of the audit outcomes an online portal has been established so that post-operative visual acuity tests carried out in the community can be added to inpatient notes. Training has also been carried out for surgeons in accurate coding of surgical complexity within the audit.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
National Diabetes Insulin Pump Audit, 2015/16	July 2017	The Insulin Pump Audit is part of the National Diabetes Audit programme (NDA). The audit compares the Trust's compliance with 8 care processes for patients with and without insulin pumps. The Trust's care compares favourably with other acute Trusts, and a focus on the recording of smoking status was the only action identified from the results of the audit.
Inspiring Change: A review of the quality of care provided to patients reviewing acute non-invasive ventilation	July 2017	The Foundation Trust has reviewed the recommendations within this National Confidential Enquiry into Patient Outcome and Death (NCEPOD). The Trust is compliant with all recommendations apart from the one relating to coding Non-Invasive Ventilation (NiV) and Continuous Positive Airway Pressure (CPAP) separately.
National Paediatric Diabetes Audit (NPDA): Part 2 Hospital Admissions and Complications	July 2017	This national report analyses a subset of the National Paediatric Diabetes Audit to describe the proportion of type 1 diabetes patients admitted to hospital. It makes recommendations for community paediatric diabetes teams to help reduce admissions. These recommendations related to education for self-management and tailored treatment, which are already in place.
National Audit of Breast Cancer in Older Patients 2017 Annual Report (Organisational Report)	July 2017	This national audit evaluates the quality of care provided to women aged 70 and older with a diagnosis of breast cancer. This report reviewed the organisational questionnaires returned by Trusts. The full clinical audit report is due to be published in June 2018. The report makes general recommendations for Trusts in relation to carer and patient involvement, monitoring length of stay, reviewing the accuracy of audit data and the use of protocols for assessment and treatment. These were reviewed by the consultants who determined that no actions were needed.
Serious Hazards of Transfusion Annual SHOT Report 2016	July 2017	This national programme examines the themes emerging from nationally reported adverse incidents and reactions related to blood transfusion. The report made 13 high priority recommendations and over 100 other recommendations. The Transfusion Group have reviewed these recommendations and carried out a gap analysis. The group have updated the Trust transfusion policies, training and procedures to incorporate the recommendations.
National Maternity and Perinatal Audit Organisational Report 2017	August 2017	This national report describes the organisation of maternity and neonatal services in England Scotland and Wales. The report has been reviewed by the Foundation Trust as part of the development of the Maternity Improvement Plan. The report does not make any recommendations.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
National Heart Failure Audit Report April 2015-March 2016	August 2017	The Foundation Trust identified areas several areas for improvement prior to publication of the report, when data was being collected. The data highlighted that patients were not routinely being seen by a specialist nurse and showed that data was not collected for all patients. An audit clerk and a Heart Failure Specialist Nurse have been recruited to support case ascertainment.
National Audit of Percutaneous Coronary Interventions Annual Public Report 1 January 2015-31 December 2015	September 2017	The Foundation Trust has reviewed the results for this national audit. Recommendations and findings were the same as the June draft report and it was determined that no additional actions were required.
Falls and Fragility Fractures Audit Programme: National Hip Fracture Database (NHFD) annual report 2017	September 2017	The Foundation Trust has reviewed the results for this national audit. Monthly governance meetings review the local data to identify and target common avoidable clinical and organisational reasons for delays in surgery. This has led to an improvement in performance, which now exceeds the national average. The NICE Clinical Guideline (CG124) Hip fracture; management recommendations was disseminated to all related specialties for implementation to improve the quality of services and patient experience.
National Neonatal Audit Programme 2017 Annual Report on 2016 data	September 2017	The report recommendations were discussed within the Specialty and Divisional governance meetings which determined that no specific actions were required, as results were better than the national average in all domains. As part of on-going quality improvement work the team produce run charts of audit results monthly and use these for the on-going understanding of performance. They are involving the parent groups in these improvements. These audit results were displayed on a performance board on the ward. The Neonatology team carried out some significant improvements this year in supporting the parents to take care of their babies. This includes facilities to stay on the ward with their babies for a few days to get more confident caring in preparation of a safer discharge.
National Joint Registry 14th Annual Report 2017. Surgical Data to 31 December 2016	September 2017	The Foundation Trust has reviewed the recommendations in the national report and the local results. Surgeons have reviewed anomalies in the data (for example revision before primary), and determined that these were not adverse incidents. The Clinical Effectiveness Team have carried out a process map of the audit and recommended changes to the process to improve the accuracy and timeliness of data submitted to the registry.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
British Thoracic Society Adult Asthma Audit Report 1 September – 31 October 2016	October 2017	This national audit made four general recommendations, for all Trusts to have a specialist asthma service with a named medical lead and for 95% of patients to receive a specified discharge bundle; have peak flow recorded on admission; and to be discharged on inhaled corticosteroids. These recommendations should be implemented within 3 years. The Foundation Trust is currently reviewing these recommendations and action planning to address them.
National Pregnancy in Diabetes Audit Report, 2016	October 2017	This national report analyses a subset of the data for the National Diabetes Audit to describe the care received by pregnant patients with diabetes. The report makes recommendations to work with commissioners and service users to redesign services to develop joint diabetes and maternity services. The Foundation Trust is currently reviewing the recommendations to determine the best way to achieve this aspiration.
Third Patient Report of the National Emergency Laparotomy Audit (NELA) December 2015 to November 2016	October 2017	The Foundation Trust was rated as good by the national audit. Areas for improvement were identified in relation to the use of antibiotics prior to surgery, length of stay and unplanned critical care admissions. Results were discussed at a joint governance meeting and presented to the Medical Director and Division. The team plan to produce quarterly reports and run charts using the audit data so that data can be used proactively, rather than waiting for reports. Posters will also be produced. Surgeons plan to work with Accident and Emergency colleagues to ensure antibiotics are given as early as possible. A new procedure or pathway is being developed. Mortality is higher than the national average and this has been reviewed by the surgeons. The national audit rate the trust as good for mortality due to the complexity of cases. The surgeons are able to operate on more complex cases and these are referred in from other Trusts in the region, however they are exploring further opportunities for quality improvement and monitoring mortality.
National Maternity and Perinatal Audit Clinical report 2017: Based on births in NHS maternity services between 1st April 2015 and 31st March 2016	November 2017	The Foundation Trust has reviewed the recommendations and results of this national audit Results were generally good. Bradford has slightly higher than national average rates of small for gestational age babies and slightly higher rates of early elective deliveries, without documented indications. It was determined that action plans in relation to the National Neonatal and MBRRACE audits mean that no specific additional actions were required.
National Prostate Cancer Audit Annual Report 2017: Results of the NPCA Prospective Audit in England and Wales for men diagnosed in 1 April 2015-31 March 2016.	November 2017	The Foundation Trust has reviewed the results for this national audit. The Trust is better than the national average in all areas except the recording of nerve sparing. A Local Service Action Plan has been developed to improve data completeness in recording nerve sparing.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
National Audit of Inpatient Falls Audit report 2017	November 2017	This national audit describes the care of patients who are at risk of falls using 7 key indicators: delirium assessments; continence care plans; blood pressure measurement; medication reviews; vision assessments and being able to reach call bells and walking aids. The Foundation Trust has reviewed the findings and recommendations from this report. Since data was collected in 2015 the Foundation Trust has seen significant changes. Ward 31 has now opened which has flooring designed to reduce injury from falls and falls alarms. There is a falls prevention policy in place and falls risk assessment tools in the Electronic Patient Record. The Falls group review all falls and the incident reporting system (Datix) prompts actions when a fall is reported.
National Vascular registry 2017 Annual Report	November 2017	The National Vascular Registry collects data for surgery for aortic aneurism, carotid endarterectomy, lower limb angioplasty or stent and lower limb amputation. The registry compares Trusts for mortality and length of stay, whether a consultant was present in theatre and antibiotic use. Results were average or better than average. Case ascertainment requires improvement for lower limb surgeries and the surgeons are developing an action plan to address this.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) Perinatal Confidential Enquiry: Term, singleton, intrapartum stillbirth and intrapartum-related neonatal death. November 2017.	November 2017	There has been recruitment of additional midwives, with further recruitment planned. A regional comparison audit of other trusts against the MBRRACE key recommendations was carried out and the Trust compared favourable to other Trusts in the Region. An audit of the management of preeclampsia is planned for 2018/19. Updates were made to Doppler and other scanning guidelines. The Foundation Trust has developed a Maternity Improvement Plan, and a Women's Service action tracker. The service has stopped using Propess, due to the risk of higher than necessary doses. A Post-Partum Haemorrhage proforma has been developed and there is an on-going audit of haemorrhage. There are plans to work more closely with cardiology with high risk patients and escalation of these patients to specialist services. There is a plan to work with a psychiatrist to address perinatal and post-natal mental health.
Rising to the Challenge: The Fourth SSNAP Annual Report. Stroke care received between April 2016 to March 2017	November 2017	Local results were available to the Foundation Trust in June and improvement work has been carried out since then. A Service Review was carried out and an action plan has been developed to address the audit findings and implement the recommendations. There has been recruitment of the Brain Attack nurses (known as BAT nurses) to ensure effective operation of the Hyper Acute Stroke unit. Quality Improvement work is currently being undertaken following the service review, led by the Quality Improvement Team. A quality summit was held on the 30th October 2017.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
National Audit of Intermediate Care Summary Report – England 2017	December 2017	The Foundation Trust has reviewed the recommendations from this national report, and determined that no actions are required to meet these. The report did not include Trust level data so the specialty are reviewing their local data to identify opportunities for quality improvement and will produce a "plan on a Page" and local service action plan to describe action planning once this is complete.
National Bowel Cancer audit Annual Report 2017	December 2017	The Foundation Trust has reviewed the recommendations and findings of this national audit. The majority of results were consistent with national averages, or better. Adjusted two year mortality rates were significantly lower than national averages, but there were some concerns raised about data completeness for this indicator so the specialty is reviewing its data collection processes for follow up data at 2 years.
National Oesophago-Gastric Cancer Audit 2017	December 2017	The Foundation Trust has reviewed the recommendations and findings of this national report. Results were good, particularly for the surgical lymph node yields. Mortality is within the expected range and has improved on the previous year. Some units are now including endoscopic cases, which used to be excluded, and these will be included here in the future which will increase the number of cases recorded with curative intent.
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal deaths and Morbidity 2013-15	December 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.
Lung cancer clinical outcomes publication 2017 (for surgical operations performed in 2015) November 2017	January 2018	The Foundation Trust has reviewed the recommendations and findings of this national report. There was an expansion of the specialist nursing team in September 2017, meeting the recommendations of the audit standards. Results for the audit showed that the outcome results were better than the national or Yorkshire and Humber averages.

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
Falls and Fragility Fractures Audit Programme: Fracture Liaison Service Database (FLS-DB) clinical audit report October 2017	February 2018	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 Report 1: Care processes and treatment targets 2016-17 including LD and SMI	March 2018	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.
Child Health CORP Chronic Neurodisability Report: National Confidential Enquiry into Patient Outcome and Death: NCEPOD	March 2018	The Foundation Trust is currently reviewing the recommendations from this report and completing a Recommendations Checklist to describe the recommendations and action planning to address them.
National Diabetes Inpatient Audit Report:	March 2018	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 Footcare Report	March 2018	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.
Learning Disability Mortality Review Programme - Annual Report	March 2018	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 44 local audits and audit programmes were reviewed by the Foundation Trust in 2017/18; the key actions that it intends to take to improve the quality of healthcare provided are described in Table 3 below, which includes examples of local audits reported in 2017/18.

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.

Table 3: Bradford Teaching Hospitals Foundation Trust's intended actions following review of the recommendations from local audits completed during 2017/18

Title of Audit	Report Produced	Actions
Sepsis CQUIN	Quarterly	The Sepsis Improvement Group continues to work to improve sepsis care within the Foundation Trust. Four sepsis pathways (1 for adults and 3 for children) have been implemented and Sepsis improvement events have been held, including ward visits.
Seven Day Self-Assessment Toolkit (7DSAT)	March and September	Data collection against the CQUIN is continuous and reported to the Sepsis Improvement Group regularly.
Nutrition	On-going	This is a twice yearly national audit of assessment, diagnostics, care of deteriorating patients and specialist opinions. This audit is mandatory and required by NHS England. The Foundation Trust was unable to participate in September 2017 as the data collection period coincided with the roll out of the new Electronic Patient Record.
Recognition and Management of Deteriorating Patients	Expected March 2018	The Nutrition Audit has been redeveloped in 2017/18 to reduce overlap with the Ward Accreditation scheme. Audit outcomes are reported to the Improving Nutrition Group
Fundamental Standards of Quality and Safety (ProgRESS)	Various	In 2016/17 the Foundation Trust established ProgRESS (Programmed Review of Effectiveness, Safety and Sensitivity). ProgRESS enables the Trust to identify difficulties, risks, opportunities for improvements and areas of best practice against the Care Quality Commission's Fundamental Standards. Review outcomes are reported to the CQC Steering Group, Quality Committee and to the Commissioners. Reviews have been completed for Discharge of Vulnerable Patients; Management of External Visits; External Reports; Information Governance Committee; Nutrition and Hydration, records management and patient record data completeness. In December 2017 a "Mapping our ProgRESS" day was held with the support of NHS Improvement to review the self-assessments made within the CQC's Provider Information Return.

Title of Audit	Report Produced	Actions
Medicines Safety	Various	These audits are collecting data routinely and report to the Medicines Safety Group – topics include Safe and Secure Handling of Medicines, Controlled Drugs, Fridge Audit, Antibiotic Audit, Prescription Errors, Medicines Reconciliation, Delayed and Omitted Medicines and High Risk Medicines. There are also aspects of medicines safety in the ward accreditation and National Medicines Safety Thermometer. A new Medicines Safety Officer has recently been appointed.
Endoscopy Global Rating Scale	On-going	Data has been submitted and the Trust is at the "Quality Assurance" stage awaiting a decision on accreditation. In addition there has been an inspection from the Joint Advisory Group on GI Endoscopy. Accreditation is provisional and will be full following a revisit.
Clinical Outcome Publications Programme (COP)	On-going	A suite of 12 national audits, 9 of which are relevant to the Trust, which continually collect data. The name of the programme has changed from the Consultant Outcome Programme. There are plans to include 3 more studies – Major Trauma, Ophthalmology and Hip Fracture. The report for 2017/18 will be produced in May 2018.
Physiological and Operative Severity Score for enumeration of Mortality and Morbidity (POSSUM)	On-going	This is an on-going audit of morbidity and mortality of surgeons and procedures. It is used to ensure safety and to support the surgeons' appraisal process.
Operation notes in orthopaedics	August 2017	This audit compared handwritten and electronic operation notes, showing advantages to electronic recording. Results were shared in speciality governance meetings. The new Electronic Patient Record (EPR) superseded the recommendations of this report.
Audit of Documentation and Uploading of Neonatal alerts	August 2017	The audit resulted in changes being made to clinical guidelines to ensure alerts are uploaded consistently to the system. Changes were also made to the process and feedback given to individuals to reduce the number of unnecessary alerts.
Medical Mobility Audit	July 2017	This was an audit of the nature of referrals to the service, which showed an increase in number of referrals. Results were presented to the Specialty Governance Meeting. Recommendations were made to reconfigure the service.
Evaluation of Heart Failure Rehabilitation class Post changes 2016-2017	July 2017	This was a service evaluation of the class, which received positive patient feedback and showed improvements in assessments. The results were presented to the team, who are reviewing the routine physical activity measures in use.

Title of Audit	Report Produced	Actions
Validation of the National Lung Cancer Audit (NLCA) data for the number of patients seen by a lung cancer speciality nurse	July 2017	This audit results were presented to the specialty governance meeting and included in the annual quality surveillance review. The audit recommended changes to the data validation techniques used during the national audit and recommended a business case is developed to increase the number of specialist lung cancer nurses.
Audit of Diagnostic Monitors in use across the Orthopaedic Department	June 2017	The audit results and a cost benefit analysis were presented at the radiographers meeting. Recommendations were made to upgrade VGA leads and graphics cards to HDMI/DV. The resolution of one monitor was adjusted. Recommendations were made for the rapid deployment of new monitors. In the interim all orthopaedic and outpatient films were live reported.
Prescribing Practice (Hospital Palliative Care Team)	May 2017	The audit results were disseminated to the Trust Non-Medical Prescribers (NMP) Group, Yorkshire Specialist Palliative Care NMP Group and the Palliative Care Governance Group. The audit showed the value of the reviews carried out by the prescribers, in reducing delays in prescribing changes and in recommending changes to care.
Lilac Clinic Documentation	July 2017	The audit found that all of the medication charts reviewed were correctly completed and consent processes were working well. The audit frequency was changed from continuous to biannual.
Hepatitis C Testing in Haemoglobinopathy	June 2017	The audit demonstrated that staff knowledge of hepatitis C was variable therefore education sessions were arranged. The audit also led to a review of blood testing processes.
Haemoglobinopathy Hepatitis B Vaccination	June 2017	The audit resulted in patients who had not been blood tested being contacted and offered testing. Revaccinations were offered to those patients who were not protected by previous vaccination. Education sessions were arranged for staff.
Communication of outstanding investigations and followed up following discharge from the Medical Assessment Unit	May 2017	The audit involved the review of GP follow up letters which demonstrated that blood test results and medications were communicated well. Where results were outstanding this was less well communicated. Findings were presented to the Specialty Governance Meeting.
Standard of Service Delivery on the Medical Assessment Unit	May 2017	The audit resulted in informed actions being taken to change ward round timings, and improve documentation of arrival time and the documentation of observations.

Title of Audit	Report Produced	Actions
Local referral rates for foetal abnormalities detected at scan	May 2017	The audit informed changes to the consultant list and a change to direct referrals to the Foetal Medicine Unit to reduce delays.
HIV Testing - are we following the BHIVA guidelines?	May 2017	The process for this audit was rapid cycling audit with improvement activities at each cycle. The audit results were presented to the Infectious Diseases Team and a Local Service Action Plan was developed to deliver education sessions and to implement the offer of universal testing.
Non-Medical Prescribing (Paediatrics)	June 2017	The audit found that all of the prescriptions reviewed were appropriate and had reduced delays in those patients waiting for a referral to specialist services in Manchester. The Speciality plans to discuss the medications which the nurses can prescribe, to see if this list can be expanded.
Review of BRI Accident and Emergency ref attendances for children of adults known to MARAC (living in homes with domestic violence)	August 2017	The audit demonstrated that this patient group were not attending AED more frequently therefore there were no missed safeguarding opportunities. A Local Service Action Plan was developed in relation to safeguarding training, and results were shared with the safeguarding team.
Sub-acromial Shoulder pain. Are primary care referrals following the British Elbow and Shoulder Society/ British Orthopaedic Association Patient Care Pathways Guideline?	July 2017	This was a descriptive audit of the completeness of referrals in to the service by General Practitioners (GPs). No recommendations were made.
Compliance with Flu and Pneumonia Vaccine Guidelines in patients receiving Adalimumab and Etanercept	May 2017	The audit informed changes to the patient vaccination leaflet which now forms part of the New Starter Biologic Treatment Packs. Changes to the system generated GP letter are also being explored.
Safeguarding Families document transfer between maternity and neonatal unit	November 2017	The audit results were shared with the Safeguarding Team and with all staff via the safeguarding pages of the Trust Intranet. The Audit informed changes to the colour of safeguarding document to ensure it is easily recognisable and the transfer of documents between teams was added to the safeguarding level 3 training. Many of these changes were superseded by the implementation of EPR.

Title of Audit	Report Produced	Actions
Children's Community Team Physiotherapy Suction Re Audit	May 2017	The audit report identifies an increasing demand for the service and recommends the purchase of additional suction machines. The Audit findings were presented to the Specialty Governance Meeting and discussion is on-going to develop a system to recoup losses due to equipment damage.
Total Laparoscopic Hysterectomy	November 2017	The audit findings were that patients were discharged home on day one, therefore no recommendations were made.
Venous thromboembolism (VTE) Risk Assessments	May 2017	The audit informed changes to be made to the VTE risk assessment form. These were superseded by the introduction of the EPR.
Small for Gestational Age (SGA) audit	July 2017	The audit resulted in changes being made to the problem list in Medway to highlight previous SGA as a risk factor. Staff were reminded to chart the growth trajectory at each appointment and improvements were made to risk screening at booking.
Regional and Local Audit of Readability and Language Used in Child Protection Reports (March 2017)	November 2017	The audit findings and The Royal College's advice on report writing were disseminated to the paediatric consultants. A standardised template for report writing is being developed.
Spontaneous Pneumothorax in Adults	May 2017	The Division of Anaesthesia, Diagnostics and Surgery presented the results of the audit at their Governance Meeting. New pathways and a covering letter were developed and implemented. The pneumothorax discharge leaflet was also updated, and has been incorporated into EPR.
An audit and re-audit into thromboembolism prophylaxis in patients who have had major cancer surgery in the abdomen or pelvis	June 2017	The audit results led to changes being made to the doctors' induction to General Surgery to include information about thromboembolism. This also forms part of their induction booklet. Doctors are also reminded to complete VTE assessments via Electronic prescribing and alerts in EPR.
Patients undergoing total laparoscopic hysterectomy	November 2017	The audit results informed changes to the Enhanced Recovery Pathway, and to documentation processes during the procedure.
Failed Nuchal Translucency Audit	April 2017	The audit informed changes to the vetting of ultrasound requests on the Clinical Record Interactive Search (CRIS) system, to ensure the scans are arranged between 12 and 14 weeks. Key performance indicators were also implemented for the correct completion of scan and blood request forms and the process of checking the dates on previous scans implemented.

Title of Audit	Report Produced	Actions
Adherence to Trust Maternal Early Warning System (MEWS) guidance in Obstetrics	May 2017	The Division of Women's and Children's Services conducted an audit of adherence to the Trust MEWS guidance. Findings from the audit were shared within the speciality of Obstetrics. Action was taken to improve the recording of respiration rate and oxygen saturation records and annual training has been implemented to include the sepsis pathway, MEWS and escalation.
Patient-involved audit of Inflammatory Bowel Disease Transition Service	December 2017	The Division of Women's and Children's Services audited the assessment and treatment of anaemia in children with Inflammatory Bowel Disease. Changes were implemented to ensure children were asked about tolerance to iron at follow up appointments and to treat mild anaemia sooner. Findings were presented to the Paediatric Gastroenterology Network. There are also plans to explore potential changes to electronic solutions for sharing results between Bradford and Leeds and to make changes to EPR templates for iron prescribing.
VTE Prophylaxis in Antenatal, Intrapartum and Postpartum Women	January 2018	The Division of Women's and Children's Services have reviewed the audit findings. Changes have been made to ensure Antenatal VTE assessment charts are available in all areas, that the need for postnatal weight is emphasised and that all women receive compression stockings, even when low risk.
Long Bone Fractures and Safeguarding Assessment in Children Under 3	December 2017	The Foundation Trust has reviewed the finding of the audit. Whilst the audit found that safeguarding issues were considered in all cases, and that there was good evidence gathering and use of interpreters, opportunities for improvement were identified. Changes have been implemented to ensure that children with identified risk factors are examined fully. There are increases in the number of requests for senior review and increases in the number of cases discussed with paediatric services. Training for AED staff has been updated to account for the lower thresholds for discussion and escalation of safeguarding concerns.
VTE Prophylaxis for inpatients in ward 12 – adherence to guidelines	March 2018	The audit found that all patients were receiving the correct treatment, but that some risk assessment forms were not up to date. Changes were recommended to the EPR alerts and processes changed to ensure that if staff defer completion of the risk assessment that the reason is documented.

2.2.3
PARTICIPATION IN CLINICAL RESEARCH ACTIVITIES

In 2017/18 Bradford Teaching Hospitals NHS Foundation Trust is recruiting patients to 143 National Institute for Health Research (NIHR) portfolio projects up to 31/12/2017 (Q3).

The number of patients receiving relevant health services provided or sub-contracted by the Foundation Trust in 2017/18 who were recruited during that period to participate in NIHR portfolio research was 8569 up to 31/12/2017 (Q3). NIHR portfolio projects are approved by a research ethics committee. 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 3.6 Research Activity.

2.2.4
COMMISSIONING FOR QUALITY INNOVATION FRAMEWORK (CQUIN)

The Commissioning for Quality and Innovation payment framework is an incentive scheme which rewards the 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). In 2017 the CQUIN scheme announced encompassed a 2 year period between 2017 and 2019.

A proportion of the Foundation Trust income in 2017/19 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 2017-19 are available online at:

https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

A list of Foundation Trust performance against the first year of CQUIN standards can be found in the Local Performance Measures section of this report. The monetary total for the amount of income in 2017/18 conditional upon achieving quality improvement and innovation goals is estimated as £7.31m and the monetary total for the associated payment in 2015/16 was £6.84m.

2.2.5
CARE QUALITY COMMISSION (CQC) REGISTRATION

Bradford Teaching Hospitals NHS Foundation Trust is required to register with the CQC and its current registration status is 'registered' with no compliance conditions on registration. The CQC has not taken enforcement action against the Foundation Trust during 2017/18.

2.2.6
CQC INSPECTION

In 2016 the Foundation Trust's overall rating was 'Requires Improvement'. At the time of signing, the report describing the outcome of the unannounced and well-led inspections undertaken by the CQC in January 2018 and February 2018 has not yet been published.

We provide regular evidence to the CQC in relation to progress with, and outcomes of, action plans, and have our own internal challenge and assurance process through ProgRESS (Programmed Review of Effectiveness, Safety and Sensitivity), a programme of work within the Foundation Trust in relation to understanding and ensuring compliance with the CQC's Fundamental Standards. This is discussed in more detail section 3.4.4 on the Monitoring and Assurance Process.

The Foundation Trust has participated in an Area Review by the CQC during 2017/18 relating to partnership arrangements in relation to the care and management of people over 65 living in Bradford and Airedale.

There was a clear focus on Delayed Transfers of Care. The review took place during February 2018. At the time of signing the report had not yet been published.

2.2.7
NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2017/18 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 in table 4 below. These percentages are equal to or above the national averages.

Table 4: Percentage of records which included the patient's valid NHS number

Record type	Area	2017/18 (April 2017 to December 2017)	2016/17 (April 2016 to January 2017)	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	99.6%	99.59%	99.00%	99.60%	99.60%	99.60%	99.50%
	Outpatient Care	99.9%	99.83%	99.00%	99.40%	99.40%	99.40%	99.80%
	A&E Care	98.8%	98.71%	98.00%	98.50%	98.60%	98.40%	98.30%
Patients Valid General Medical Practice Code	Admitted Patient Care	99.0%	99.26%	100%	99.90%	100%	100%	100%
	Outpatient Care	99.2%	99.89%	100%	100%	100%	100%	100%
	A&E Care	98.9%	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 2017-18 was "Satisfactory". This was independently assessed by Audit Yorkshire.

From 2018/19, the Information Governance Toolkit is being replaced by the Data Security and Protection Toolkit.

2.2.9 PAYMENT BY RESULTS CLINICAL CODING AUDIT

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 an external Information Governance clinical coding audit during 2017/18. The audit consisted of a sample of all specialties including Obstetrics selected at random from activity between April and July 2017. The error rates reported in the latest preliminary published audit for that period for diagnoses and treatment coding (clinical coding) are in table 5.

Table 5: Clinical Coding Error Rate

Coding Field	% incorrect 2017/18	% incorrect 2016/17	% incorrect 2015/16	% incorrect 2014/15	% incorrect 2013/14	% incorrect 2012/13
Primary Diagnoses Incorrect	8.6%	8.17%	5.50%	9.00%	8.00%	10.45%
Secondary Diagnoses Incorrect	10.2%	9.2%	4.80%	9.47%	5.90%	11.82%
Primary Procedures Incorrect	8.1%	9.09%	9.10%	2.00%	0.70%	6.45%
Secondary Procedures Incorrect	7.2%	14.79%	5.60%	8.02%	8.70%	10.50%

The audit was based on the methodology detailed in the current Version 11.0 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 in table 6 below:

Table 6: Summary of observations and recommendations to correct coding errors

Audit Observation/Recommendation	Response/Current Position
Ensure the Patient Information System allows the omission of fifth characters where required by the relevant national standards.	The 'Medicode' encoding system used from September 2017 allows all codes to be assigned to the requirements of national standards of coding.
Develop a program of individual coder audits to identify specific needs.	A rolling programme of internal and individual staff audit commenced January 2018 using an audit tool within the encoder.
Ensure coders receive additional education on the correct use of codes for obstetric scans.	Education was provided to all coders in a training session January 2018. Awareness of other quality issues has been discussed.
Meet with relevant staff from the Obstetrics and/or Paediatrics department to secure access for coders to the Newborn and Infant Physical Examination (NIPE) sheet for neonates.	Access to NIPE has been requested and is to be arranged with a specialist midwife.
Meet with relevant Plastic Surgeons to clarify the use and interpretation of the terms 'wide excision', 'wide local excision' and 'wider excision'. If necessary, this can be put into local policy.	Explanation of the use of wide / wider excision in the context of OPCS 4 on 30.1.18.
Ensure that clinical coders have access to the full record for elective day case patients including regimen details for patients admitted for chemotherapy	Electronic Patient Record provides access to the full patient record for all attendances
Ensure there is a process in place to verify that coders have reviewed histopathology reports where necessary.	Coders have the ability to record where information was not available at the time of coding also the source of information used to code an encounter. This and a process for adding information is within the encoder functionality.

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.

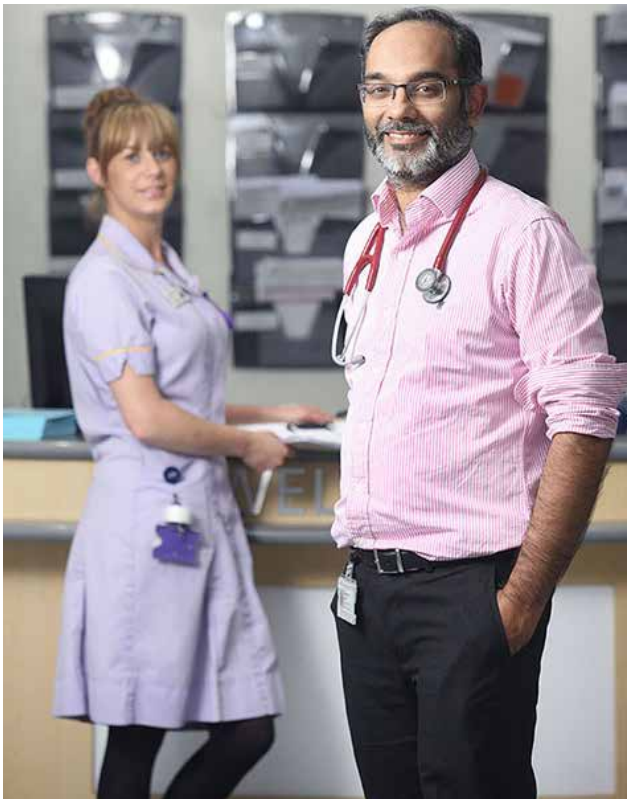
Bradford Teaching Hospitals NHS Foundation Trust continues to implement data quality initiatives across all aspects of Trust activity. This past year saw the implementation of a fulsome Electronic Patient Record which has added controls to ensure strong data quality. Complementary to this, enhanced Data Quality tools have been deployed and are being used proactively to identify trends and support corrective actions and wider learning.

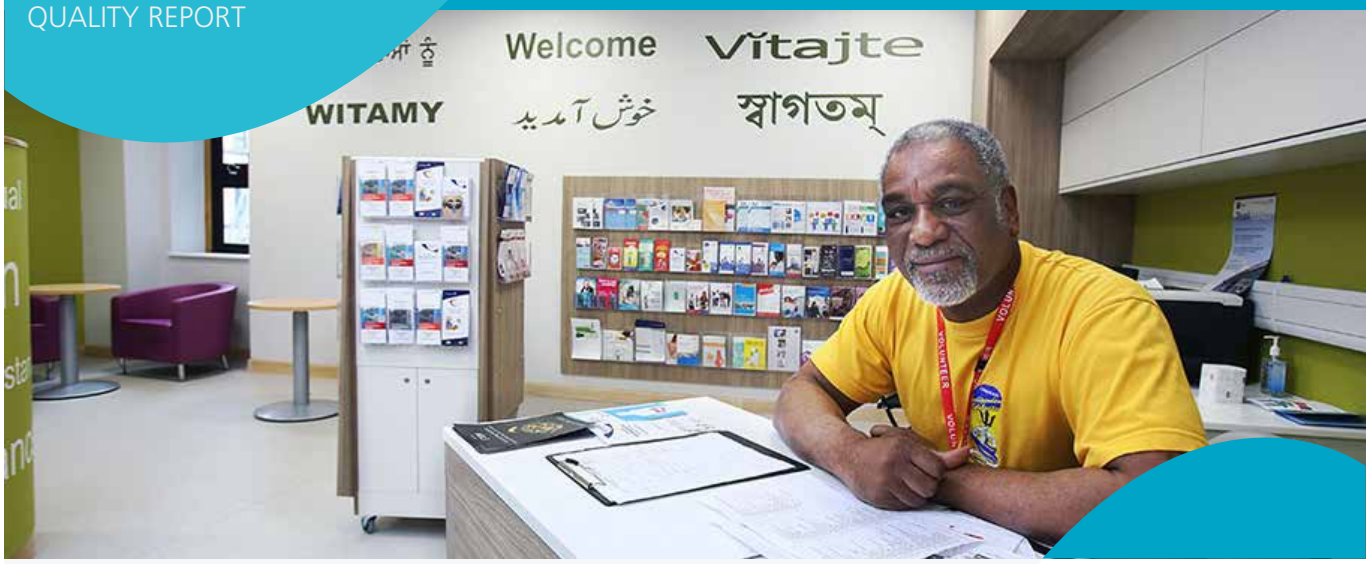
The Data Governance Group which is operationally-led and whose membership includes data owners across the Foundation Trust continues its work of increasing overall understanding and accountability for data quality and governing the organisation's critical data.

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

- Further development of reporting models using real time data supported by the Data Quality Team and the operational divisions to continue to improve the quality of Trust data;
- Active use of data quality metrics across all clinical systems especially with regard to the new EPR and the data warehouse.
- Strengthening the data quality governance arrangements with proactive engagement of Information Asset Owners and operational accountability.

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





2.2.11
REPORTING AGAINST CORE INDICATORS

The Department of Health and Social Care 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 2017/18 are reported in Appendix A.

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 which 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.

The 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 inform patients about any errors and mistakes related to their care.

The Foundation Trust has therefore built on that individual professional duty and has implemented 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.

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 Committee and Finance and Performance Committee, to the Care Quality Commission and our Commissioners.

During 2017/18 there has been one reported breach in Duty of Candour. This occurred during Quarter 4 and was declared because of a one day delay in sending the final investigation report to a patient.

As a result the Trust has reviewed its administration of Duty of Candour processes and made some improvements to the notification and monitoring systems already in place.

In the 2016/17 Quality Report the Trust reported a breach of its Duty of Candour which related to a serious incident. The CQC commenced an investigation into this breach during Quarter 3 2017/18. This investigation was not concluded during 2017/18.

2.2.13
LEARNING FROM DEATHS

As part of national guidance on learning from deaths the Trust is required from quarter three of 2017/18 to publish information on deaths, their reviews and investigations via a quarterly agenda item and paper to its public board meetings including information on reviews of the care provided to those with severe mental health needs or learning disabilities.

The first of these quarterly reports was brought through the Quality Committee before being submitted to the Open Board in January 2018.

The Quality Committee receives regular updates regarding the progress of the 'learning from deaths' work underway at the Trust, this report also includes a completed dashboard recommended by national guidance and supplemented by further information from standard Trust mortality reports.

The Trust has now trained over 120 individuals to be able to conduct mortality case note reviews. The methodology has also been used to help with case note reviews for internal investigations, serious incidents and investigation of internal and external alerts.

The feedback has been very useful. It highlights areas where care could be improved allowing us to prioritise quality improvement projects but also demonstrates that the organisation provides care that is good or excellent to over 90% of its patients.

This report represents a huge amount of investment in time by our reviewers and by the staff providing care. The Trust continues to participate in regional learning events and will ensure that any changes to guidance are applied at the Trust.

Learning from deaths dashboard – National Guidance

It is important to note that the national programme for mortality reviews as commissioned by HQIP (The Healthcare Quality Improvement Partnership - responsible for national work including the National Clinical Audit and Patient Outcomes Programme) are not advocating the marking of avoidability in mortality reviews on the primary review.

The Trust continues to participate in regional learning events and will ensure that any changes to guidance are applied at the Trust. The implementation of our EPR has seen a fall in the number of reviews during the first 6 months. This is to be expected as the services become more familiar with the new system. The average number of death reviews undertaken for the year was circa 15%.

NHS — Bradford Teaching Hospitals NHS Foundation Trust: Learning from Deaths Dashboard - November 2017-18

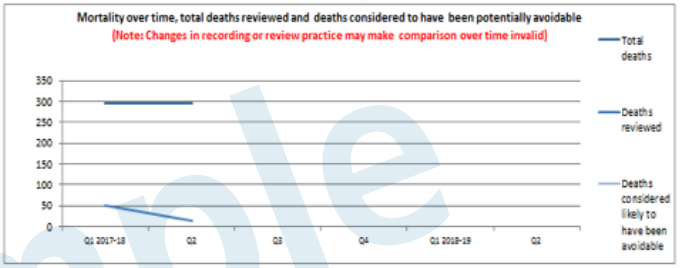
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	295	0	13	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
589	0	63	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2



Total Deaths Reviewed by RCP Methodology Score

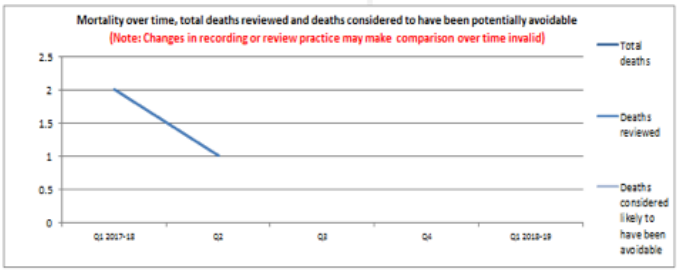
Score 1 Definitely avoidable		Score 2 Strong evidence of avoidability		Score 3 Probably avoidable (more than 50:50)		Score 4 Probably avoidable but not very likely		Score 5 Slight evidence of avoidability		Score 6 Definitely not avoidable	
This Month	0 -	This Month	0 -	This Month	0 -	This Month	0 -	This Month	0 -	This Month	0 -
This Quarter (QTD)	0 -	This Quarter (QTD)	0 -	This Quarter (QTD)	0 -	This Quarter (QTD)	0 -	This Quarter (QTD)	0 -	This Quarter (QTE	0 -
This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -	This Year (YTD)	0 -

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

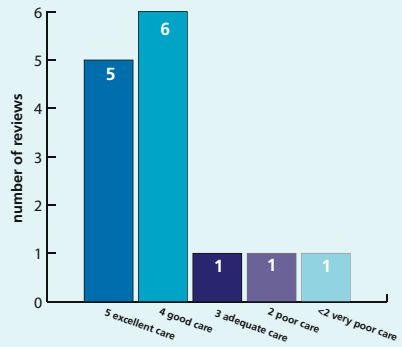
Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	1	0	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
3	0	3	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1



Trust standard learning from deaths dashboard

This dashboard shows additional information which is included in the Trust standard report regarding learning from mortality reviews. These standard reports go to the Mortality Sub-Committee every two months.



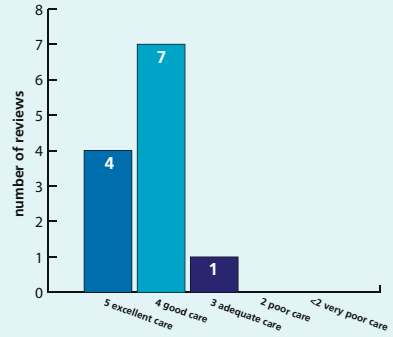
Admission & Initial Score

Seen and treatment commenced within 1 hour as per Sepsis bundle in A&E – good practice.

Able to access radiology quickly and reviewed in ICU by consultant surgeon and transferred to theatre – excellent care.

Medicines reviewed undertaken – diaretics stopped with AKI – good practice.

Poor care scores relate to delays in treating a patient with malaria, including availability of equipment for dialysis and problems setting up the equipment.

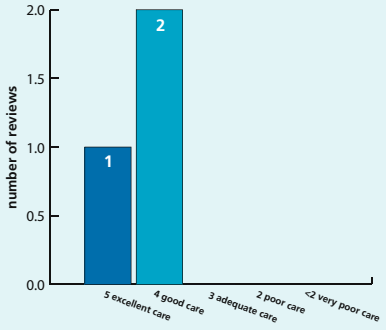


Ongoing Care Score

Family kept updated of progress and advanced care planning done – good practice.

Ward team continued to try various treatment options despite difficulties – good practice.

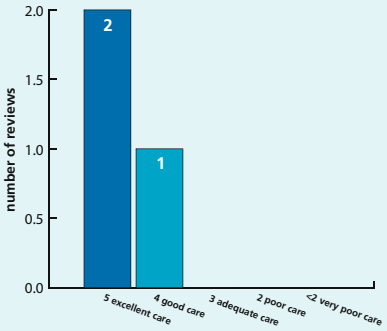
Acknowledged with patient that condition deteriorating and plan to refer to palliative care – this is good care but referral not received by palliative care team until 3 days later – this is not good care.



Care During a Procedure Score

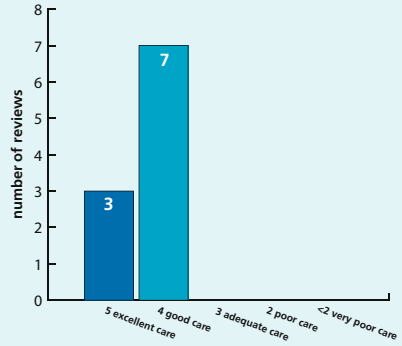
WHO check and documentation filled out appropriately – example of good safe practice.

Well documented anaesthetic pre-assessment and conduct – good care.



Perioperative Care Score

Transferred to ICU post op. full supportive care given. Good contemporaneous notes entered on innovian (electronic system by nursing and medical staff. Twice daily consultant reviews. Conversations with family about deterioration and change to pallation – good practice.



End of Life Care

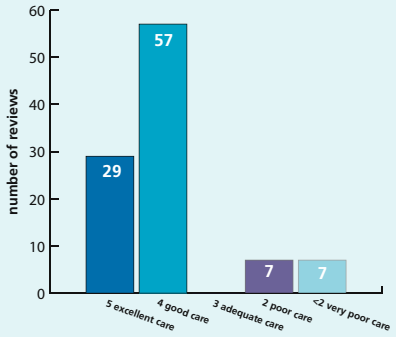
Put on the palliative pathway appropriately.

Continuous subcutaneous infusion commenced within 1 hour of being prescribed – this is very good care (standard is for within 2 hours)

Recognition that patient too unwell for transfer to hospice and discussed with patient and family – this is good care;

Patient died whilst palliative care nurse was there, support given to family.

Good care, given, patient wishes taken to account



Overall Assessment of Care

The patient received excellent care from arrival to hospital with early recognition of the critically unwell patient and sepsis.

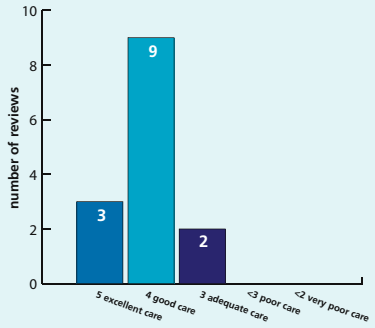
Good consistent communication and care throughout admission

Breakdown in communication regarding diagnosis of malaria and then delay in treatment.

Failure to establish the patient on hemofiltration despite the documentation and the need to start this ASAP

Poor care scores relate to delays in treating a patient with malaria (see two comments above)

This case was subject to a second review, hence the score of 1 and subsequent score of 2 from the second review



Quality of Patient Record Score

Trust mortality data

In addition to receiving reports relating to learning from mortality reviews the Quality Committee also receives reports on overall mortality data. Assurance that the full NHS England guidance is followed on reporting mortality is provided by the Mortality Sub-Committee.

Table 7: Number of patients that died within the reporting period

Date	Quarter	No. of deaths
April–June 2017	Q1	296
July–Sept 2017	Q2	296
Oct–Dec 2017	Q3	363
Jan–March 2018	Q4	433

Table 8: Case note reviews carried out within the reporting period

Date	Quarter	Case note reviews
April–June 2017	Q1	41
July–Sept 2017	Q2	21
Oct–Dec 2017	Q3	23
Jan–March 2018	Q4	28

Tables 9 and 10 show equivalent figures for the previous two years:

Table 9

Date	No. of deaths	No. of reviews
April – June 16	344	26
July – Sept 16	296	42
Oct – Dec 16	361	85
Jan – Mar 17	339	79

Table 10

Date	No. of deaths
April – June 15	280
July – Sept 15	269
Oct – Dec 15	272
Jan – Mar 16	352

The Foundation Trust is already learning from the structured judgement case note reviews and identifying important themes:

Good practice identified:

- Recognition of the sick patient seems to be good to excellent in many cases;
- There is some excellent communication with patients and relatives identified which makes a real difference with planning for end of life;
- Initial care within the first 24 hours seems to be very good with good evidence of implementing relevant treatments on time;
- Good multidisciplinary cooperation and communication is commented on making a difference to the patient care;
- There is good use of palliative care and most times end of life care is put in place.

Poor practice identified

- Note keeping and documentation is commented as being poor in places;
- There are delays in care due to lack of equipment, beds or medications;
- Delays in care due to lack of appreciation of urgency and poor communication;
- Continuity of care and handover of information is poor at times;
- At times palliative care and end of life planning could have been done sooner.

Key recommendations for learning cascaded trust wide

- Timeliness of Care: Delays in healthcare make outcomes poorer
- Communication: Poor communication leads to delays and poor care
- Infections: It's easy to spread infection; be vigilant
- Reports: A requested investigation must be read and acted upon

The mortality reviews which are performed using the Structured Judgement Review (SJR) methodology give an overview of the whole care the patient received and give us a good indication of the level of care across the organisation.

Over 90% of care has been judged overall as good or excellent in the last 12 months. Where overall care has been judged to be inadequate or poor internal investigations are started and specific learning and actions come from these.

SJRs do reveal some areas where care could be better but overall care was adequate good or excellent. The learning from these reviews are shared with appropriate specialties and collated at an organisational level to generate themes (as set out in the good practice and poor practice bullet points on the page before).

These qualitative themes are used to generate, inform and support the trusts multiple and extensive safety initiatives and programmes e.g. medicines safety, deteriorating patient collaborative, falls and pressure sores, improving communication and handovers, 7 day working, introduction of EPR etc.

Of course where care has been viewed as excellent and of an exemplary nature we inform and thank the teams or individuals involved. We disseminate these examples and make efforts to learn from this exemplary care.

3.1 KEEPING PATIENTS SAFE

3.1.1
PATIENT SAFETY PROGRAMMES

In addition to the Quality Improvement initiatives that will take place over the coming year, the Foundation Trust is committed to delivering key patient safety programmes that focus on the safety of our patients and staff. These programmes 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 walk-round visits are informal and reflection sessions to create the space and time for real meaningful conversations between staff, patients and the senior Executive team.

Clinical teams 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 has increased staff engagement and developed a culture of open communication where the safety of patients is seen as a priority of the organisation.

TYPE OF INDICATOR:	**Patient Safety**
WHAT:	To increase the visibility of the senior executive team with frontline staff and patients
HOW MUCH:	By 100%
BY WHEN:	March 2019
OUTCOME:	On target

Key achievements during 2017/18

- Improved the quality of the leadership walk-round processes to ensure all parties involved have a clear understanding of their roles and responsibilities.
- Launched the revised walk-round documentation and process which has enhanced the experience for staff and patients.
- Continued positive feedback from staff relating to the new style walk-round visit format which is more informal, reflective and conversational.
- Developed the format of the leadership walk-rounds including: informal Executive Director paired walk-rounds, and both in-hours and out of hours Executive and Non-Executive Director walk-round visits which continue to demonstrate 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.

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.

PRASE is a system for collecting patient feedback about how safe they feel whilst in hospital. It enables patients and their carers to provide real time feedback of their experiences of the care received.

It is designed to help staff identify things that are working well, and areas needing improvement. Feedback is collected using a patient safety questionnaire and a reporting tool with the help of hospital volunteers, patient feedback is collected using electronic mobile devices. Once enough information has been collected, a ward report is produced and guidance is provided to help produce action plans and monitor their successes.

This priority has now been piloted across multiple organisations. It is currently being explored as an innovative approach in our organisation for involving patients in identifying priorities for improvement in the quality of care we provide.

TYPE OF INDICATOR:	**Patient Safety**
WHAT:	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
HOW MUCH:	Any inpatient ward
BY WHEN:	March 2019
OUTCOME:	Pilot in progress

Key achievements to date:

- Information collected from questionnaires is actively being used to inform improvements in clinical practice on the wards.

The 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 though 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.

TYPE OF INDICATOR:	**Patient Safety**
WHAT:	To develop and facilitate a multi-disciplinary forum that translates data from our surveillance mechanisms into opportunities to learn
BY WHEN:	On-going

Key achievements in 2017/18:

- 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.

Improving the care of the deteriorating patient

This project is described in detail in the Programme Descriptions in section 2.1.5 because it is one of the six highlighted 2018/19 priorities.

The programme of work around improving the care of the deteriorating patient now includes the previous quality improvement initiatives of Sepsis Improvement and Tackling Acute Kidney Injury (AKI).

Safety Huddles

Safety huddles have been introduced in our hospital as part of our approach to enabling a positive safety culture among staff at all levels. The initiative involves the use of improvement tools and regular measurement of progress and action to improve patient safety including the opportunity for celebration of team success. It is an excellent platform for ward teams to continually share and learn from excellence and improve team working and communication.

These short but frequent safety briefings ensure that staff stay informed, review work, make plans, and make progress as a team. They are usually led by a senior clinician, which may be a doctor or nurse. However more often than not these meetings are led by staff at all levels and this is encouraged in Bradford.

Safety huddles provides a non-judgemental, no-fear space in the daily workflow of all ward staff and encourages multidisciplinary team conversations around safety issues of importance. Over time, team members develop confidence to speak up and jointly act on any safety concerns they may have.

Currently, up to 40% of our wards and departments are carrying out safety huddles. Our intention is that all our clinical areas will be carrying out safety huddles as part of daily routine within the next year.

TYPE OF INDICATOR:	**Patient Safety**
WHAT:	To improve multidisciplinary awareness and alertness to patient safety issues on all clinical areas across the Foundation Trust
HOW MUCH:	Across all clinical areas
BY WHEN:	March 2019
OUTCOME:	Better communication and team working among multidisciplinary teams and focus on patient safety matters that are of importance and relevance to the team

Key achievements in 2017/18:

- Introduction of safety huddle data collection templates improved the quality of the huddle process. It also increased the confidence of staff leading it. Safety Huddles have been positively evaluated by the ward staff involved.

National Maternity and Neonatal Health Safety Collaborative

The Maternal and Neonatal Health Safety Collaborative is a three-year programme, launched in February 2017. The collaborative is led by NHS Improvement and covers all maternity and neonatal services across England. The aims of this programme are to:

- Support maternal and neonatal care services to provide a safe, reliable and quality healthcare experience to all women, babies and families across maternity care settings in England
- Create the conditions for continuous improvement, a safety culture and a national maternal and neonatal learning system.
- Contribute to the national ambition of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.

Each Trust involved in the collaborative is responsible for developing a set of local improvement objectives based around: human dimensions; systems and processes; clinical excellence and person centeredness.

TYPE OF INDICATOR:	**Patient Safety** **Human Dimensions**
WHAT:	Improve access to learning from incidents and increase staff reporting of why incidents have occurred
HOW MUCH:	To be determined
BY WHEN:	March 2019
OUTCOME:	On target

TYPE OF INDICATOR:	**Patient Safety** **Systems and Processes**
WHAT:	Reduce the number of women experiencing delays during the induction of labour care pathway in our antenatal ward
HOW MUCH:	Reduce by 50%
BY WHEN:	March 2019
OUTCOME:	On target

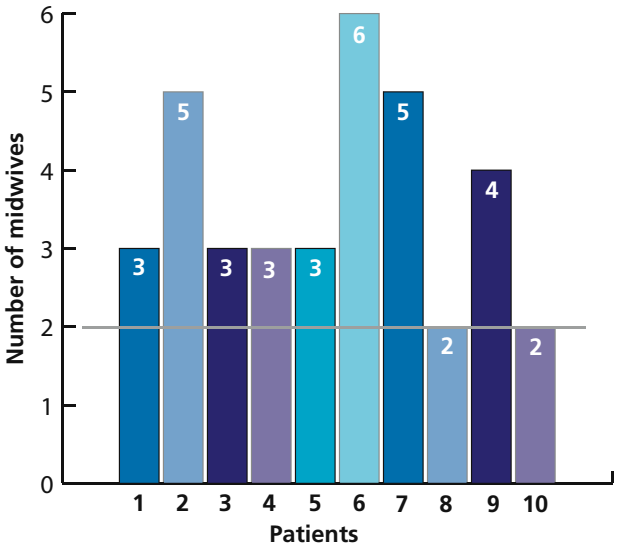
TYPE OF INDICATOR:	**Patient Safety** **Clinical Excellence**
WHAT:	Reduce the number of babies admitted to the neonatal unit due to avoidable hypoglycaemia and hypothermia
HOW MUCH:	To be determined
BY WHEN:	March 2019
OUTCOME:	On target

TYPE OF INDICATOR:	**Patient Safety** **Person Centred**
WHAT:	Work with expectant mothers to understand the reasons why there is a delay in accessing the maternity services when they experience decreased fetal movements
HOW MUCH:	95% contact within 12 hours
BY WHEN:	March 2019
OUTCOME:	On target

Key achievements in 2017/18:

The programme is in its early stages However information has been gathered to understand what currently happens with respect to all the projects listed above.

Figure 3: Number of Midwives per patient

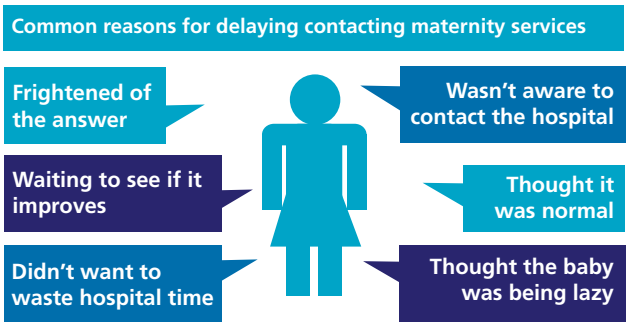


Human Dimensions: Learning boards have been put up in key areas around the maternity unit, providing information about incidents that have occurred. A survey has been undertaken to understand the current culture and behaviour of staff in relation throughout the maternity unit. This will help to identify any communication barriers.

Systems and Processes: An audit has been undertaken to understand where delays may occur in the induction of labour pathway. This will help us to understand where we can improve our services.

Clinical Excellence: A review of how babies are monitored for hypoglycaemia and hypothermia is currently underway.

Person Centred: Once baby safety is established, expectant mothers are asked why they waited to contact maternity services and whether they were provided with information about what to do if they are worried about their baby's movements. The information gathered will determine our approach to increasing the number of expectant mothers accessing the service in a timely manner.



Mini Fall Event

This event has been established to reduce the number of avoidable patient falls with moderate harm or above within the hospital. It commenced in August 2017 and includes 11 wards that had the highest number of falls across the Trust over a number of months. This work will continue in 2018/19.

Key achievements to date:

- A falls change package that has been introduced for the wards to use.
- There is on-going support from the improvement and transformation teams.
- Regular networking events take place where the teams can update on progress to date and share ideas.

3.1.2
LEARNING FROM INCIDENTS AND NEVER EVENTS

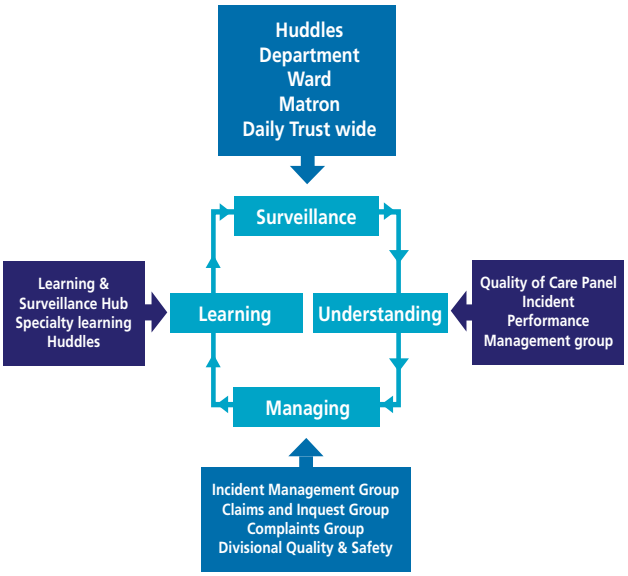
Learning from incidents

The Foundation Trust recognises that many incidents occur because organisations have ignored the warning signs of precursor incidents or have failed to learn from the lessons of the past.

We recognise that most learning in any organisation is incidental rather than formal and any system should not replace that, but serve to strengthen it. As a result we have embedded our approach to this 'formal' learning within our Quality Oversight System.

The Foundation Trust has a Quality Oversight System designed to ensure that we adopt a systematic approach to learning from incidents. The approach is applied across the Foundation Trust to ensure that the key elements of the system are embedded in our governance and assurance structures.

Figure 4: The Quality Oversight System



- **Surveillance:** Information is drawn from safety huddles occurring throughout the Foundation Trust and a daily review of all the incidents, coronial referrals and complaints from the previous day into a daily 'risk huddle' where specific incidents and contemporaneous themes and trends are identified and associated action or escalation planned.
- **Understanding:** Every week the Quality of Care Panel (chaired by an Executive Director) meets to discuss and agree the actions associated with any outputs from the quality oversight system that are significant, for instance incidents that meet the criteria for the declaration of a serious incident, significant themes and trends, or, where concerns are identified that learning following a serious incident is not as effective as it should be. In addition, the Incident Performance Management Group, with representation from all clinical divisions, meets weekly to support the understanding of less serious incidents, themes, or trends, and support appropriate action or escalation.
- **Managing:** the management of incidents, ensuring high quality and timely investigations to maximise the opportunities for high impact learning happens predominantly through the Incident Performance Management Group, the Complaints Management Group , the Inquest and Claims Management Group and Divisional Quality meetings. These groups are all responsible for supporting the Quality Oversight System and ensuring that issues requiring escalation are managed appropriately and opportunities for learning, change and improvement are provided to the Learning and Surveillance Hub.
- **Learning:** the Learning and Surveillance Hub, whose members have a key role in relation to the identification of learning and the testing of dissemination of learning methodologies. Learning Huddles occur in specialties, and this learning is shared for Trust-wide contextualisation at the Learning and Surveillance Hub. In addition all Serious Incident reports are distributed for consideration of the actual and potential learning for operational divisions, through the divisional quality systems.

The Quality Committee receives a quarterly report that describes a range of 'precursor incidents' (generated from national audit outcomes, incidents, complaints, ProgRESS reviews etc.) and the associated learning and how that learning has been managed and assured across the Foundation Trust.

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 one Never Event reported in the period 1 April 2017-31 March 2018. The incident involved the insertion of the wrong power intraocular lens during ophthalmic surgery.

The Foundation Trust is committed to learning lessons from all incidents, and we take the learning from Never Events extremely seriously. The key lessons learned from the Never Event described above, where there was a failure of all the safety processes designed to ensure the correct lens power prior to insertion, were as follows:

- A Standard Operating Procedure for Intraocular lens surgery must be created and implemented in line with Bradford Safety Standards for Invasive Procedure and National Safety Standards for Invasive Procedure / WHO safety check process.
- To ensure the movement / interruptions of medical staff during operating lists is kept to an absolute minimum.

3.1.3

SAFEGUARDING CHILDREN

The profile of safeguarding children within the Foundation Trust remains a high priority.

During 2017/18, the children's safeguarding team have worked collectively to produce, update and develop policy and procedure in order to strengthen safeguarding business within the Trust.

Named professionals have developed annual work plans and audit strategy to ensure development and learning continues throughout the organisation for assurance to the executive team, all staff working within the organisation and children themselves.

The last financial year has seen a significant investment in terms of time and resource to safeguarding children's training. The training strategy produced by named professionals highlighted the requirement for certain staff members training requirements to be reviewed and re-levelled in line with national guidance. With this work now completed and a comprehensive training programme available, the Trust is now in an excellent position to provide positive overall training compliance levels Trust-wide, which is something we are extremely proud of.

Bradford is currently is the youngest city in Europe with 150,000 children, and some families in Bradford face real challenges.

The District has high numbers of vulnerable children and young people. Just under a quarter of children are classified as living in poverty, and the District is forecast to have increasing numbers of children and young people with complex needs such as severe disabilities and long term health problems (Bradford Children, Young People and Families Plan 2017-2018).

In 2014, Bradford had 3,890 incidents of domestic violence reported where a child was present and 30,000 contacts made to children's social care. We do have young people who are victims of child sexual exploitation and children who go missing from care, home and school. Consequently, safeguarding activity within the District has risen from previous years with 534 children being subject to a child protection plan as of January 2018, many of whom have frequented our service at both Bradford Royal Infirmary and St Luke's Hospital during the past year. The category splits for Bradford are 47 (9%) children for risk of physical abuse, 177 (33%) for neglect, 269 (50%) for emotional abuse and 42 (8%) at risk of sexual abuse. These figures are in addition to the 1376 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 functions and any services they contract out to others are carried out with the purpose to safeguard and promote the welfare of children. The Foundation Trust complies with this requirement by way of submitting a Section 11 declaration.

The Bradford Safeguarding Children Board (BSCB) and Bradford and Airedale Clinical Commissioning Groups (CCGs), request assurance from the Foundation Trust in relation to the compliance of nine Standards, which are set out in Section 11. A dynamic online tool provided by the Virtual College allows evidence to be uploaded against each of the standards. The Performance Management Subgroup to the BSCB provides management oversight, challenge and scrutiny of this process for additional assurance. The Foundation Trust currently scores as being 98% compliant, with work only required around Standard 9 which is the "Early Help Offer".

Inspection process

In 2017, the Trust underwent a safeguarding children inspection by the Care Quality Commission as part of the Joint Targeted Area Inspection (JTAI). This is a joint inspection of all the partner agencies involved in safeguarding children, by their respective regulators. Representation from the Chief Nurse (executive safeguarding lead), senior management and named professionals for Safeguarding Children, met directly with inspectors, to showcase developments and demonstrate the safeguarding work that we at the Foundation Trust are proud of.

The inspection focused on our leadership and management arrangements in particular how we work in partnership with the other agencies across Bradford. Inspectors undertook a review of cases across agencies and reviewed multi-agency working between Health, Children's Social Care, the Police and Probation services, with the "deep dive" theme of "Children live with domestic abuse" being the focus.

Specific onsite scrutiny by the CQC took place over 2 days, with direct visits from the inspectors to "front-door" services, which included the Accident and Emergency Department (AED) and Maternity Unit at Bradford Teaching Hospitals NHS 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 AED who was asked to give examples of recent practice and multiagency working.

The final publication from this review highlighted that further work was required within AED to demonstrate that staff are considering children behind adult attendances where domestic abuse had been identified. Since their visit in February 2017, a number of interventions to strengthen work within this area have taken place, particularly within the development of electronic patient records and we are pleased to report that the Foundation Trust's actions are now complete.

Electronic Patient Record (EPR)

During the past six months there has been a particular focus on EPR to ensure that safeguarding children's work and activity remains evident within the new records and that flags and alerts in relation to safeguarding concerns have been transferred over to minimise risk to patients and continue to safeguard children and their families effectively. The safeguarding children's team are using the EPR effectively to receive notifications, document and review records in areas throughout the Trust.

Safeguarding supervision

Safeguarding supervision is nationally recognised as essential for good practice. The Trust's specific Supervision policy and procedures have recently been reviewed and updated (October 2017).

The policy now reflects the new "Signs of Safety" model that Bradford as a district is currently adopting to ensure consistency in how safeguarding children cases are handled. 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 and the safeguarding team provide monthly supervision to the AED team, which is open for all staff to attend.

Audit

An annual safeguarding children's audit strategy is produced by the Named Nurse for Safeguarding Children and Named Doctor for Safeguarding Children. This includes some particular "hot topics" for example, child and family feedback, staff knowledge of safeguarding throughout the organisation.

The most recent audit completed was "Long Bone Fractures and Safeguarding Assessment in under 3s in AED", which was carried out following a Trust Serious Incident. The Royal College of Paediatrics and Child Health (RCPCH) have invited Named Professionals from the Foundation Trust to present these audit findings at its national conference in Glasgow in March 2018, as part of the child protection specialist interest group workshops.

On a more local level, audit is fed back into Trust safeguarding steering group meetings, before wider circulation, via the Safeguarding Newsletters and training sessions. The strategy is also influenced by findings from Serious Case Review Action Plans and allows areas of practice to be re-visited to provide assurance that changes in practice have been achieved.

Key achievements in 2017/18 and priorities for 2018/19:

- Policy on Bruises, Burns and Scalds produced.
- Safeguarding Children's Supervision policy reviewed and updated.
- Standard Operating Procedure for young people under 18 attending for termination of pregnancy.
- Create an annual safeguarding children's work plan.
- Co-develop guidelines for children being cared for on in adult areas.
- Development of Key Performance Indicators (KPIs) for safeguarding children.
- Production of annual safeguarding children's Audit Strategy.
- Fed into development of the new EPR to ensure safeguarding processes were considered effectively.
- Contributed to Bradford Safeguarding Children's Board safeguarding week in October 2017.
- Development work in relation to the implementation of CPIS
- On-going Female Genital Mutilation reporting development work.

3.1.4
SAFEGUARDING ADULTS

The Trust has continued to undertake work to improve the services it provides with respect to safeguarding adults. This has been both internally within the Foundation Trust and externally, in collaboration with partner agencies across the District.

There has been a continued rolling programme of improvement of the Safeguarding Adults training. All staff have now been assigned their appropriate level of training on the electronic staff record (ESR) and the Safeguarding team work closely with the Education Department to ensure all staff understand their training requirements and that there are sufficient training sessions provided to meet demand.

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, which is chaired by the Chief Nurse, and has a role in overseeing the standard of safeguarding across the Trust. The teams work closely together to identify and support adults and children who are experiencing domestic violence, with targeted work in the Accident and Emergency Department in particular and also to raise awareness of Prevent (the Government's counter terrorism strategy).

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, with established links for receiving information.

Workshops to Raise Awareness of Prevent (WRAP) have been delivered in conjunction with trainers from the CCG and the Local Authority (Bradford Metropolitan District Council). 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. NHS England has set a target of at least 85% for compliance with WRAP training, to be achieved by March 2018. As a result the Safeguarding Adults Team have worked closely with the Education Department devised an action plan to address the requirement.

The training has been delivered by providing extra face to face sessions, as well as by utilising the new national e-learning training.

The Team participates in Domestic Homicide Reviews (DHRs), not only within the Bradford District, but from any area which requests information about victims or perpetrators who have been treated at the Foundation Trust. The Trust is legally obliged to participate in any DHR where the Trust has been involved in the care of either the victim or the perpetrator, within a relevant period of time.

The Safeguarding Adults Team receives the notification when a DHR is required, and is responsible for coordinating the response, monitoring progress and collates information as required. The Trust provides a panel member to sit on the DHR panel, and an author to conduct an Independent Management Report (IMR). The IMR identifies the Trust's involvement and makes an assessment of whether there were indications of domestic abuse apparent, whether support or advice was provided accordingly, or whether there were any actions that could have been taken that might have prevented it from occurring. During 2017/18 the Trust has participated in DHRs as requested.

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 care needs are identified and safety plans are considered, both for whilst the person is in hospital, and also on discharge.

Training is delivered externally by members of the Safeguarding Adults Team, in collaboration with partners across Bradford, 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 facilitates effective links to be made across agencies.

The Safeguarding Adults team participated in Bradford's Safeguarding Week, which took place in October 2017. Training was provided for staff in the Trust as well as those across the Bradford health economy.

Progress and Outcomes

There has been a continued increase in the number of referrals to the Safeguarding Adults team from staff across the Trust, seeking advice and support on a range of safeguarding issues. Referrals to the Local Authority relating to concerns of abuse are relatively low in comparison to the total number of 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 that the wishes and views of the patient 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 patient's well-being is central to all care provision.

There has been on-going work to embed the routine questioning of staff about domestic abuse, as part of the return to work interview following sickness, following changes made to the Trust's attendance management policy. The policy aims to support staff to disclose domestic violence following periods of sickness, not only to enable them to be signposted to sources of support, but also to make the question routine so that staff in turn feel able to ask patients.

As part of the on-going work relating to domestic abuse, and in response to a previous audit identifying areas for development, one of the Safeguarding Adults Specialist Practitioner's was based in the Accident and Emergency Department for a period of three months with the remit of assisting staff with the identification, routine questioning and responding to domestic abuse. This work was then re-audited. The audit identified that the targeted work had led to greater understanding, identification and response to concerns of domestic abuse. More robust systems were established for notifying the Safeguarding Adults Team of concerns of domestic abuse, which has enabled work to be undertaken more directly with the patient and greater accuracy of information recorded.

The Safeguarding Adults team worked closely with the EPR team to ensure that the safeguarding processes within the new EPR are effective and that staff know how to use them. Some aspects of Safeguarding are not currently compatible with EPR such as national documentation in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Health Act (MHA). The Safeguarding team continue to ensure the accuracy of the applications and that they are saved appropriately.

Future Work

Over the coming year we will see:

- Further development of the Safeguarding Adults training, with specific focus on Prevent and ensuring compliance with the requirement by NHS England.
- On-going 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 processes within the Foundation Trust to support people with a learning disability, in conjunction with Bradford District Care Foundation Trust, with specific focus on reviewing the current policies to ensure they achieve a smooth transition for patients with a learning disability from community to hospital and back to community.
- Development of the Additional Needs group to ensure all patients who may have an additional need such as a learning disability, mental health need, sensory impairment or physical disability are represented and good links are made with the community services which support them.

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 the UNIFY system 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 daily staffing meetings with ward sisters and matrons.

During November and December 2017, we reviewed all our nursing and midwifery staffing establishments on all wards and departments and a report of the results was presented to the Board of Directors in January 2018. The Strategic Nursing and Midwifery Staffing 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.

The Trust continues to embed this system into everyday practice to support the decision making required to manage the daily staffing in the Trust.

3.1.6
NURSE RECRUITMENT AND RETENTION

Nursing Associates

The Trust is one of the six regional partnership sites participating in the Health Education England Pilot to recruit Band 4 Nursing Associate posts to bridge the gap between Health Care Assistants holding the Care Certificate and Qualified Nurses. The roles are supported by a 2 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.

The Trust appointed 15 trainee Nursing Associates who started their employment with us at the end of January 2017 and who are based within Elderly, stroke and vascular wards, paediatrics and maternity theatres. The Trust has a clinical tutor that has been appointed by Leeds Teaching Hospitals NHS Foundation Trust (as the lead employer) to support the trainees within the Trust and at Airedale NHS Foundation Trust. The trainees have just commenced their second year of the foundation degree at the university with all participants successfully completing year 1.

The Trust is in discussions with other education providers to provide a course commencing later in 2018 for a further 20 trainees. This will strengthen and grow the workforce on the in-patient ward areas reviewed as part of the strategic staffing reviews with the Chief Nurse in December 2017.

The new model of delivery would be with the University of Bolton delivered locally through Bradford College (Bolton were originally part of the Greater Manchester collaboration for the Health Education England pilot).

Health Education England have supported the collaborative approach the Trust has proposed and plans are currently underway to review the practice placement support, coordination of placements and practice education for the new cohorts of staff, in line with the apprenticeship levy funding available.

Return to practice nurse interviews

Two 'return to practice' interviews have been held for nurses / midwives in ICU and maternity.

Facebook

The Business case for a 12 month Facebook recruitment campaign was agreed in September 2017 and the campaign launched at the end of November 2017. This will support recruitment in all areas of the Trust with a monthly focus on specialties, including stroke, elderly care, paediatrics, newly qualified nurses and theatres. The Just R Company delivering the campaign will host a website, contact spreadsheet and deploy new and updated information about the Trust to promote opportunities to targeted audiences using social media. The campaign will direct Nurses, Operating Department Practitioners to adverts, open days and interviews held within the Trust. For the generic open day event in January over 200 enquiries were made through the Facebook page resulting in 31 offers on the day. During January there will be a further photo shoot of staff in the Trust to support the campaign material, the development of a video that can be used and the promotion of working in our Accident and Emergency Department as a targeted campaign.

Healthcare Assistant Apprentices

All HCAs that have started working for the Trust who do not already hold an appropriate qualification are required to complete a relevant apprenticeship qualification. Going forward these staff will be recruited as an apprenticeship terms and conditions.

Mitigation

The number of nurse vacancies continues to be managed through use of existing rota cover, agreed over establishment recruitment in some areas, the use of the Nurse Bank, additional hours and agency usage where required. Matrons review staffing on a daily basis to ensure that ward areas are safe. The Strategic staffing reviews have focused on all elements of the ward teams in order to support the patient care in each area with new roles such as the Nursing associate and advanced clinical practitioners.

The Chief Nurse report provides further detail on nurse staffing levels in line with national requirements.

Retention

The transfer register for Band 5 nurses remains in place.The nursing and midwifery steering group are reviewing this approach for other bands of staff. There have been 4 new applications in 2018.

The current group of nurses undertaking the preceptorship programme will form part of the Trust pilot of informal retention interviews following positive feedback of this initiative in other Trusts.

A plan is in place to offer more support to our nurses in the skills and competencies that are required to progress to work as a nurse in charge of a ward. The programmes will commence in January 2018 and will be delivered internally.

Significant work has taken place to develop more opportunities for new roles, e.g. Advanced Clinical Practitioners, to support the wards and departments. 15 were recruited and commenced working in this role in September 2017 supporting urgent care, general surgery and paediatrics. Plans are in place to recruit a further cohort September 2018. The Advancing Practice group continues to review and support applications for advancing practice in all areas of the Trust.

A recruitment and retention work plan has been agreed by the executive management team and will be reported monthly to the nursing and midwifery steering group.

3.1.7

MEDICAL STAFFING

Post-foundation fellows

A 2016 review of recruitment to trainee rotation gaps (with the emphasis on moving to generic-type appointments rather than individual specialty-specific posts)led to the first cohort of Post-Foundation Fellows joining the Trust in August 2016. 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.

The second cohort of Fellows commenced August 2017 with a number assisting the clinical education team as part of their personalised rotations.

Plans are being worked through for August 2018 which includes the appointment of 3 Post Core Fellows. These individuals will have completed 2 years Core Medical Training and may be seeking additional support to complete exams or to bridge the gap between core training and higher specialty training.

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 the Foundation Trust 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). There are currently MTI doctors in the Trust working in Obstetrics and Gynaecology, Anaesthetics, Renal Medicine and Paediatrics.

Representatives from Medical HR and the Anaesthetics team attended an MTI event at the Royal College of Anaesthetists in mid-February, and are undertaking a review of the information shared with a view to updating local processes.

Physician associates

Nationally, the development of Physician Associates forms part of the NHS transformation agenda and is aimed at supporting the need for the NHS to work differently in order to continue providing outstanding care to patients. The role of the Physician Associate is an innovative new health care professional who works to the medical model with the attitudes, skills and knowledge base to deliver holistic care under defined levels of supervision.

At present we are in the process of recruiting to seven posts across the Trust, these posts will support teams of Consultants, junior doctors, nursing staff and therapy staff across a number of surgical and medical specialties.

The roles will be mentored by a designated Consultant and will work alongside a highly trained team of junior doctors and nurses. They will work collaboratively with all members of the multidisciplinary team contributing to the delivery of care in a range of settings including inpatient wards, outpatient clinics and community clinics.

3.1.8

2017/18 ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

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 terms and conditions.

High level data

Number of doctors / dentists in training: 357

Number of doctors / dentists in training on 2016 contract: 310

Exception reports

Trainees submit exception reports if working beyond contracted hours or educational opportunities are missed. The Guardian monitors hours-related reports, while the Director of Education monitors training-related reports. The exception reporting process is a crucial part of the junior doctors' 2016 contract as it allows contemporaneous reporting of issues, feeding in to the trust and HEE's quality processes, with potential to drive improvement.

There were 336 exception reports submitted for the period 1 April 17 – 31 March 18 (table 11 illustrates exception reports by specialty). The majority related to additional hours worked. Fifteen highlighted training-related concerns. In total, 457 additional hours were worked by junior doctors. Additional hours may be recognized with a supplementary payment, time-off-in-lieu or no action. Table 12 shows the outcomes of the exception reports.

Table 11: Exception reports (hours/rest) by specialty and training grade 1 April 17–31 March 18

Department	F1	F2	CT	ST
EM			2	
Anaesthetics		1		
Gen Medicine	56		5	
Gen Surgery	18			
Elderly Care			11	
Haematology				6
Histopathology				2
O&G				129
Ophthalmology				1
OMFS			29	1
ENT			15	
Paediatics				7
Palliative Medicine				5
Psychiatry		1		
T&O		25		

Table 12: Exception report outcomes 1 April 17 – 31 March 18	
April 17 – March 18	
Exception report outcomes	Hours
Payment	265
Time-off-in-lieu	99
No action	93

Vacancies

A gap on a rota results from the post not being filled or from long term sickness. Gaps may be filled by doctors who are not in training. There were an average of 22 gaps over the year. The majority were uncovered. Some were filled by non-training junior doctors including post-foundation fellows, and doctors from overseas.

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 were levied to the Foundation Trust in 2017-18.

Qualitative Information

The Junior Doctor Forum meets quarterly and provides an opportunity for junior doctor representatives to bring concerns from their colleagues for discussion with the guardian of safe working hours, director of education, medical HR manager and LNC chair. In addition to working hours and educational aspects, non-contractual issues are discussed, such as the valued junior doctors' mess, and a policy for ensuring short notice availability of free sleeping accommodation for a junior doctor who feels unsafe to travel home after a night shift. The Trust is looking towards alternative workforce options, including the physician associate initiative, which has potential for easing pressure on the junior doctor workforce.

Summary

The junior doctors' hours exception reporting rate has increased over the year. The highest exception reporting specialty was obstetrics and gynaecology which related to shift finish times not coinciding with end times of clinics and theatre sessions, which usually require senior trainees to stay until completed. A recently approved revised work schedule is expected to lead to improvement.

Consultant supervisors are engaging with trainees who are under high workload pressures to ensure this is recognised. The Foundation Trust's Guardian of Safe Working Hours continues to monitor exception reporting and potential solutions.

3.2 FOCUS ON THE EXPERIENCE OF PATIENTS AND THE PUBLIC

Patient experience remains at the heart of our core values within the Foundation Trust. Putting patients at the forefront of everything we do remains a high priority and we recognise that this can only be achieved by continuing to engage with patients and develop new ways of working to improve how they and their friends and family experience our care.

Work carried out within the Trust in relation to Patient Experience is over-seen by our Patients First Sub-Committee. This group meets monthly and provides assurance to our Board of Directors via the Quality Committee, that we are providing the highest quality of healthcare at all times. Yet whilst providing this assurance to the leaders of our organisation, we recognise the need for dissemination down throughout our organisation to all areas within the Trust to ensure patients, friends and family are at the forefront of what we do.

During 2018, we have recently appointed Patient and Public Voice Representatives for the first time as members of the Patient First Committee, increasing our accountability and transparency and furthering our ethos of co-working.

3.2.1
PATIENT STORIES

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 of high importance to us at Bradford Teaching Hospitals NHS Foundation Trust and our Board of Directors meetings commence with a Patient Story presentation.

A good variety of clinical and non-clinical areas have been the focus of the Patient Stories at Board, with a particular theme during 2017/18 being on the experiences of disabled persons. We continue to pro-actively seek out stories from a wide range of patients to maximise our exposure and learning. These stories both celebrate excellent care and highlight areas for improvement.

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.
- Connect organisational processes, systems and protocols with humanity, values and ethical practice and have a potential positive impact on thinking/decisions.

Patient stories come from a variety of sources including patient feedback mechanisms, personal contact with people in community organisations and events in addition to staff suggestions. This has in the past included learning from Serious Incidents, which have further highlighted the important role friends and family provide in terms of sharing valuable information and demonstrated the importance of listening to friends and family. 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 BAME patients. Most often the individual attends the Board meeting in person, with support, to tell their story. If someone does not want to or cannot do this, an advocate of their choosing can present it for them. We have continued working with the University of Bradford's Working Academy to produce films for our suite of Patient Stories. These are a valuable learning resource for individual staff and teams.

When it is appropriate, a formal action plan can be requested by the Board of Directors 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.

3.2.2
PATIENT AND PUBLIC INVOLVEMENT (PPI)

We aim to continually develop a range of effective way of involving 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.

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 in table 13 below:

Table 13: As needed support and advice provided by the patient and public involvement lead

Department/Service	Action
Estates	Targeted pieces of work on way-finding and the use of induction loop systems at reception points.
Maternity	Maternity voices partnership (is a new advisory and action forum aimed at reporting and involving users of maternity services at Bradford.
Estates	On-going development with Patient-Led Assessments of the Care Environment (PLACE).New monetary powers have enabled patients to be consulted about new equipment e.g. handrails.
Informatics	Involving the public in the development of EPR (looking at patient portal).
Renal	Planning and designing a survey regarding advocacy and "voice of the renal patient".
End of Life Care	Facilitating patient input and providing advice on content and design of the Bereavement Survey.
Paediatric	ACE project (Ambulatory Care Experience for wheezy child) aimed to keep children at home. Consultation with service users planned to facilitate in depth evaluation of how the service is working.
Estates	Sourcing and supporting representatives for the Car Parking Strategy group and the West Yorkshire collaborative patient food mini-competition.

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. Staff development particularly has been proven to directly affect patient experience.

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 BAME communities. We plan to build on this through increased community outreach. Examples during 2017 include inviting local community members to be part of our work stream around people who may have additional needs.

We have continued to develop productive collaborative work with other local organisations including, Bradford Metropolitan District Council, the Strategic Disability Partnership, Bradford Talking Media, Healthwatch, Bradford University, the Alzheimer's Society, and the Stroke Association. This is in addition to working with local schools and colleges.

Membership and diversity of the Involvement Register has continued to grow, enabling us to meet the needs of services who want to be involved and fostering people with specific experience and expertise.

Sustained involvement of patient representatives in strategic work has increased this year and relationships with community groups and organisations continue to underpin the development of involvement, an example of this is the earlier mention Public Voice Representation which is now part of our Patients First Sub-Committee.

We have recently developed a Patient and Public Involvement Newsletter. It goes out currently to all members of the Trust and any member of the public who has signed up for this. Plans for 2018 include uploading future newsletters onto the Trust's website.

Social media use and engagement has increased, raising the profile of patient and public involvement at the Foundation Trust and creating new connections. We have actively embraced and grown our social media presence with a considerable number of patients, staff and departments throughout the Trust choosing this platform of communication.

The established @bthftpatientexperience and @bthft_yourvoice will continue to value feedback via this medium to further develop patient experience.

3.2.3
FRIENDS AND FAMILY TEST (FFT)

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.

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 promote the use of electronic collection, 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.

The clinical 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.

The Foundation Trust has implemented the Friends and Family Test across all divisions and services in accordance with NHS England requirements.

Table 14: Friends and Family Test 2017/18 results

	Q1		Q2		Q3		Q4		2017/18	
	% 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	100%	0%	98%	0%	95%	1%	94%	1%	97%	1%
A&E	75%	12%	80%	8%	100%	0%	100%	0%	83%	9%
Maternity	98%	1%	100%	0%	100%	0%	100%	0%	99%	0%
Day Case	100%	0%	100%	0%	97%	1%	98%	0%	99%	0%
Outpatients	96%	2%	96%	2%	97%	2%	97%	2%	96%	2%
BTHFT Trust Total	**96%**	**2%**	**96%**	**2%**	**96%**	**1%**	**95%**	**1%**	**96%**	**2%**

The overall percentage of patients who would recommend us to family and friends through each quarter (Q1-Q4) remains fairly consistent at 95-96%. Whilst this is a figure to be proud of, at Bradford Teaching Hospitals NHS Foundation Trust we always look at what we could be doing better. We recognise that an area for improvement is within the Accident and Emergency department in terms of patient satisfaction and whilst we acknowledge this is an area of great pressure, we need to look at ways to improve during 2018/19 and there will be a strong focus within this area of work. We are proud to report that our maternity results are excellent from the feedback we have received, demonstrating a consistent trend of patient satisfaction.

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.

3.2.4
BEREAVEMENT

Bereavement services sit within the Patient Experience Team. 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 recognises that this is a difficult time for any family member and families are under no obligation to complete this. To date there has been a steady flow of responses that will be analysed later in 2018.

3.2.5
CHAPLAINCY

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.

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 ELCs in the ward area and remain responsible for patient care.

Five supervision sessions have taken place 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 45 separate patient referrals/visits (30 dying patients). This equates to a significant number of 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 a finalist in the Patient Experience Network National Awards 2016 'Personalisation of Care' category.

3.2.6
NATIONAL PATIENT SURVEYS

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 CQC's 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 on-going 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.

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 direct comparison between Trusts, although it does provide a sense of how an organisation is performing compared to all other participating organisations.

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 choice to access this or not. As the Foundation Trust serves an area with a relatively high BAME 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 Foundation Trust holds 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, develop and work through action plans.

Key points from the survey

Inpatient survey data July 2017

Bradford Teaching Hospitals had a response rate of 29.9%.This is disappointing compared to 40% last year. Keeping to hospital appointments was a strength, but there are areas for improvement in staff communication and emotional support and improving the hospital environment in terms of cleanliness and noise. When we compared our results to last year's survey **we have done significantly better in the following areas;**

- Providing information about treatment and condition in the AED department.
- Providing written information or printed out about what you should do after leaving hospital.
- Giving clear written or printed instructions about medicines

We have not done as well in;

- Explaining after an operation or procedure how things had gone in a way that you understand.
- Take into consideration your home situation in planning your discharge.

National Emergency Department survey 2016 (reported in 2017).

Bradford Teaching Hospitals had a response rate of 23%. On a large majority of the questions reported (33) we showed no significant difference in score since 2014. Whilst not improving in these areas is disappointing, there were no areas where we scored worse. **We were significantly better in;**

- Being involved as much as you wanted to be in the decisions about your care and treatment.
- A member of staff explaining the result of the tests in a way that you could understand.

Each year following the National survey reports the Patient Experience Team and representatives from Divisions and other key areas engage in workshops with representatives from Patient Perspective to discuss key areas for on-going focused improvement. In order to decide on key topics each of the survey questions are 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 an improvement strategy.

Whilst there is a significant amount of data on patient experience included within the survey this is not always easy to translate 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.

Each survey area highlights actions to address areas of concern fed back through the patient survey process. Work that results from these work streams is updated and presented to the Patients First Sub-Committee for oversight, support and assurance.

3.2.7
PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)

Patient-Led Assessments of the Care Environment (PLACE) is a voluntary programme of assessments, run by the Department of Health and Social Care, 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).
- 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)

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 together, before taking part in an assessment.

Additional staff from a wider range of services, represented the team this year, which has 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. We have trained a pool of over 50 volunteers to carry out PLACE assessments; this includes an increased proportion of assessors from BAME backgrounds, students, young adults and disabled persons

Our PLACE assessors will be further involved in the implementation of improvements based in the findings of last year's PLACE program. This includes targeted pieces of work on handrails, way-finding and the use of induction loop systems at reception points.

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 2016 we began using an internal 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 has continued to 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 valuable process requires a large 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.

Our PLACE results during 2017 were disappointing and the Trust was keen to make immediate inroads and improvements to address this. A PLACE steering group was formed and chaired by the Chief Nurse to ensure that a robust Action Plan was developed and monitored. Works have begun to address the actions identified in the Action Plans and examples of some of this work led by Estates and Facilities include;

- A sample area of handrails is to be installed in key areas of the Trust which will be signed off by the PLACE Steering Group and patient representatives involved in the design choice.
- Orthopaedic Outpatients has undergone works to refurbish the corridor areas. A further two phase of work are planned which includes decorations and installation of handrails.
- Orders have been placed for the installation of 10 hearing loops at various receptions across the Trust.
- Push pad door entry systems ordered for public toilets to aid accessibility issues
- Colour contrasting grab rails fitted on a ward in the toilet and shower areas.
- Surveys completed for seating in corridors completed. Recommendations made for additional and varying seating to cater for those with difficulties rising from sitting.

3.2.8
COMPLAINTS

This Foundation Trust takes all complaints made to us as a serious matter and look at being open and honest, provide thorough explanations to complainants, and we continue current work aligning our complaints and risk management processes to ensure risks to patient safety and incidents of poor patient experience are addressed in a uniform and robust manner. This will also ensure that we continue to learn valuable lessons from patient feedback and those lessons are shared and actioned across all staff and departments. See also section 3.1.2 (Learning from Incidents).

3.2.9
DEVELOPMENTS

Disabled Go.

Bradford Teaching Hospitals NHS Foundation Trust Charity has commissioned a Disabled Go survey which evaluates all the patient and visitor areas of our sites, including the community properties that we occupy. Surveys of all our sites commenced in October 2017. This work is now completed. They were inspected and assessed in person by Disabled Go's trained surveyors to collect factual information about all our wards and departments that are accessed by patients and visitors.

In this time, measurements and photographs have been taken which will form part of the "Access Guides" that are produced for inclusion on the Disabled Go website. The website will be linked from www.bradfordhospitals.nhs.uk and will be a valuable tool for all visitors to our sites.

The surveys will also identify areas for improvement. Although this will not be publicly shared, any areas that fall short of our high standards will be prioritised for rectification by our Estates & Facilities department. This will ensure that improvements are made where areas fall short of what is required to make our services accessible for all.

3.3 STAFF EXPERIENCE

3.3.1
WE ARE BRADFORD

Over the summer and autumn we embarked on a conversation with everyone who works for the Trust as part of our Let's Talk engagement work. We asked staff to talk about what was important to them and explored how they felt about our values. This led to a refresh of our values and behaviours. We launched 'We Are Bradford', a way to help staff think about their contribution and how they work together, bringing together our Vision, Mission, Strategic Objectives and Values. Our focus on values, appraisals and leadership during the year was aimed at making sure everyone understands, no matter what role they are in, how they can provide the highest quality of healthcare at all times.

Our work focused on three interrelated areas and our key achievements include:

Our Culture

- Launching 'We are Bradford' and bringing our values to life.
- Refreshing our Mission, Vision and Strategic Objectives, to provide clear direction.
- Engaging staff to refresh our values and behaviours, to make sure they represent what it means to be part of our Trust.
- Starting a programme of workshops across the Trust to help teams think about what the values and behaviours mean to them and their teams.
- 'Let's Talk', a programme of activities and events to engage our staff, giving them opportunities for to have their say and be listened to.
- As a member of NHS QUEST, we helped develop the NHS Quest 'best employer' brand, which launched at the end of 2017. This means encouraging, developing and enabling a supportive, compassionate and positive organisational culture.

Our People

- Let's Talk Live events started, an opportunity for staff to talk to our Chief Executive and raise any concerns.
- Introducing Brilliant Bradford, our new annual and monthly awards to recognise teams and individuals for outstanding contributions.
- Using Staff Stories in our regular Let's Talk newsletter to celebrate success.
- Our time2talk campaign, focuses on making sure everyone has effective one to one conversations and appraisals. We embedded the values into our appraisals and introduced new workshops, guidance and a simplified policy and procedure, all available on a new time2talk intranet hub.
- Working on initiatives to improve the health and wellbeing of our staff reduce sickness absence.
- Promoting the use of apprenticeships and continued to develop the Project Search initiative.
- Increasing the use of social media and technology for recruitment to attract the best staff.
- Addressing the outcomes of our Nursing and Midwifery survey.

Our Leaders

- 'Leadership for Our Future: Leading Together, Putting Patients First 2017 – 2022', our first Leadership Strategy developed and implemented.
- Implementing a Leadership and Management Development framework and intranet hub, aimed at developing leaders at every level through accessible learning and development opportunities.
- Designing and delivering a new programme of leadership and management workshops aimed at developing essential skills and increasing the confidence and capability of our managers.
- Continuing work to develop our Senior Leaders.
- Working collaboratively across the Bradford District to develop our leaders, supporting a fourth cohort of staff through Engaging Leaders - a leadership development programme, and Moving Forward - a Black, Asian and Minority Ethnic Talent Management programme, delivered by the Bradford District Care NHS Foundation Trust.

3.3.2
STAFF SURVEY

Outcomes

This year's Staff Survey results tell a positive and interesting story, not just about our Trust, but how we compare with other acute trusts which are facing the same challenges.

Staff engagement has started to move in a positive direction, with the number of staff who would recommend us as a place to work or receive treatment increasing significantly this year. This means more staff saying that the care of patients and service users is our Trust's top priority; they would recommend our Trust as a place to work and if a friend of relative needed treatment, they would be happy with the standard of care provided. Compared to other acute trusts, we have moved from 'below average' last year to 'average' this year. This means we have made good progress in the first year in our target to be in the top 20% of NHS employers.

Staff feel satisfied with the quality of care they give to patients and feel strongly that their role makes a difference to patients and service users. Staff know what their responsibilities are, feel trusted to do their job and do it to a standard they are pleased with. They feel supported by work colleagues and feel their mangers encourage them to work as a team. This is really positive and reflects what we have heard our staff say over the last year, embodied in our values of caring and valuing people.

In staff appraisals, 89% of staff said they had been appraised in the last 12 months and the quality of appraisals has improved since last year. Compared to other acute trusts the percentage of staff appraised and quality of appraisals is above average, with both scores just short of being in the top 20% of acute trusts.

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public has significantly reduced, which is really positive.

We have significantly improved our score for the effective use of patient and service user feedback; however we are below average for acute trusts here.

Areas for improvement

Where we do not do so well relates to the percentage of staff reporting the most recent experience of harassment, bullying and abuse (although it has significantly reduced it is still above average for other acute trusts) and the percentage of staff experiencing physical violence from staff. Communication between staff and senior managers still needs improving as does support from your immediate manager. While both show slight increases, both are below average. We also need to improve the percentage of staff reporting errors and near misses or incidents and reduce the number of staff experiencing discrimination at work in the last 12 months.

We are focusing on addressing these areas as priorities, as well as continuing our work to increase engagement.

Overall, despite all the challenges, we are 'holding our own' and maintaining our performance. This shows how resilient we are, the 'We are Bradford' spirit in action.

Workforce Race Equality Standard (WRES)

NHS England has agreed a set of Standards against which we have to submit our data in order 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 2017 Staff Survey contribute to our WRES data, which we submit annually in July. From the 2017 staff survey we have the following:

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

White: 26%; BAME: 28%. There has been a reduction of 8% in the percentage of white staff who experienced this in the last 12 months and a 1% drop for BAME staff. Our overall figures are in line with the national average this year.

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

White: 22%; BAME: 27%. This is an improvement on the 24% for white staff in 2016 and better than the average for acute trusts by 3%. For BAME staff it is also an improvement from 28% in 2016 and is in line with the national average.

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

White: 89%; BAME: 68%. There is a slight increase in the number of white staff who think this, which is 2% above the national average. There has been a significant fall from 80% of BAME staff who felt there were equal opportunities. This is also below the national average of 75%.

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

White: 6%; BAME: 14%. The percentage of white staff reporting this is the same as those in 2016. This is below the national average of 7%. There has been an improvement from 17% of BAME who experience this which is also 1% below the Acute Trust average.

2018/19 and beyond

We aim to be in the top 20% of NHS employers so we will continue to deliver work around our five strategic aims in our People Strategy.

Our priorities for the year ahead include:

- Embedding a culture of quality improvement, engaging staff, patients and service users.
- Developing our leaders at every level and equipping managers with the skills they need.
- Developing teams and cross boundary working, so we are all working together to continuously improve the quality of care we provide, getting better all the time.
- Making sure everyone has an effective appraisal.
- Our 'We are Bradford' campaign, making our values come to life by embedding them in key HR practices and bringing together key improvement initiatives across the Trust, to deliver the highest quality healthcare.
- As an NHS Quest Best Employer, sharing best practice and continuing to learn from other Quest Trusts.
- Addressing priority areas identified for improvement in our Staff Survey.

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 table 15. For 2017/18 these are the indicators that are measured by the Single Oversight Framework.

Table 15: 2017/18 indicators measured by the Single Oversight Framework

Area	Indicator	Current Target	2017/18	2016/17	2015/16	0214/15	2013/14	2012/13	2011/12
Access	Total time in A&E: maximum wait time of 4 hours	>=95%	83.17%	88.50%	93.50%	95.10%	96.20%	95.70%	95.90%
The foundation Trust has not achieved 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. The A&E department saw a high number of attendances in the financial year 2017/2018 with the 3rd highest volumes of the last 8 years. A number of remedial actions have been undertaken with the focus on improving patient flow throughout the hospital. Early planning guidance for 2018/2019 indicates the threshold has been reduced to 90% until September 2018.									
Access	Cancer 2 week wait standard	>=93%	80.52%	95.30%	94.80%	95.50%	95.50%	95.10%	94.00%
	Cancer 62 day standard - First Treatment	>=85%	76.27%	84.40%	88.70%	86.30%	88.80%	93.30%	83.70%
	Cancer 62 day standard - Screening	>=90%	91.83%	92.50%	97.10%	97.00%	97.20%	98.80%	96.20%
In 2017/18 the foundation Trust continued to underachieve against the Cancer 62 day standard. In addition in the second half of the year service demand coupled with clinical capacity gaps have resulted in the Cancer 2 week standard failing the threshold for a number of months and for the financial year as a whole. For the second consecutive year the Foundation Trust has increased the number of patients treated for both indicators but has struggled to accomodate all patients within the threshold.									
Access	Referral to Treatment Waiting Times <18 weeks - Incomplete pathway	>=92%	82.30%	90.29%	92.60%	96.50%	97.20%	n/a	n/a
The foundation Trust did not achieved the RTT Incomplete threshold in 2017/18. The implementation of the Electronic Patient Record has meant there has been a transition period in reporting performance. The full year position presented represents a combination of performance from the tow systems used. The Foundation Trust has a recovery plan in place to increase access to elective services thereby reducing waiting times for patients and ensuring a better overall patient experience.									
Outcomes	Incidence of *Clostridium Difficile*	<=51	17	24	24	32	43	58	88
The foundation Trust has continued to perform well against the threshold set for Clostridium Difficile cases and will report a maximum of 17 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

Reporting against two mandated performance indicators and one locally selected indicator

NHSI Guidance stipulates that the External Auditor undertake substantive sample testing on two mandated performance indicators and one locally selected indicator. The mandated indicators tested for 2017/18 remain the same as those selected for 2016/17 and they are:

- Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The locally selected indicator is that chosen by the Council of Governors. At their meeting held 18 January 2018 the Council of Governors confirmed that the locally selected indicator would be 'ambulance handovers taking longer than 30 minutes to handover'. The Governors noted that this was a nationally defined indicator with ambulance handover data provided by Yorkshire Ambulance Service. The indicator records the total number of patients with a handover time recorded and the total number who are handed over in 15 minutes or less. There is a financial penalty for those waiting between 30-60 minutes and a separate penalty for waits of over 60 minutes.

The data for 2017/18 is presented in table 16.

The indicator definitions are in Appendix B.

Table 16: Ambulance handover delays 2017/18

	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	March 2018	Full Year
Ambulance Handover delays >30 mins <60 mins	42	95	55	42	50	50	70	33	97	161	99	153	947
Ambulance Handover delays >60 mins	15	19	7	6	11	30	49	15	78	94	84	124	532

3.4.2
LOCAL PERFORMANCE MEASURES

In determining the quality indicators for inclusion in the 2017/18 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 table 17 below:

Table 17: Goals selected by the Board of Directors in consultation with the lead commissioners

		Quality Domain			
Goal Name	Description of Goal	Safety	Effectiveness	Patient Experience	Innovation
Staff Health & 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 2017/18 and ensure at least 75% of clinical staff receive influenza immunisation vaccinations.		Yes	Yes	
Sepsis	This CQUIN focusses on patients arriving in the hospital 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.	Yes			
A&E Mental Health	Improving services for people with mental health needs who present to A&E.				Yes
Advice & guidance	To improve GP access to consultant advice on potential referrals into secondary care.				Yes
E-referrals	This indicator relates to GP referrals to consultant-led 1st outpatient services only and the availability of services and appointments on the NHS e-Referral Service. This incentive is designed to encourage a move away from paper-based processes.			Yes	Yes
Patient Activation	Aims to encourage use of the "patient activation measurement" survey instrument, firstly to assess levels of patient skills, knowledge, confidence and competence in self-management for different groups of patients meeting the criteria			Yes	Yes
Supporting proactive discharge	This is a two year CQUIN that works across local health economies that aims to improve discharges for patients across all wards within hospitals. The desired outcomes will be improvement in patient outcomes, improvement in patient flow, and reduction in delayed discharges (and thus reduction in associated costs).			Yes	Yes
Haemoglobinopathy ODNs	This CQUIN incentivises removal of the remaining barriers to achieving an appropriate network of care by enabling lead / specialist centres to provide MDT led annual review of all patients and the associated communications, clinical support, staff training and data entry to demonstrate the clinical outcome benefits of such a model.			Yes	Yes
QIPP	The Quality, Innovation, Productivity and Prevention (QIPP) programme is a large-scale programme developed by the Department of Health and Social Care to drive forward quality improvements in NHS care, at the same time as making efficiency savings.				Yes
Dental coding	This CQUIN aims to ensure consistent coding for Oral Surgery and Oral Maxillofacial Surgery procedures.		Yes		

Table 18: A summary of our 2017/18 performance against the indicators within both the locally-selected and national goals is outlined in the following table. Due to the timing of final CQUIN reconciliation Quarter 4 results are projected:

		Q1	Q2	Q3	Q4 Projection
Staff Health & Wellbeing	Improvement of health and wellbeing of NHS staff				
	Healthy food for NHS staff, visitors and patients				
	Improving the update of flu vaccinations for frontline clinical staff				
Reducing impact of serious infections	Timely identification of patients with sepsis in the emergency departments and acute inpatient settings				
	Timely treatment of sepsis in the emergency departments and acute inpatient settings				
	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours				
	Reduction in antibiotics consumption per 1,000 admissions				
A&E Mental Health	Improving services for people with mental health needs who present to A&E				
Advice & guidance	Advice & guidance				
E-referrals	E-referrals				
Supporting proactive discharge	Mapping discharge pathways				
	Emergency Care Dataset submission and data quality				
	Increasing discharges to usual place of residence				
Patient Activation	Ongoing implementation for renal patients				
	Implementation for HIV patients				
Haemoglobinopath ODNs	Participation in ODN				
QIPP	Delivery of a range of QIPP schemes				
Dental coding	Improving inpatient coding for oral and max facial surgery				

	Achieved
	Partially achieved/Undecided
	Not achieved
	Projected
	Projected
	Projected

3.4.3
IMPLEMENTING THE PRIORITY CLINICAL STANDARDS FOR SEVEN DAY HOSPITAL SERVICES

The Trust's Clinical Service Strategy 2017-2022 describes how we will develop our clinical services consistent with the vision "to be an outstanding provider of healthcare, research and education and a great place to work" in order to meet the health needs of the people of Bradford and West Yorkshire.

The Clinical Services Strategy is set in the context of the NHS Five Year Forward View and its 2017 update, and the West Yorkshire & Harrogate Sustainability & Transformation Plan.

It outlines how we will work with partners to provide new, flexible models of care, tailored to the needs of patients. The vision statement makes a commitment to our patients to meet their needs now and in the future.

That we will "provide high quality healthcare, 24 hours a day, 7 days a week – in particular we will focus on seven day services, mortality, the deteriorating patient, surgical safety and the use of digital technology to improve care."

The Trust has been a first wave implementer of 7 days services, working closely with NHS England's Seven Day Service Improvement Programme (SDSIP) in implementing and reviewing progress from the six monthly surveys undertaken since March 2016. The Trust has also worked with regional and national colleagues to look at new ways of working to improve compliance to the four priority clinical standards. The Trust has consistently been in the upper quartile of performance against the four priority 7 day service standards. We will continue to work with our partner organisations at a national level in maintaining these four standards.

3.4.4
THE QUALITY MANAGEMENT SYSTEM

During 2017/18 the Foundation Trust developed and began the implementation of its Clinical Service Strategy for the next five years. The Clinical Service Strategy was developed to support the development of the Foundation Trust's vision and mission, and was underpinned by its values.

The Clinical Service Strategy therefore directly influences the identification of the Foundation Trust's strategic objectives and as such the design, development, improvement, provision and delivery of its core services. As a result the Foundation Trust has worked to ensure that its Quality Management System is aligned to the Clinical Service Strategy, this for instance has led to the development and implementation of a one year Quality Plan and the publication of a new Risk Management Strategy.

The progress of the Foundation Trust in relation to the achievement of the objectives set within the Clinical Service Strategy (and related strategies and plans that support it) is monitored by the Board of Directors, with the oversight of risk and assurance associated with the achievement of key performance indicators being delivered through the Board Assurance Framework.

The Quality Management System has been strengthened during 2017/18 to ensure, ultimately, that we have a comprehensive system which enables us to identify, measure, control and improve our core processes which are designed to support the delivery of our Clinical Service Strategy. This system includes our operational processes, management and review processes and support and assurance processes. Examples of how these have been strengthened during 2017/18 are provided below.

- The implementation of the Electronic Patient Record in September 2017 required and enabled the review and process mapping of a wide range of operational processes within the Foundation Trust resulting in the development of Standard Operating Procedures which were designed to improve the effectiveness and safety of care provision aligned to the EPR.

- The implementation of the EPR has also enabled the review of information that we provide to patients and their General Practitioner
- A trust-wide process for the management and storage of locally developed procedural documents (there are nearly 1,500 in the Foundation Trust) has been established with a challenging (but achieved within year) expectation about compliance with the required governance standards
- Trust-wide improvement plans in relation to the transport of dangerous goods and waste management have been implemented

Management and review processes

- The process for Quality Impact Assessments of service changes and transformation work was strengthened;
- A Trust wide approach to the governance of external data quality submissions has been agreed and implemented;
- Procurement processes were strengthened during 2017/18, particularly in relation to the use of agency and interim staff;
- The Quality Oversight System (see section 3.1.2) was fully implemented;
- The structure of Board Committees was strengthened to reflect the Foundation Trust's Clinical Services Strategy and represent the strategic objectives;
- The Foundation Trust has implemented a standardised approach to risk assessment and risk register management;
- The Foundation Trust has implemented a standardised approach to action planning;
- The Foundation Trust has implemented a consistent programme of Quality Improvement.

Assurance, testing and inspecting

- The Foundation Trust's ProgRESS continued to assure and test the compliance with the CQC's Fundamental Standards of Quality and safety.
- The CQC conducted unannounced and well-led inspections of the Trust during 2017/18
- The Foundation Trust participated in a CQC led area review during 2017/18
- The Foundation Trust invited the Royal College of Gynaecologists and Obstetricians to review its maternity service provision
- The Foundation Trust participated in all other statutorily required inspections related to the services which it provides

3.5 IMPROVED USE OF TECHNOLOGY AND E-SOLUTIONS

The Foundation Trust will need to make the best use of Information Technology if the integrated care challenge is to be met successfully. The Foundation Trust recognised the importance of technology and information and appointed an executive-level Director of Informatics in 2013. The Director is responsible for delivering a clear Informatics Strategy aimed at addressing the Foundation Trust's needs to support the provision of responsive, high quality and integrated care while supporting and enabling new models of care.

3.5.1
ELECTRONIC PATIENT RECORD

In late September 2017 the Electronic Patient Record (EPR) went live at Bradford Teaching Hospitals, following two years of preparation. This was one of the biggest changes that the Trust has ever seen - a major project impacting every area of the Foundation Trust.

The EPR was launched at our partner organisation, Calderdale and Huddersfield NHS Foundation Trust, which went live at the end of April 2017.

3.5.2
ELECTRONIC PATIENT RECORD GO-LIVE

In preparation for go-live, almost 5000 Trust staff (94% of the workforce) participated in training on how to use the system and hundreds of colleagues volunteered to be 'EPR Friends' – users who received additional training so that they could support colleagues during the first weeks of use.

The Go-Live was a major event, impacting on every area of the Trust, however for the vast majority of patients their care continued uninterrupted. Adoption of the system was rapid and on the second day of use, patient charts were opened 32,000 times. 7,500 medications were administered and recorded on the system and nurses completed 2,200 tasks.

Improving safety

The EPR has the potential to improve safety across our Trust and is already having a significant impact. All hospital staff who are directly involved with a patient's care have some level of access to the system, which means the each patients record is being populated with the most up to date information about their care. Important information about allergies is available to everyone from the moment it is entered,and only needs to be added once. In addition to this, the system's ability to cross-reference information means that safety alerts can be triggered. An example of this is if a patient has an allergy to penicillin, EPR will ensure prescribers are aware of this when prescribing and administering antibiotics, to avoid any errors.

How has EPR helped to improve the quality of our care?

Prior to the introduction of EPR patient records were held in a number of different ways, including paper-based notes and computer records. EPR now provides a 'single source of truth' about our patients – with the vast majority of information relating to a patient's health and care all together in one place. For patients, this reduces the need to repeat their story each time they meet a new clinician, as everyone working at the Trust has access to the same information.

Keeping patient information safe

Only those directly involved in a patient's care can access to patient record and each time they access a record, an audit trail is created. Our EPR is more secure than paper notes, as access requires security information, such as a user name and password, or card authentication to view it.

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 was published by the National Information Governance Board for Health and Social Care.

Easy, secure access to our systems for clinicians

The increased use of computer information 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.

In preparation for EPR, Tap and Go was deployed to provide clinicians with secure access. The card offers a fast route to sign in using a single 'tap' (dispensing with the need to sign into each system separately).

3.5.3
IMPROVING COMMUNICATION WITH CLINICIANS

An immediate benefit of the EPR deployment was improved communication with GPs – The discharge summaries we now send have enhanced information within them and a number of comments have been received from primary care colleagues about the quality of the summaries. The discharge notes also make it clear to GPs which medication has been started / stopped and continued, ensuring a safer and more complete reconciliation of medication when patients leave our care.

By the summer the Health Information Exchange will have been enabled. This allows primary care colleagues to view a patient's EPR record. This means they will be able to directly access (from within SystmOne) a patient's results, clinical notes, letters and upcoming appointments.

Once this has been enabled a reciprocal view of the GP SystmOne record from within our EPR will be activated, this will allow easy access from within EPR of a patients primary care record, improving safety and efficiency of care. A further development from this work is the ability of Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust to have a view of a patient's record from within the Trust's EPR. This unique development will be an enabler for our Bradford 2020 vision of enhanced, safe care without organisational barriers.

The message centre functionality of EPR is allowing our clinicians to share information about patients, provide instant opinions and improve the pace of a patients care. The ability to easily refer to the diagnostic virtual ward and then track a patient's progress has ensured enhanced safety of our sicker patients who are managed at home, and the ability to record a management plan and communicate it easily has ensured our patients receive the correct care in a timely manner.

3.5.4
IMPROVING COMMUNICATION WITH PATIENTS

Patient Portal

The patient portal is a component of our EPR which enables the patient to view their own record. Through public consultation it is called *Your EPR*. A small pilot is underway to understand what information patients would like to receive and how this looks, the focus at the moment is on patients seeing future appointments. Following evaluation and further patient focus groups *Your EPR* will become live. This will continue to be evaluated and will help us to develop and expand *Your EPR* to include more information to a wider patient population.

Text messages for appointments

We currently send text messages for the majority of booked appointments (once a patient has provided consent) as a reminder for patients to attend and to enable people to manage their hospital appointments. In the next year we will be implementing a new texting system allowing us to adapt the text message, making it easier for patients to understand the details of the message (where to attend, who with). It also means we can perform two-way texting for appointments, so patients can text back to the hospital if they have any queries.

Babyview

BabyView is a system created at BTHFT using hospital and personal computers to enable parents to see their baby or babies that need to be in hospital, when the parent is unable to be by the cotside. The use of this technology continues with positive feedback being received from parents on the difference this system has made to them during difficult times.

3.6
RESEARCH ACTIVITY

The Foundation Trust continues to be the third highest recruiter in the region to NIHR portfolio studies ensuring that our patients are able to receive innovative treatments.

Up to December 2017, 8569 patients were recruited into NIHR Portfolio adopted studies exceeding recruitment levels from last year as well as the Trust target for 2017/18 (6500 patients).

3.6.1
WOLFSON CENTRE FOR APPLIED HEALTH RESEARCH

Further to being awarded a £1 million grant from the Wolfson Foundation towards a new Centre for Applied Health Research (which is research that seeks to solve practical problems in healthcare), the Foundation Trust along with its partners for the project, the Universities of Leeds and Bradford, has worked over the last 12 months to develop and finalise the Centre building design as well as enhance the research partnerships across the three organisations.

The new building received planning permission in February 2018 and work will start on site shortly. It will be located 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.

Artist impression of the Wolfson Centre for Applied Health Research

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.

3.6.2
LEADING CENTRE IN APPLIED HEALTH RESEARCH

The three main applied health research teams (Academic Unit of Elderly Care and Rehabilitation, Born in Bradford and Quality and Safety) continue to thrive.

3.6.3
ACADEMIC UNIT OF ELDERLY CARE AND REHABILITATION

Pioneering elderly care and stroke research, and now a national and international leader in healthcare innovation. In 2017 the Academic Unit of Elderly Care and Rehabilitation celebrated 30 years of establishment with colleagues and stakeholders who have contributed to the success of the Unit over the years.

The Unit currently is running programmes of research with over £13m grant income.

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. Currently large workstreams are being implemented focused on the needs of the frail elderly, stroke and residents of care homes.

In the past year the Unit led on four large Programme Grants for Applied Research and a Health Technology Assessment trial funded by the NIHR, as well as winning and implementing other new project grants and fellowships. The Unit was pleased that three of its staff were successfully awarded PhDs.

Department Lead Professor Anne Forster was appointed as a Senior Investigator with the National Institute for Health Research in April 2017.

Quoted by the NIHR as among the most prominent and prestigious researchers funded by the NIHR and the most outstanding leaders of patient and people-based research within the NIHR Faculty, she has been involved in a programme of events providing visible leadership within the NIHR.

The CARE75+ Frailty Cohort recruitment is steadily growing with an increase in number of sites covering a wider geographical area. Working with Ian Beesley (photographer) we were able to capture some CARE75+ participants at work and play.

Theme Manager Lesley Brown was awarded 'The Elizabeth Brown Prize' for best research platform presentation at the British Geriatrics Society Autumn meeting 2017 on "The impact of pain in older people with frailty: results from the CARE 75+ cohort study".

Dr Andy Clegg from the Academic Unit of Elderly Care & Rehabilitation / Leeds Institute of Health Sciences, has been awarded the prestigious 2018 Royal College of Physicians Linacre Lectureship. Named after the first President of the Royal College of Physicians, Thomas Linacre, the lectureship provides a platform to deliver research findings to a wider general medical audience and is awarded following a competitive national application process.

Colleagues in the Academic Unit of Elderly Care and Rehabilitation have developed and validated an electronic Frailty index (eFI) 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.

The team won the prestigious Royal College of Physicians Excellence in Clinical Care award for Innovation, which recognises outstanding clinical activity that contributes to excellent patient care in an innovative and forward-thinking way.

Use of the eFI is now in the new General Medical Services contract, a contractual requirement for practices to screen for frailty, allowing them to identify and consider offering treatment options to their frail elderly patients. The eFI is also featured in the 2016 NICE Multimorbidity Guideline as a recommended tool to identify people who may require an approach to care that takes account of multimorbidity.

3.6.4
BORN IN BRADFORD

Established in 2007, the Born in Bradford research programme is one of the largest health research projects in the UK involving over 30,000 Bradfordians. 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 we 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.

Our funders include the National Institute for Health Research, Wellcome Trust, Economic and Social Research Council, Medical Research Council, National Lottery, British Heart Foundation, Kidney Research UK, and Horizon 2020.

Over the past year we have been busy recruiting Bradford families to our flagship projects in community and school settings. The Born in Bradford 'Growing Up' project launched in spring 2017 and is inviting families who have been involved with the study since the beginning to jump aboard the 'Big BiB Bus' for state of the art health and wellbeing assessments. So far over 1600 mums, dads and children have taken part.

Our work within Bradford schools goes from strength to strength. Since 2016, we have assessed the cognitive development and wellbeing of over 7500 Bradford school children in Years 3-5, and have worked with schools nurses to take growth measurements from 5000 children in Year 3.

Our new 'Born in Bradford's Better Start' birth cohort has recruited over 2000 pregnant mums living in the Little Horton, Bowling and Barkerend and Bradford Moor wards within the city. The results from all of these projects will be used to help shape services within the city to help improve health and wellbeing of Bradford families.

We continue to work closely with our key health, local authority and education partners across the city. Together with the 'Active Bradford' partnership we led the bid to see Bradford receive a share of £100 million from Sport England to become a 'local delivery pilot', finding new and innovative ways of promoting children's physical activity[3]. We will be supporting the Government Funded Bradford 'Opportunity Area' programme[4] which aims to raise education standards and promote social mobility for young people in Bradford by identifying evidence based research to remove barriers to learning. We have also started to work with mosques and madrassas to develop new approaches to tackling obesity[5].

Over the past year we have appeared in over 17 local and national television and radio news features including a special episode of BBC Inside Out and our highly acclaimed yearly Radio 4 broadcast. We have attended over 45 local community events, including taking to the streets in July 2017 for the Bradford Science Festival and in January 2018 held our first ever Early Career Researcher conference, attended by over 80 delegates from across the UK. You can find out more about our research, findings and events on our website: www.borninbradford.nhs.uk, facebook page (BorninBradford) or by following @bibresearch on twitter.

3.6.5
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 those patient safety issues most affecting the NHS.

Over the last year the team have focused on the set up of the new NIHR Yorkshire and Humber Patient Safety Translational Research Centre, a £3 million investment in the Foundation Trust and the Universities of Leeds and Bradford over the next five years. The funding is for research jobs, a safety innovation challenge fund, building capacity for patient safety research and training. Launched in August 2017, in the first six months the focus has been setting up the governance processes, recruiting staff and identifying research priorities. The team will work closely with healthcare providers and national policy bodies to deliver their programme of work with the remit to 'deliver research that makes healthcare safety'. Early work includes projects on staff well-being, teamwork and safety in maternity, how patient feedback is used by healthcare organisations to improve care, how to develop algorithms that improve the detection of deteriorating patients and how to achieve an earlier diagnosis of cancer in primary care by involving patients.

Over the past two years, Dr Angela Grange, Head of Nursing, Research & Innovation has led research to develop a new medical device (known as NG-Sure) to more accurately detect the correct position of a naso-gastric tube in adult patients to enhance patient safety. Angela has led a team of clinicians and researchers from the Yorkshire Quality and Safety Research team, Universities of Bradford and York, and companies RoboScientific and Medipex, to secure grant funding of over £800,000 from the Medical Research Council to develop and test the NG-Sure device. This year the Quality and Safety team have also continued 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 they have now implemented it on six wards and evaluated its impact over the last 12 months. The final version of the toolkit will be produced by June 2018 at which time it will be available to the NHS for use more widely.

3. https://www.sportengland.org/news-and-features/news/2017/december/04/transforming-the-delivery-of-physical-activity-locally/
4. https://www.bradford.gov.uk/browse-all-news/press-releases/opportunity-area-plan-launched-to-boost-social-mobility-in-bradford/
5. https://borninbradford.nhs.uk/research/grants/using-islamic-religious-settings-prevent-childhood-obesity-among-south-asian-children-uk/

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 intervention. This intervention will seek to involve older patients and their carers more closely in the transition from hospital to home. One year on, the first stage of this study is now complete. Thirty-two older patients and their carers were recruited from Bradford and Leeds and followed up over 3 months to understand their experiences of discharge from hospital to home. At the same time, the team have been identifying hospital teams that, according to statistics on readmission rates, do an excellent job of keeping their patients from coming back to hospital. Through interviews and focus groups with staff they have been working to understand how these teams achieve success. They will use these two data sets as the starting point for co-designing an intervention with patients and staff called 'Partners At Care Transitions' (PACT), an intervention designed to support greater involvement of patients and carers in the transition process.

3.6.6 CLINICAL RESEARCH

Most clinical specialties in the Trust are research active and are taking part in a large number of research projects. The research teams within in the clinical areas are extremely motivated to ensure that their patients have the opportunity to take part in research projects thereby being able to receive innovative treatments and the latest advancements in healthcare. Some of their achievements this year include:

Maternal Health

The team have continued to perform extremely well, consistently achieving or surpassing targets and their national and international reputation for research delivery ensures they attract the most prestigious trials to the Trust. Dr Diane Farrar who was awarded an NIHR fellowship in 2014 has published papers in several important journals during 2017 including the BMJ, Diabetologia and BMJ open and was awarded the title of Visiting Associate Professor at the University of Leeds.

Professor Tuffnell is part of a team awarded a NIHR HTA grant to investigate treatments for hyperemesis, he co-authored the 2009-2014 maternal mortality report and a chapter in the perinatal mortality report for 2015 and is data monitoring chair for a trial investigating the use of high dose oxytocin to augment labour.

Children's Research

2017/18 has been a great year for the Children's Research team having recruited to a wider range of studies building on their previous success and achieving more. A particular highlight of the year was recruiting over 200 babies to the ELFIN study which is likely to have a major impact on infant health.

The ELFIN study is a multi-centre, randomised, placebo-controlled trial which involves giving lactoferrin (a natural infection-reducing cow's milk protein) to very preterm infants to evaluate if it can reduce infection. The team were presented with a certificate of excellence for their major role in the trial, in total recruiting 218 babies to the ELFIN study thereby being the top recruiter in the country for the study and as well as the first hospital to recruit to ELFIN. They also had the target increased twice in the course of the study initially from 50 to 100 and then from 150 to 180 babies.

Anaesthetics Recruitment to the Perioperative Quality Improvement programme continues. This exciting study looks at collecting a significant amount of data related to patients undergoing major surgery which will then be used to test the effectiveness of quality improvement initiatives.

Hepatology Being the largest liver research centre in West Yorkshire, the team have contributed to several landmark multi-centre studies in hepatitis B and C, Primary Biliary Cholangitis and alcoholic hepatitis and are the only team to have run a phase I, first in human study in Bradford.

Gastroenterology 2017 saw the Gastroenterology Research team opening recruitment to the IBD Bioresource with nearly 100 patients so far recruited from the Foundation Trust. The IBD Bioresource is a national platform designed to expedite research into Crohn's disease and ulcerative colitis and help develop new and better therapies.

Cardiology patients in Bradford continue to have access to the latest cardiovascular medications and devices thanks to the team recruiting beyond our set recruitment target. Despite joining the study much later than other sites, the cardiology research team have still managed to recruit 27 patients into a Multinational Ischemia trial based in the USA which is a study examining early invasive angiography verse standard of care with optimal medical treatment. Additionally the Foundation Trust and the Providence Heart and Vascular Institute, Portland USA are the only two sites worldwide that has achieved a 100% target for LDL cholesterol levels for our patients using medication titration and education.

The research team also screened the first patient in Eastern Europe for the Odyssey study looking at a new treatment PCSK9 for cholesterol reduction following Cardiac events.

Respiratory Medicine The Respiratory Clinical Trials Unit has enrolled the first patient in the world to a study which is assessing the effectiveness of a vaccine to treat a group of lung conditions.

The study is looking at a vaccine for two bacteria which cause flare-ups in Chronic Obstructive Pulmonary Disease (COPD), an umbrella term for a group of lung conditions that make it difficult to empty air out of the lungs because the airways have been narrowed. Dr Dinesh Saralaya, Consultant Respiratory Physician and Mrs Karen Regan, Lead Research Nurse are leading the recruitment to the study in the UK.

Dr Saralaya said: "We want to improve the quality of life for COPD patients and this vaccine may be a positive step in that direction. There may even be a possibility that we can vaccinate people against the lung infections caused by thee bacteria before they become a problem."

Since recruiting the first global patient, the Foundation Trust has also become the first and only UK site to enrol five patients, reaching its recruitment target in the process.

3.7 SERVICE IMPROVEMENT PROGRAMME

The Service Improvement Programme recognises that quality without efficiency is unsustainable; equally, efficiency without quality is unconscionable!

Our Service Improvement Programme supports colleagues and teams to encourage behaviours designed to improve the quality of healthcare provided. The Programme is a balanced portfolio of actions aimed to improve patient outcomes, patient experience, staff satisfaction and financial sustainability.

During 2017/18 the Service Improvement Programme focused on four key areas:-

- Urgent & Emergency Care Improvement
- Elective Care Improvement
- Workforce Improvement
- Electronic Patient Record

3.7.1 URGENT AND EMERGENCY CARE IMPROVEMENT

The Urgent and Emergency Care Improvement Programme is aimed at better understanding and managing patient flow, predominantly in support of patients attending our Accident and Emergency Department (AED) and those subsequently admitted on a non-elective basis.

EPR and A&E Tracking

In September 2017 the new Electronic Patient Record (including A&E Tracking) was implemented. The implementation of the system went extremely well and has provided an excellent platform on which to build for improving patient flow, quality and patient experience.

Clinical Decisions Unit

The Clinical Decision Unit opened in November 2017. This facility allows for patients to be admitted from AED for a further period of monitoring if it is anticipated that their condition will allow for discharge from hospital care within 24hours.

The facility includes twelve recliner chairs and one bed in a side room and is open all-day, every-day. The number of patients admitted through our Clinical Decisions Unit continues to increase as AED colleagues become more familiar with the service.

GP Primary Care Streaming Service

Unfortunately, significant numbers of patients attend the AED when an alternative provision would be more appropriate. Further funding was secured during the year to extend the existing GP Streaming Service. The service now operates 12pm (noon) – 12am (midnight), every day and has helped significantly to prevent the main AED from becoming over-crowded, allowing AED to treat patients who require urgent and emergency care.

Nurse-led Streaming

Nurse led streaming has continued to be developed during the year with a qualified nurse being based on the AED reception desk to review the presenting conditions of patients to determine if they can be more appropriately cared for by streaming into the GP Primary Care Streaming Service.

Ambulatory Care Unit

The Ambulatory Care Unit first opened in spring 2015 (Monday to Friday from 8am to 6pm) as an assessment area for direct referrals from GPs and from the AED. The unit focusses on patients unlikely to require an overnight stay and prevents 'trolley waits' for acute medical admissions.

The Ambulatory Care Unit has been shown to improve the quality of care and the outcomes for patients who previously may have waited for extended periods in the AED. It also provides a better environment for these patients.

During 2016/17 funding was secured to open the unit until 8pm during the week and to provide the same level of care for returning patients attending at the weekend. The unit has continued to develop its services and has increased the number of patients who return into the unit as a day admission rather than occupying a hospital bed.

Short Stay Capacity

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 9 to care for patients with a diagnosis requiring a predicted short-stay. Early evidence has shown a reduction in medical patients needing to be accommodated on surgical wards with a similar positive impact on patient flow.

From February 2018 the whole ward became a short stay facility, effectively doubling our capacity for such patients.

PJ Paralysis

As part of a national initiative, the "End PJ Paralysis" campaign was launched in Bradford Hospital November 2017 with the aim of helping patients to mobilise and where appropriate, dress in their normal day apparel rather than wearing hospital gowns or nightwear. The aim was to help reduce deconditioning, keep patients fit and active and reduce risks associated with bed rest such as muscle waste

Red Bags Pathway

The Red Bags pathway was launched February 2018 in partnership with Bradford CCGs and aims to ensure residents who come to Hospital from a care home attend with all their vital information that will be needed to provide personal and specific care to them. It aims to improve partnership working between care homes and the hospital. It also could help avoid unnecessary admissions if baselines/norms for the patient are present in the red bag it could help healthcare professionals make a more informed decision.

Green Bags

Pharmacy services here at Bradford Hospitals are working collaboratively with the Yorkshire Ambulance Service to encourage patients to bring their own medicines with them when they attend hospital. The intention is to improve patient safety and care through improved accuracy of medication records and to reduce unnecessary spending through prescribing medications in hospital which the patient is already taking.

Yorkshire Ambulance Service use Green Bags where appropriate and possible to support patients to bring their medications into the hospital with them. The quality impact of using Green Bags consistently will provide AED staff, as well as ward staff, with the most accurate information about which medications the patient is currently taking.

Integrated Care Hub/Virtual Ward and AED Partnership working

In November 2017 a stronger partnership working was created between the integrated care hub and the virtual ward. The Integrated Care Hub co-ordinates care and treatment to patients from the comfort of their own home (where appropriate). On average, the AED would refer 3 patients per month to the integrated care hub. Following the improved partnership working, simple process guidance, visual patient journey prompts and raised awareness, the referral rates have increased to on more than 40 patients per month. Previously, these patients may have been unnecessarily admitted to Hospital.

SAFER Bundle

In December 2016 we launched our '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. 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.

The SAFER bundle ensures:

- Senior review of patients before midday;
- Assessment of 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 patients being discharged from their inpatient ward 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. Work is continuing to embed the SAFER principles across all wards.

Criteria-Led Discharge

The Trust is participating in a national project introducing Criteria Led Discharge. The project is being sponsored by our Chief Nurse and aims to reduce unnecessarily lengthy hospital stay. It promotes effective interdisciplinary working to reduce delays at point of discharge and improve patient flow by making effective use of nursing knowledge and skills. In essence, medical teams decide on the most appropriate treatment plan for a patient and clearly document the specific clinical criteria that need to be met prior to discharge. Once the specified criteria have been met, the patient can be assessed as fit to go home by a nurse or allied health professional without the need for further medical review. Four pilot wards have been chosen to take part in the initial implementation representing different specialties and patient pathways (Wards 8, 9, 11 and Westbourne Green).

The Multi-agency Integrated Discharge Team (MAIDT)

An integrated service was established in November 2017, providing supported care to help patients home. The service has brought together the hospital discharge team, community nurses, Bradford Council social workers, voluntary and community sector.

The MAIDT identifies the most appropriate pathway for adults with complex needs and ensures there is multi-agency involvement in planning safe and effective discharges. These patients require comprehensive care, interventions and support in the community and are jointly triaged by health and social care teams to devise discharge plans which support the person and their carers and prevent hospital re-admission. Working collaboratively this team has been successful in expediting and coordinating services to greatly improve complex patient discharges.

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 been proposed to reduce repeat and often unnecessary attendances for patients who felt they had no alternative other than to self-present to the Accident and Emergency Department. The service aims to support people in distress and work with them in the community to develop their plans to stay well and improve coping strategies to manage distress in the future.

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.

Patients who are clinically optimised and do not require an acute hospital bed but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support need is then undertaken in the most appropriate setting and at the right time for the person and their family and carers.

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

The Diagnostic Virtual Ward was successfully introduced in September 2016 and has continued to be developed during 2017. The Diagnostic Virtual Ward 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 a 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 this Programme is to improve timely access for patients requiring elective treatment by ensuring our operating theatre sessions are safe, effective and efficient.

Seamless Operating Lists

Working with Orthopaedic Surgeons, Anaesthetist and Theatre teams, we have introduced seamless operating theatre lists for arthroplasty patients. This entails flexible scheduling of staff around lunch-breaks and prevents the middle of the day down-time as one list finishes and a new list starts.

High Volume (Proximal) Operating Lists

Working with one of the Orthopaedic surgeons, trials were undertaken to reduce inter-case delays for patients undergoing arthroscopies. An arthroscopy procedure is a relatively short procedure whereby several patients can undergo the same procedure during a Theatre list. Due to delays in patients being taken back to and called from their base-ward these lists historically were under-utilised.

An initial pilot using a number of HCAs to bring patients to and from the operating theatre and their base-ward, didn't produce the improvement in utilisation expected.Indeed, the pilot highlighted issues on the admitting ward which was also a significant distance away from the operating theatre.

A second trial was proposed whereby patients are now admitted to the ward nearest to the operating theatre block to reduce the issues of travel time and communication. This process of admitting arthroscopy patients the ward closest to the operating theatre has been proven as a concept and continues.

Further successful trials for orthopaedic hand patients have shown positive results which will be rolled-out with a view to replicating where clinically appropriate.

Enhanced Recovery

Enhanced recovery improves patient experience, reduces unnecessary lengths of stay and complications. Clearly defining the patient pathway and expectations around duration of admission for the patients and those caring for them, will deliver a more proactive approach to patient recovery and flow.

Enhanced recovery pathways have been reviewed and updated for Colorectal Surgery and Urology and an Enhanced Recovery nurse has been employed to manage this function on a trial basis.

Peripherally Inserted Central Catheter Service

Sometimes known as a PICC-line, central catheters are sometimes necessary for prolonged delivery of intravenous drugs. Insertion of a PICC-line requires enhanced imaging guidance and is supported by colleagues in radiology. Following a review of the service and processes, the Trust are now able to accommodate same-day PICC-line insertion facilitated by a number of specially trained nurses. This has reduced the issues of delays in treatment pathways and improved patient experience.

3.7.3
WORKFORCE IMPROVEMENT

Apprenticeships

A national Apprenticeship Levy was announced in the Summer Budget 2015 and came into effect from 1st May 2017. The purpose of the Apprenticeship Levy is to fund an increase in the number and quality of apprenticeships. This year we have developed processes for recruitment of apprenticeships to support the development of staff in bands 1-4 as well as degree and masters level apprenticeships.

The Foundation Trust currently has 123 apprentices and we are in the process of recruiting another 30 to various specialties such as clinical engineering, leadership, HCAs and business administration across the Trust. Open Days were held for HCAs and apprentices in February and March 2018.

Agency Staff

As part of improving workforce and reducing reliance on external staff, we have an internal nursing bank . This helps with the quality of care as internal staff are more familiar with procedures, processes, the culture and care delivery requirements. Review meetings also take place with agencies to help ensure where agency staff is used, they are providing the care and services needed.

Attendance Management

Staff health and wellbeing is an important factor in being able to provide high quality care to patients. Development of attendance management training as part of the management development programme was launched in 2018 in collaboration with Organisational Development. "Our people strategy" was launched in 2017. This focuses on creating a supportive, diverse and engaging environment for our staff. Attendance officers provide direct support to help manage sickness and a new Occupational Health Manager was appointed in 2018.

3.7.4
ELECTRONIC PATIENT RECORD

Clinical Coding Improvement

The introduction of EPR represents a significant opportunity to improve the richness of clinical coding for our patients. Clinicians will be able to see a more holistic view of a patient's condition. This will also provide for a more robust comparison of patient outcomes. In the twelve months prior to EPR go-live the average number of impacting co-morbidities and complexities recorded was 1.3 per patient. The introduction of EPR has seen a stepped and consistent month on month increase in the depth of coding. In January 2018 the average number of impacting co-morbidities and complexities was 1.9 per patient.

3.8 KEEPING EVERYONE INFORMED

We are significantly improving communications to our people, our patients and the wider public in many different ways, to increase knowledge and awareness of the work of the Trust.

During the past year we have carried out extensive engagement with our staff, Foundation Trust members, Governors and other stakeholders including local GPs about how we communicate with them – what works well and how we could improve.

As a direct result of their feedback, we developed a new communications strategy which focuses on the way we communicate – how we get the right messages out, at the right time, to the right audience in a format that suits them.

Our central communications team has increased in size and skill-mix with renewed focus on digital communications to support website development and social media. A dedicated communications resource for the Bradford Hospitals Charity, funded by the charities team, has also been appointed to further raise its public profile.

Staff feedback has highlighted the importance of our weekly bulletin 'Let's Talk' from the Chief Executive in keeping people up-to-date with news, views and latest developments across the Trust.

They also told us they would value a regular summary of key strategic and operational issues affecting the Trust and the wider NHS, delivered in face-to-face team meetings, so we have reinstated our Core Brief as an additional staff communication.

In March we formally launched a brand new-look website which provides a window on the Trust and showcases our world-leading achievements, our excellent reputation for research performance, and the services we provide and the staff who deliver them.

We also use email, the intranet, screensavers, Let's Talk Live sessions with the Chief Executive and individual directorate briefings.

Our regular Twitter output has over 2,000 followers and many of these are members of staff who are viewing and engaging with posts placed on the Trust's Twitter account.

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 Foundation Trust members receive quarterly updates to help support better engagement and involvement between our governors, members and the public.

ANNEX 1:
STATEMENTS FROM COMMISSIONERS, LOCAL HEALTHWATCH ORGANISATIONS AND OVERVIEW AND SCRUTINY COMMITTEES

Healthwatch Bradford and District

Friday 20/04/2018

Healthwatch and Bradford District is pleased to take the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Quality report. Healthwatch has a positive relationship with the Trust which we hope to continue to build on in the coming year.

The report sets out a lot of positive action taken in 2017/18 to improve quality at the Trust, and we congratulate staff on these achievements and their on-going commitment to excellent and patient care, particularly given the challenging environment facing the NHS.

We welcome the work taken to improve patient experience, and are pleased that this will remain a priority for the coming year. We are particularly happy to hear that patients and the public are now represented on the Patients First Committee, and that the PLACE programme has enabled patient-led assessments of the care environment to take place.
It is positive that successful efforts have been made to improve the diversity of these volunteers.

Over the past year, Healthwatch has gathered views and experiences of care at the Trust from service users, and their families and carers. This feedback was collected through: monthly outreach sessions at both the Bradford Royal Infirmary and St Luke's Hospital; outreach sessions held with community groups and members of the wider public; patients and carers contacting us directly; and as part of specific projects, including on autism and on the NHS complaints process.

People share their experiences both good and bad with Healthwatch. Many people have told us that they have found the staff to be friendly and caring, often recognising the pressures that staff experience. We also hear that for many people, their referral is quick and they are given the information they need.

However, many people also shared their concerns about their experiences at the Trust in 2017/18.

The most common areas of concern were communication and administration, waiting times, and parking. We also heard from a number of people who had had appointments or procedures repeatedly cancelled.

Feedback about communication covered a range of concerns. These include:

- People not being told what condition referrals were for, causing them worry and making it difficult to prepare for the appointment
- People not receiving appointment letters
- People not being informed of cancellations until they arrived for the appointment/procedure
- A couple of people received other people's letters
- People (and in some cases their GPs) not being informed of test results
- Problems with information sharing with other hospitals

We welcome continuing work to improve the use of EPR including the use of focus groups to develop YourEPR. Working with patients to improve communications is vital, and we hope that the Trust will consider ensuring this happens to improve some of the communication issues set out above, taking a similar coproduction approach as used with staff and other stakeholders.

We also hear that many people experience long waits, either for a referral, or while at the hospital waiting for an appointment. People's experiences of waiting on the day was mixed, while some people said they were kept updated above delays, others were given no information, and long waits were not explained.

Parking remained a key area of feedback in 2017/18, with people concerned about the difficulties parking, costs and having to pay in advance when they did not know how long they would have to wait for their appointment.

We are pleased that work will continue on the complaints process. In our general feedback, and as part of our work on people's experiences of making complaints across Bradford and District, including that they are not kept updated on the progress of their complaint. We have also heard that PALS are not always responsive when people have tried to contact them about complaints.

We have also heard concerns that there are not enough wheelchairs available in the hospital and car park for use by visitors, which can make access difficult.

Healthwatch Bradford and District will continue to listen to people's experiences of care and feeding these back to the Trust. We look forward to working with the Trust to ensure that these experiences remain central to its approach to quality improvement.

Sarah Hutchinson
Manager

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Bradford Teaching Hospitals NHS Foundation Trust Quality Report 2017/178

On behalf of NHS Bradford City, NHS Bradford Districts and NHS Airedale Wharfedale Craven CCGs, I welcome the opportunity to feedback to Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) on its Quality Report for 2017/18.

I would like to start by offering my congratulations on some of the Trust's achievements during 2017/2018. These include:

- The opening of a £25m wing at Bradford Royal Infirmary (BRI) by Her Royal Highness the Princess Royal
- Three Consultant Anaesthetists were recognised nationally by the Royal College of Anaesthetists and awarded the prestigious Humphry Davy Award
- The Virtual Ward Team won the Health Service Journal Value in Healthcare Awards 2017
- The specialist stroke team re-launched the pioneering stroke thrombolysis service, which gives stroke patients a better chance of survival
- A new state of the art macula centre
- The Bradford hospital's neonatal intensive care unit became the first intensive care unit (level three) in the UK to achieve the 'Baby Friendly Inititive' accreditation, set up by Unicef and the World Health Organisation
- Achieving best value: named by the Secretary of State for Health as among the best NHS performers for negotiating prices for healthcare prices for healthcare supplies which offer the best value for money

Since the Care Quality Commission (CQC) inspection in January 2014 and 2016, through the hard work and dedication of your staff, significant improvements have been made in improving the culture of quality and safety across the Trust. The Trust's first CQC well-led inspection took place in January and February 2018. As, at the time of writing this statement, the report was not published, I am unable to comment at this stage, but look forward to the outcome.

The Quality Report provides evidence of high quality clinical care and also identifies areas which could be improved, and what the Trust are doing to improve.

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 continues to increase, the recruitment and retention of a skilled workforce remains an ongoing challenge, this has led to unprecedented pressures this year.

Over the past three years, the Trust has continued to struggle to achieve the 18 week referral to treatment time (RTT). Geriatric medicine and rheumatology have achieved consistently over the lasst year but challenges remain in urology, ear, nose and throat (ENT), general/plastics surgery, and trauma and orthopaedics. 62 day waits for cancer have continued to be a challenge but work is ongoing across the West Yorkshire Cancer Alliance to improve this position. The additional monies provided by the Alliane to the Trust, to find and treat people with lung cancer much earlier, will also help to acheive this target.

The Emergency Care Standard (ECS) has remained a challenge throughout 2017/18 resulting in, at times, a well below target performance of under 80%. This is disappointing given the work of the health and care system to reduce unnecessary attendances and facilitate early discharge. Inconsistencies in performance have been a focus and the Trust has worked hard to overcome these challenges and initiatives are in place which are showing improvements.

The Trust has experienced a number of challenges within its maternity services, which led to the declaration of a number of serious incidents. The Trust commissioned an independent review of the service which formed a key element of the Trust's maternity improvement action. Improvements in maternity services are in their early stages and the CCG will continue to seek ongoing assurances of maternity service provision whilst welcoming the emerging areas of innovation.

Disappointingly, the National Sentinel Stroke National Audit Programme (SSNAP) report during 2017/18 showed a deterioration in performance. As SSNAP measures the care processes, from the admission to discharge of patients with a diagnosis of a stroke, this is concerning. The CCG will be seeking further assurances during 2018/19 that improvement actions are both implemented and effective.

One Never Event was reported by the Trust during 2017.

Given all the challenges noted the CCG would welcome the opportunity to explore how the Trust will prioritise the actions it needs to take to drive further improvements in services in the Trust throughout 2018/19.

The Trust has identified six priority areas for the forthcoming year (2018/19);

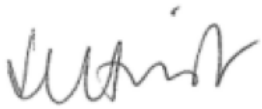
- Mortality Review Improvement Programme
- Management of the Deteriorating Patient
- Pressure Ulcers
- Safer Procedures
- Patient Experience
- Medication Safety

I confirm compliance with the national and local requirements. The statements of assurance have been completed demonstrating achievements against the essential standards. I believe this report to be a fair and accurate representation of the Trust's achievements.

Increasingle the Trust is working outside of its own organisational boundary, contributing strategically to the West Yorkshire and Harrogate and the Bradford District and Craven plans. The developement of a different operating model for the health and care partnership in Bradford is dependent upon the whole system working together and the Trust plays an active part in the development of these arrangements.

If we are to achieve our system strategic aim of having a different and sustainable model of health and care from both a commissioning and provider perspective we are going to have to, collectively, give more priority to these developements and move from words to action.

I am confident that the TRust will continue to focus on maintaining high quality services, making improvements where necessary, supported by a workforce who are hugely committed to meet the needs of our local population.



Helen Hirst

Chief Officer
Airedale, Wharfedale & Craven,
Bradford City & Bradford Districts CCGs

OVERVIEW AND SCRUTINY COMMITTEE

Due to the timing of the local elections this year, the Overview and Scrutiny Committee have opted not to provide comments on the 2017/18 Quality Report.

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:

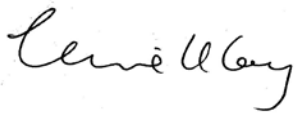
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2017 to May 2018
    - papers relating to quality reported to the board over the period April 2017 to May 2018
    - feedback from commissioners dated 26 April 2018
    - feedback from the local Healthwatch organisation dated 20 April 2018
    - feedback from the Overview and Scrutiny Committee, Bradford Metropolitan District Council dated 1 May 2018 confirming they would not be providing comments
    - feedback from the Council of Governors. The draft Quality Report was circulated to Governors but no comments were received
    - the Foundation Trust's complaints reports published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2017 (Q1), November 2017 (Q2) and February 2018 (Q3)
    - the latest national inpatient survey
    - the latest national staff survey
    - the Head of Internal Audit's annual opinion of the Foundation Trust's control environment dated 18 May 2018
    - Care Quality Commission inspection report dated 24 June 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
- 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.

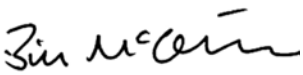
By order of the Board.

Signed



Professor Clive Kay
Chief Executive
24 May 2018

Signed



Professor Bill McCarthy
Chair
24 May 2018

ANNEX 3:

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST ON THE QUALITY REPORT

2017/18 Limited assurance report on the content of the quality reports and mandated performance indicators

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 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Bradford Teaching Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bradford Teaching Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge
- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

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 causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2017/18 Detailed requirements for external assurance for quality reports for Foundation Trusts; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2017 to the May 2018;
- papers relating to quality reported to the board over the period April 2017 to the May 2018;
- feedback from Commissioners, dated 26 April 2018;
- feedback from local Healthwatch organisations, dated 20 April 2018;
- feedback from Overview and Scrutiny Committee, Bradford Metropolitan District Council dated 1 May 2018 confirming they would not be providing comments;
- feedback from governors, the draft Quality Report was circulated to Governors but no comments were received.;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2017 (Q1), November 2017 (Q2) and February 2018 (Q3);
- the latest national inpatient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 18 May 2018.
- Care Quality Commission inspection report dated 24 June 2016.

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

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

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

Assurance work performed cont..

- 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'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator requires that the NHS Foundation Trust accurately record the start and end dates of each patient's treatment pathway, in accordance with detailed requirements set out in the national guidance. This is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target.

Our procedures included testing a risk based sample of 25 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 2 cases of our sample of patients' records tested, there were duplicate entries in the published indicator; and
- In 2 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator for the year ended 31 March 2018. We are unable to quantify the effect of these errors on the reported indicator.

The "data use and reporting" section on page 127 of the NHS Foundation Trust's Annual Report details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

Qualified conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified above; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Deloitte LLP

Newcastle

24 May 2018

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Preventing people from dying prematurely	SHMI value and banding	SHMI value = 0.932	1	Wye Valley NHS 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 SAFE! Strategy which is the Quality Improvement Strategy.				
	Oct 2016 - Sept 2017)	Band 2 As expected	Band 2 As expected	SHMI Value = 1.2473	SHMI Value = 0.727					
Enhancing quality of life for people with long-term conditions				Band 1	Band 3	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.				
				Higher than expected	Lower than expected		0.978 Band 2 As expected	0.971 Band 2 As expected	0.963 Band 2 As expected	0.999 Band 2 As expected
	% patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	Combined Rate - 30.0	31.5	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST - 59.8	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST -11.5	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust has an advisory palliative care team available to the wards which sees approximately 60 patients per month. 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.	Combined Rate - 22.37	Combined Rate - 18.7	Combined Rate - 18.7	

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
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	Oct 2016 - Sept 2017)	Band 2 As expected	Band 2 As expected	SHMI Value = 1.2473	SHMI Value = 0.727					
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				Higher than expected	Lower than expected		0.978 Band 2 As expected	0.971 Band 2 As expected	0.963 Band 2 As expected	0.999 Band 2 As expected
	% patients deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period	Combined Rate - 30.0	31.5	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST - 59.8	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST -11.5	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the Trust has an advisory palliative care team available to the wards which sees approximately 60 patients per month. 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.	Combined Rate - 22.37	Combined Rate - 18.7	Combined Rate - 18.7	

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
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)	No provisional data available for 1617	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures 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 Trust.	0.082 (Not an outlier)	0.103 (Not an outlier)	0.091 (Not an outlier)	0.086 (Not an outlier)
	Patient reported outcome scores for varicose vein surgery (2015-2016 provisional data, – most recent full year of data available)	No provisional data available for 1617	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures 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 Trust.	No provisional data available for 1617	0.053 (Not an outlier)	0.104 (Not an outlier)	0.098 (Not an outlier)

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Helping people recover from episodes of ill health or following injury	Patient reported outcome scores for hip replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.442 (Not an outlier)	N/A	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures 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 Trust.	0.445 (Not an outlier)	0.439 (Not an outlier)	0.416 (Not an outlier)	0.39 (Negative)
	Patient reported outcome scores for Knee replacement surgery (2015-2016 provisional data, – most recent full year of data available)	0.326 (Not an outlier)				The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The Trust has undertaken a programme of work relating to safer procedures 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 Trust.	0.304 (Not an outlier)	0.341 (Not an outlier)	0.321 (Not an outlier)	0.297 (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%
	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%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs: CQC national inpatient survey score (2015-2016 data)	74.0%	76.7%	Queen Victoria Hospital NHS Foundation Trust (88.0%)	Croydon Health Services NHS Trust (66.8%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The 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 work through the Patient First Committee aimed at improving the experience of our patients.	73.8%	74.5%	75.2%	71.5%
	Percentage of staff who would recommend the provider to friends or family needing care (2016 Staff Survey)	67.5%	69.8%	Liverpool Heart and Chest Hospital NHS Foundation Trust - 93.2%	Northern Lincolnshire and Goole NHS Foundation Trust - 46.8%	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The 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 work through the Patient First Committee aimed at improving the experience of our patients.	63.8%	66.3%	68.0%	71.0%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
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)	79.9%	95.5%	N/A	N/A	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons - In the past year, due to contractual circumstances followed by the implementation of a new EPR system the FT's recording of VTE assessment data has been in a transitional phase in the past year. Post EPR, which enables direct VTE assessment recording by clinicians, a new reporting system has been enabled and the FT continues to see an improvement in reported performance. The Bradford Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services, by implementing a new EPR system with direct entry of VTE assessments by clinicians. Targeted reporting at Ward level produced and distributed on a daily and weekly basis.	97.8%	97.9%	96.7%	96.70%

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of C.Difficile per 100,000 bed days	16.4	13.2	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 shows that there has been a gradual reduction in CDI rate since 2012/3 but in 2016/17 it remained higher than the mean rate for England. The reduction has been following a number of improvements the Trust has made overseen by the Infection Prevention and Control 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 continued actions to further reduce C.Difficile infection (CDI), with improvements to discharge cleaning after CDI cases, further measures in antimicrobial stewardship and actions to ensure lessons learnt from post-infection reviews are completed. The CDI reduction programme will continue.	17.2 (Count of Trust apportioned cases = 31)	24.6 (Count of Trust apportioned cases = 46)	22.6 (Count of Trust apportioned cases = 43)	28.4 (Count of Trust apportioned cases = 58)

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
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	55.42 (Number of incidents occurring 3963)	Not Given	SOUTH TYNESIDE NHS FOUNDATION TRUST (23.47)	CROYDON HEALTH SERVICES NHS TRUST (111.69)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the 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. 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.	52.82 (Number of incidents occurring 4732)	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)
	Rate of patient safety incidents per 1,000 Bed days that resulted in severe harm or death * (Apr17-Sep17) * High Reporters Should be shown as better	0% (count of incidents = 1)	0.30%	MULTIPLE TRUSTS (0%)	STOCKPORT NHS FOUNDATION TRUST (1.5%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons, the 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. 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.	0.08 (count of incidents = 4)(Oct15 - Mar16)	0.08 (count of incidents = 4) (Apr15-Sep15)	0.20 (count of incidents = 10) (Oct14-Mar15)	0.21 (count of incidents = 8) (Apr14-Sep14)

Appendix A: National Quality Indicators

Domain	Indicator	Available reported positions for 2016/17	National Average	Where Applicable – Best Performer	Where Applicable – Worst Performer	Trust Statement	Currently reported position for 2015/2016	Currently reported position for 2014/2015	Currently reported position for 2013/2014	Currently reported position for 2012/2013
Ensuring that people have a positive experience of care	Inpatient Friends and Family Test (December 2016 Data)	96.0%	96.0%	LIVERPOOL WOMEN'S NHS FOUNDATION TRUST (100%)	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST (64%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The 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 work through the Patient First Committee aimed at improving the experience of our patients.	97% percentage recommended (December 2016)	98% percentage recommended (December 2015)	99% percentage recommended (December 2014)	67 Friends and Family Test Score (December 2013)
	Accident and Emergency Friends and Family Test (December 2016 Data)	No data available for December 2017	85.0%	SALISBURY NHS FOUNDATION TRUST (100%)	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST (57%)	The Bradford Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons. The 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 work through the Patient First Committee aimed at improving the experience of our patients.	84% percentage recommended (December 2016)	71% percentage recommended (December 2015)	61% percentage recommended (December 2014)	47 Friends and Family Test Score (December 2013)

* 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 B: GLOSSARY OF AUDITED 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 standard is that 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. The definition of the indicators are provided by the NHS Standard Contract 2017/18.
Emergency care standard	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%. Reduced to 90% in January 2018 with a trajectory for recovery to 95% in 2018/2019.	
Ambulance handover waits	The guideline is that all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes.	Operating standard is zero waits greater than 30 minutes.	

Appendix C: GLOSSARY OF ABBREVIATIONS AND MEDICAL TERMS

List of Abbreviations

AAWG	Audit Appointment Working Group
A&E	Accident and Emergency
ACE	Ambulatory Care Experience
AED	Accident and Emergency Department
AIS	Accessible Information Standard
AKI	Acute Kidney Injury
AUKUH	Association of UK University Hospitals
BAC	Business Advisory Committee
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAPM	British Association of Perinatal Medicine
BAT nurses	Brain Attack nurses
BDCFT	Bradford District Care NHS Foundation Trust
BIG	Bradford Innovation Group
BIHR	Bradford Institute for Health Research
BMDC	Bradford Metropolitan District Council
BPA	Bradford Provider Alliance
BRI	Bradford Royal Infirmary
BSCB	Bradford Safeguarding Children's Board
BTHFT	Bradford Teaching Hospitals NHS Foundation Trust
CCG	Clinical Commissioning Group
CIP	Cost Improvement Programme
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRIS	Clinical Record Interactive Search
DCE	Deputy Chief Executive
DEC	Display Energy Certificate
DHR	Domestic Homicide Review
DHSC	Department of Health and Social Care
DNA	Did Not Attend appointment

List of Abbreviations

DNACPR	Do Not Attempt Resuscitation
DoLS	Deprivation of Liberty Standards
ECDS	Emergency Care Data Set
ECS	Emergency Care Standard
eFI	Electronic Frailty Index
ELC	End of Life Companions
ENT	Ear, Nose and Throat
EPR	Electronic Patient Record
ERIC	Estates Returns Information Collection
ESR	Electronic Staff Record
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
FREDA	Human Rights principles - Freedom, Respect, Equality, Dignity, Autonomy
GP	General Practitioner
HCA	Healthcare Assistant
HPMA	Healthcare People Management Association
HQIP	The Healthcare Quality Improvement Partnership
HSE	Health and Safety Executive
HSMR	Hospital Standardised Mortality Ratio
HUB	Health User Bank
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit
ICO	Information Commissioner's Office
IHI	Institute for Healthcare Innovation
IMR	Independent Management Report
ITFF	Independent Trust Finance Facility
KPI	Key Performance Indicator
LeDeR	National Learning Disabilities Mortality Review
LGBT	Lesbian, Gay, Bi-Sexual and Transgender
LLP	Limited Liability Partnerships
MARAC	Multi-Agency Risk Assessment Conference

List of Abbreviations

MARS	Mutually Agreed Resignation Scheme
MBRRACE - UK	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK
MEWS	Maternal Early Warning System
MINAP	Myocardial Ischaemia National Audit Project
MHA	Mental Health Act
MRSA	Methicillin Resistant Staphylococcus Aureus
MTI	Medical Training Initiative
NatSSIPs	National Safety Standards for Invasive Procedures
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NHS	National Health Service
NHSCFA	NHS Counter Fraud Authority
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIPE	Newborn and Infant Physical Examination
NIV	Non-Invasive Ventilation
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRC	Nominations and Remuneration Committee
ODN	Operational Delivery Network
PALS	Patient Advice and Liaison Service
PCI	Percutaneous Coronary Interventions
PCSO	Police Community Support Officers
PCT	Primary Care Trust
PLACE	Patient-Led Assessment of the Care Environment
PMO	Programme Management Office
POMH	Prescribing Observatory for Mental Health
PPI	Patient and Public Involvement
PRASE	Patient Reporting and Action for a Safe Environment
ProgRESS	Programmed Review of Effectiveness, Safety and Sensitivity

List of Abbreviations

QIA	Quality Impact Assessment
QIPP	Quality, innovation, Productivity and Prevention
PROMS	Patient Reported Outcome Measures
RAG	Red, Amber, Green
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013
RTT	Referral To Treatment
SDSIP	Seven Day Service Improvement Plan
SFI	Standing Financial Instructions
SID	Senior Independent Director
SIP	Safety Improvement Plans
SHMI	Summary Hospital-level Mortality Indicator
SIRO	Senior Information Risk Owner
SSNAP	Sentinel Stroke National Audit Programme
STF	Sustainability and Transformation Funding
VTE	Venous Thromboembolism
WHO	World Health Organisation
WRAP	Workshops to raise Awareness of Prevent
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
WYAAT	West Yorkshire Association of Acute Trusts
WYHTASN	West Yorkshire Human Trafficking and Anti-Slavery Network

List of Terms

Anticoagulation	Medicines that reduce the ability of the blood to clot
Cochrane Review	Cochrane Reviews are systematic reviews of primary research in human healthcare and health policy
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
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
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
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
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
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
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)

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2018

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

CONTENTS

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 and Social Care 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 and Social Care 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: November 2017

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Bradford Teaching Hospitals NHS Foundation Trust (the 'foundation trust'):

- **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Cash Flows;
- the Statement of Changes in Taxpayers' Equity; and
- the related notes 1 to 23.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • *Revenue recognition in respect of Commissioning for Quality and Innovation (CQUIN) income; and* • *Impairment of the Electronic Patient Record (EPR) system* Within this report, any new key audit matters are identified with ⏫ and any key audit matters which are the same as the prior year identified with ⏩. Last year the previous auditor's report included one other key audit matter which is not included in our report this year, 'Valuation of land and buildings', in the current year there has been an interim valuation with no significant changes in the underlying methodology or assumptions.
Materiality	The materiality that we used for the current year was £8.0m which was determined on the basis of 2% of operating income in the year.

Scoping	All testing of the Trust was performed by the main audit engagement team performed at the Trust's head offices in Bradford, led by the audit director.
Significant changes in our approach	We were appointed as auditors during 2017/18 and hence this is our first audit report in respect of the foundation trust. Consequently we report no significant changes in our approach.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Revenue recognition in respect of Commissioning for Quality and Innovation (CQUIN) income	
Key audit matter description	We have identified this as a Key Audit Matter in the current year as we consider there to be significant management judgement in relation to this revenue stream. As described in note 1, Accounting Policies there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to: • the judgements taken in evaluating volume-related and Commissioning for Quality and Innovation ("CQUIN") income; and • the judgemental nature of provisions for disputes, including in respect of outstanding income for quarter 4. Details of the foundation trust's income, including £335m (2016/17: £334m) of Commissioner Requested Services, are shown in note 2.9 to the financial statements. NHS debtors of £21m (2016/17: £14m) are shown in note 10.1 to the financial statements. This is discussed by the Audit Committee on page 100.
How the scope of our audit responded to the key audit matter	In order to address this key audit matter, we have performed the following procedures: • We identified managements controls aimed at challenging, validating and agreeing the original target measures and for reviewing progress against the target and undertook a review of the design and implementation of these controls.

	• We have obtained evidence that CQUIN income for the year has been agreed between the Trust and the Commissioner and ensured that the income recognised by the Trust is in line with that which has been agreed. • We have reviewed the final agreement of balances mismatch report for any significant differences, and obtained additional supporting evidence to confirm the Trust's position if necessary. • We have reviewed the controls put in place by management to validate performance against the STF metrics. • We have examined the value of STF revenue recognised and reconciled this to relevant reported performance metrics. • We considered the impact of any errors noted through our audit of both the financial statements and quality account indicators on the performance against the STF metrics and whether the noted errors would give rise to a different level of recognition.
Key observations	We consider the income recognised from CQUIN to be appropriate based on the Trust's patient activity and reported performance against the operational targets agreed with the Commissioner.

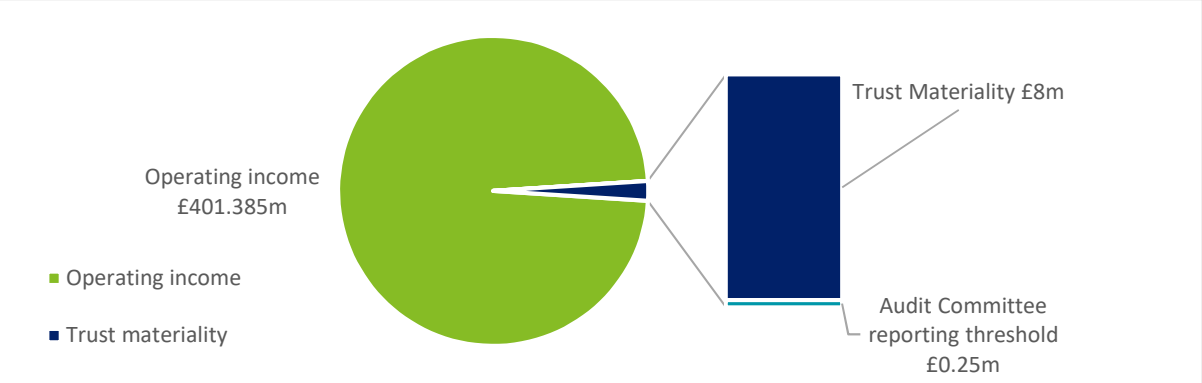
Impairment of the Electronic Patient Record (EPR) system	
Key audit matter description	The Trust has invested significantly in the new EPR system during the year and the system went live during September 2017. Discussions with the capital accounting team indicated that a material impairment of £9.3m was required to the £16.7m of costs accumulated into assets under construction following the go live date to remove capitalised costs in excess of the recoverable value in use of the asset, as shown in note 7.1 to the financial statements. There is therefore a risk of material misstatement that the costs accumulated into the project did not represent capital costs in the first instance and a risk that the final impairment is calculated incorrectly. This is discussed by the Audit Committee on page 100.
How the scope of our audit responded to the key audit matter	We have assessed the key controls in place concerning: • accumulation of costs into Assets Under Construction and particularly the measures taken by management to ensure that the costs meet the definition of attributable capital expenditure; • the process for the calculation and approval of the final value in use of the asset; and • the calculation, review and posting of the journals and associated disclosures in the financial statements. We have tested: • a sample of the costs accumulated into assets under construction to confirm that they represent attributable capital expenditure; • the calculation of the final impairment; and • the posting of the impairment to the general ledger and reviewed the financial statement disclosures.
Key observations	The calculation of the impairment is in line with the requirements of the Department of Health and Social Care Group Accounting Manual which requires the asset to be valued using depreciated replacement cost. We have not identified any significant bias in the key judgements made by management or errors in the calculations.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£8.0m
Basis for determining materiality	2% of operating income.
Rationale for the benchmark applied	Operating income was chosen as a benchmark as the Trust is a non-profit organisation, and operating income is a key measure of financial performance for users of the financial statements.



We agreed with the Audit and Assurance Committee that we would report to the Committee all audit differences in excess of £250k, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit and Assurance Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our scope is in line with the Code of Audit Practice issued by the NAO.

Our audit was scoped by obtaining an understanding of the Foundation Trust and its environment, including internal control, and assessing the risks of material misstatement.

All testing of the Foundation Trust was performed by the main audit engagement team performed at the Foundation Trust's administrative offices in Bradford, led by the lead audit director.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and

- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- 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; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

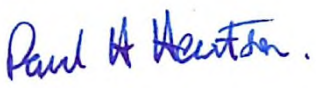
We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Bradford Teaching Hospitals NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Paul Hewitson FCA (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
Newcastle Upon Tyne, United Kingdom
25 May 2018

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2018 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:

Name: Professor Clive Kay (Chief Executive)
Dated: 24 May 2018

STATEMENT OF COMPREHENSIVE INCOME

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	2.1	343,269	341,808
Other operating income	2.1	58,367	51,765
Operating expenses	3.1	(403,924)	(387,542)
OPERATING (DEFICIT) / SURPLUS		**(2,288)**	**6,031**
FINANCE COSTS			
Finance income	5	110	192
Finance expense	6.1	(582)	(618)
Public dividend capital dividends payable	6.2	(4,744)	(3,677)
NET FINANCE COSTS		**(5,216)**	**(4,103)**
Gains/(losses) on disposals of assets		(117)	(21)
SURPLUS / (DEFICIT) FOR THE YEAR		**(7,621)**	**1,907**
Other comprehensive income			
Impairment loses	15.1	(8,957)	(3,112)
Revaluation gains	15.1	29,200	8,603
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**12,622**	**7,398**

All income and expenses shown relate to continuing operations.

Operating income from patient care activities and other operating income were disclosed as operating income (£393,573,000) during 2016/17.

Finance expenses –financial liabilities (£610,000) and unwinding of discount on provisions (£8,000) are now disclosed as finance expense (£618,000) for 2016/17.

The notes on pages 13 to 51 form part of these accounts.

STATEMENT OF FINANCIAL POSITION

	Note	31 Mar 2018 £000	31 Mar 2017 £000
Non-current assets			
Intangible assets	7.3	11,257	12,282
Property, plant and equipment	8.2	206,181	191,262
Trade and other receivables	10.1	1,254	893
Total non-current assets		**218,692**	**204,437**
Current assets			
Inventories	9	6,588	4,670
Trade and other receivables	10.1	30,453	21,092
Cash and cash equivalents	16.1	25,646	50,366
Total current assets		**62,687**	**76,128**
Current liabilities			
Trade and other payables	11	(39,935)	(42,083)
Borrowings	13	(4,052)	(4,090)
Provisions	14.1	(1,311)	(2,362)
Other liabilities	12	(5,741)	(6,396)
Total current liabilities		**(51,039)**	**(54,931)**
Total assets less current liabilities		**230,340**	**225,634**
Non-current liabilities			
Borrowings	13	(28,844)	(32,896)
Provisions	14.1	(3,070)	(6,516)
Other liabilities	12	(0)	(577)
Total non-current liabilities		**(31,914)**	**(39,989)**
Total assets employed		**198,426**	**185,645**
Financed by taxpayers' equity			
Public Dividend Capital		121,244	121,085
Revaluation reserve	15.1	75,332	55,089
Income and expenditure reserve		1,850	9,471
Total taxpayers' equity		**198,426**	**185,645**

These accounts together with notes on pages 13 to 51 were approved by the Board of Directors on 24 May 2018.

Signed:

Name: Professor Clive Kay (Chief Executive)
Dated: 24 May 2018

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total £000	Public Dividend Capital £000	Revaluation reserve (see note 15.1) £000	Income and expenditure reserve £000
Taxpayers' equity at 1 April 2017	**185,645**	**121,085**	**55,089**	**9,471**
Deficit for the year	**(7,621)**	0	0	(7,621)
Net impairments	**(8,957)**	0	(8,957)	0
Revaluations – property, plant and equipment	**29,200**	0	29,200	0
Revaluations – intangible assets	**0**	0	0	0
Public dividend capital received	**159**	159	0	0
Taxpayers' equity at 31 March 2018	**198,426**	**121,244**	**75,332**	**1,850**
Taxpayers' equity at 1 April 2016	**177,597**	**120,435**	**49,598**	**7,564**
Surplus for the year	**1,907**	0	0	1,907
Net 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
Taxpayers' equity at 31 March 2017	**185,645**	**121,085**	**55,089**	**9,471**

STATEMENT OF CASH FLOWS

	2017/18 £000	2016/17 £000
Cash flows from operating activities		
Operating surplus / (deficit) from continuing operations	(2,288)	6,031
Non-cash income and expense		
Depreciation and amortisation	11,124	10,569
Impairments and reversals	14,599	8,620
Income recognised in respect of capital donations (cash and non-cash)	(798)	(112)
(Increase)/decrease in trade and other receivables	(9,783)	(3,201)
(Increase)/decrease in inventories	(1,918)	(1,120)
Increase/(decrease) in trade and other payables	(2,791)	(2,943)
Increase/(decrease) in other liabilities	(1,232)	(536)
Increase/(decrease) in provisions	(4,500)	(1,296)
Net cash generated from/(used in) operations	**2,413**	**16,012**
Cash flows from investing activities		
Interest received	103	195
Purchase of intangible assets	(9,086)	(6,033)
Purchase of property, plant and equipment and investment property	(9,144)	(27,974)
Sale of property, plant and equipment and investment property	23	27
Net cash generated from / (used in) investing activities	**(18,104)**	**(33,785)**
Cash flows from financing activities		
Public dividend capital received	159	650
Movement in loans from the Department of Health and Social Care	(4,052)	5,648
Movement in other loans	(38)	(75)
Interest paid	(595)	(567)
Public dividend capital dividend paid	(4,503)	(3,744)
Net cash generated from / (used in) financing activities	**(9,029)**	**1,912**
Increase/(decrease) in cash and cash equivalents	(24,720)	(15,861)
Cash and cash equivalents at 1 April	50,366	66,227
Cash and cash equivalents at 31 March	**25,646**	**50,366**

Loans received from the DHSC (£7,700,000) and loans repaid to the DHSC (£2,052,000) are now disclosed as Movement in loans from the DHSC (£5,648,000) for 2016/17.

NOTES TO THE ACCOUNTS

Note 1 Accounting policies and other information

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to 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 & Social Care Group Accounting Manual does not require the following Standards and Interpretations to be applied in 2017/18.

These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being implemented in 2018/19, and the government implementation date for IFRS 16 and IFRS 17 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 14 Regulatory Deferral Accounts** – Not yet EU Endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
- **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.
- **IFRS 17 Insurance Contracts** – Application required for accounting periods beginning on or after 1 January 2021, 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.

- **IFRIC 23 Uncertainty over Income Tax Treatments** – Application required for accounting periods beginning on or after 1 January 2019.

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.

In 2016/17 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 NHSI and NHS England's National Tariff Payment System methodology where applicable. Where Payment by Results (PbR) is not applicable then an alternative payment system has been agreed with each Commissioner locally.

The NHS Operating Framework 2009/10 introduced CQUINS which provides the opportunity for the NHS 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. 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.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 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 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. 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 2018, the NHS foundation trust made contributions totalling £17,000 into the NEST fund (31 March 2017 £16,000).

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; or
    - collectively, a number of items have a cost of at least £5,000 and individually have a cost of £250 or more, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;

- have a cost of £250 or more and 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 in March 2018 at the prospective valuation date of 31 March 2018. 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
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 DHSC GAM, 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 2017/18 the impairment is £23,556,000 and in 2016/17 there was an impairment of £11,732,000.

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 or trusts for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the SoCI to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.11 Inventories

All inventories are valued at the lower of cost and net realisable value. Other inventories are valued at the lower of cost and net realisable value using the First In First Out (FIFO) method. Pharmacy inventories are valued at weighted average historical cost. Provision is made where necessary for

obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable through usage or sale.

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 Statement of Comprehensive Income.

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.

Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

Financial liabilities

All other 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

The NHS foundation trust does not currently hold Finance leases.

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 on a straight line basis**.**

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 2.42% (2016/17 2.70%) in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 0.10% (2016/17: 0.24%) in real terms.

Clinical negligence costs

NHS Resolution (formerly NHS Litigation Authority) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHS Resolution, which, in return, settles all clinical negligence claims. Although the NHS Resolution 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 NHS Resolution 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 NHS Resolution 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 DHSC (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 2018, 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 2018;
- 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 the 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. IFRS 14 Regulatory Deferral Accounts only applies to first time adopters of IFRS and therefore would not have an impact In these accounts. The remaining standards have not yet been included in the FReM so the impact on the figures presented in the accounts is unknown.

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.

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 fixed assets

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 2018 at the prospective valuation date of 31 March 2018.

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.

Following the implementation of the trusts electronic patients records system an impairment review was carried out to ensure the fixed asset was reported at fair value. It was not possible to obtain an independent opinion of the assets value so the asset has been impaired to the value of the capitalised software charges as this represents an estimate of the cost to replace the asset.

Recoverability of receivables

In accordance with the stated policy on impairment of financial assets, management assess the impairment of receivables and make 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. A review of the asset lives applied to equipment was also carried out. The useful economic lives were revised based on the life's the Trust has been able to use equipment in the past and based on the opinion of internal experts. Depreciation and amortisation charged during the year, including donated assets, was £11,124,000 (2016/17 : £10,569,000).

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 of 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 2018 was £185,920,000 (31 March 2017 : £168,905,000).

iv. 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.

v. 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 2018 amounted to £5,290,000 (31 March 2017 : £6,973,000)

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 Income from patient care (by nature)

	Note	2017/18 £000	2016/17 £000
Income from activities			
Elective income		46,915	55,324
Non elective income		83,936	87,849
First outpatient income		21,877	29,764
Follow Up outpatient income		22,902	27,118
Accident and emergency income		15,894	14,504
High cost drugs income from commissioners		31,604	31,462
Other NHS clinical income	2.2	100,043	76,061
Income from CCG's and NHS England		11,907	12,085
Private patient income		768	894
Other clinical income	2.3	7,423	6,747
Total income from activities		**343,269**	**341,808**
Other operating income			
Research and development		13,664	10,432
Education and training		14,957	14,991
Donations/grants of physical assets (non cash) received from other bodies		798	112
Charitable and other contributions to expenditure – received from NHS charities		500	0
Sustainability and transformation fund	2.4	13,467	12,475
Income in respect of employee benefits accounted for on a gross basis	2.5	3,804	3,863
Catering income		480	1,083
Car parking income		1,409	1,459
Other income	2.6	9,288	7,350
Total other operating income		**58,367**	**51,765**
Total		**401,636**	**393,573**

2016/17 outpatient income (£56,882,000) is now separately presented as first outpatient income and follow up outpatient income.

2016/17 other NHS clinical income (£119,608,000) are now presented separately as high cost drugs income from commissioners and income from CCG's and NHS England.

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, provider to provider services offering community services such as infectious diseases, gynae and pharmacy (£11.7m), cost per case items (£4.4m), the maternity pathway payments (£24.4m), direct access services (£11.7m), Best practice tariff (£1.4m) CQUINS (£6.1m), Distinction awards (£0.5m) renal services (£6.0m), system resilience funding (£1.5m), cochlear services (£4.1m) and Hepatitis C (£3.1m), readmissions (£1.0m), Chemo (£1.1m), Audiology (£2.1m), Adult critical care (£14.6m), Ward attenders (£0.6m) and Diagnostic imaging (4.4m).

Note 2.3 Other clinical income

Other clinical income comprises of, in the main, RTA income (£1.8m), CQUIN income (£1.2m), virtual ward (£0.9m), system resilience (£0.7m) and better start lottery funding (£0.2m).

Note 2.4 Sustainability and transformation fund

	2017/18 £000	2016/17 £000
Core	7,658	10,519
Incentive scheme (finance)	711	645
Incentive scheme (bonus)	1,951	1,311
Incentive scheme (general distribution)	3,147	0
Total	**13,467**	**12,475**

The sustainability and transformation fund was introduced in July 2016 as part of the NHS financial reset. The changes introduced included the introduction of agreed financial control totals for individual trusts. Sustainability transformation fund is paid to trusts should they trust meet financial and operational targets.

Note 2.5 Income in respect of employee benefits accounted for on a gross basis

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 (£0.6m), Airedale NHS Foundation Trust (£0.7m), individual posts and services charged to Leeds Teaching Hospitals (£0.2m), Bradford CCGs (£0.5m), Bradford District Care Trust (£0.5m), Macmillian Cancer Support (£0.3m) and Marie Curie Hospice (£0.1m) for doctors, nurses, AHPs and administrative staff.

Note 2.6 Other income

Other Income, in the main, includes income associated with pharmacy sales (£3.2m), the pathology joint venture (£1.9m), and retail concessions (£0.5m).

Note 2.7 Segmental analysis

The Chief Operating Decision Maker (CODM) is the Board of Directors because it is at this level where overall financial performance is measured and challenged. The Board of Directors primarily

considers financial matters at a trust wide level. The Board of Directors is presented with information on clinical 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 2.8 Income from patient care (by source)

	Note	2017/18 £000	2016/17 £000
Income from activities			
NHS England		69,207	66,365
Clinical commissioning groups		269,579	269,159
NHS Foundation Trusts		854	778
NHS Trusts		314	350
Local authorities		254	372
NHS other (including Public Health England)		120	60
Non-NHS: private patients		768	894
Non-NHS: overseas patients (non-reciprocal, chargeable to patient)		339	478
Injury cost recovery scheme		1,833	1,758
Non-NHS: Other		1	1,594
Total income from activities		**343,269**	**341,808**
Of which:			
Related to continuing operations		343,269	341,808
Related to discontinued operations		0	0

Income from patient care (by source) is a new disclosure for 2017/18.

Note 2.9 Income from activities arising from commissioner requested services

	2017/18 £000	2016/17 £000
Income for services designated (or grandfathered as commissioner requested services	335,078	334,167
Income from services not designated as commissioner requested services	8,191	7,641
Total	**343,269**	**341,808**

Under the terms of its provider license, the Foundation Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested

services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure.

Note 3 Operating expenses

Note 3.1 Operating expenses

	Note	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies		2,635	7,611
Purchase of healthcare from non NHS bodies and non-DHSC bodies		293	2,474
Staff and executive directors costs		241,098	231,540
Non-executive directors		154	152
Supplies and services – clinical (excluding drug costs)		33,450	33,012
Supplies and services – general		8,396	3,994
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)		39,917	40,081
Consultancy costs		967	542
Establishment		3,828	4,505
Premises – business rates collected by local authorities		1,837	1,284
Premises – other		10,871	13,602
Transport – (business travel only)		455	422
Transport – other (including patient travel)		23	46
Depreciation on property,plant & equipment		10,287	9,752
Amortisation on intangible assets		837	817
Impairments net of (reversals)		14,599	8,620
Increase/(decrease) in impairment of receivables		254	88
Change in provisions discount rate		46	356
Audit services – statutory audit		58	58
Other auditor remuneration	3.2	39	103
Clinical negligence – amounts payable to the NHS Resolution (premium)		11,496	8,287
Legal fees		185	186
Insurance		154	130
Research and Development – staff costs		7,341	6,771
Research and development – non-staff		4,666	3,643
Education and training – staff costs		2,676	2,704
Education and training – non-staff		447	1,121
Operating lease expenditure (net)		1,559	2,401
Redundancy costs – non-staff		108	156
Car parking and security		185	5
Hospitality		58	15
Other losses and special payments – non-staff		77	166
Other services (e.g. external payroll)		1,373	1,190
Other		3,555	1,708
Total		**403,924**	**387,542**

2016/17 employee expenses – staff (£240,011,000) and employee expenses – executive directors (£1,004,000) is now reported as staff and executive directors costs, research and development – staff costs and education and training staff costs.

2016/17 premises (£14,886,000) is now separately presented as premises – business rates collected by local authorities and premises – other.

2016/17 drugs inventories consumed (£196,000) and drug costs (£39,885,000) have now been combined to a single line drugs costs (drugs inventory consumed and purchase of non-inventory drugs).

Note 3.2 Other audit remuneration

	2017/18	2016/17
	£000	£000
Audit related assurance services	7	11
Taxation compliance services	0	92
Other assurance Services	32	0
Total	**39**	**103**

Note 3.3 Operating leases

	2017/18	2016/17
	£000	£000
Minimum lease payments	1,559	2,401
Total	**1,559**	**2,401**

Note 3.4 Future minimum lease payments

	2017/18	2016/17
	£000	£000
- not later than one year	3,024	3,391
- later than one year and not later than five years	1,514	1,258
Total	**4,538**	**4,649**

Leases 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 include 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

In accordance with SI 2008 no.489, the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreement) Regulations 2008, the limitation on auditor's liability for the year ended 31 March 2018 is £1,000,000 (31 March 2017 £1,000,000).

	2017/18 £000	2016/17 £000
Limitation on auditor's liability	1,000	1,000

Note 4 Employee expenses

Note 4.1 Employee expenses

	2017/18 Total £000	2017/18 Permanent £000	2017/18 Other £000	2016/17 Total £000
Salaries and wages	182,911	176,301	6,610	188,946
Social security costs	18,240	18,240	0	17,692
Apprenticeship Levy	641	641	0	0
Pension cost – defined contribution plans, employer's contributions to NHS Pensions	22,467	22,467	0	21,881
Temporary Staff – External Bank	12,653	0	12,653	0
Temporary Staff - Agency / contract staff	15,185	0	15,185	14,451
Total	**252,097**	**217,649**	**34,448**	**242,970**
Included within :				
Costs capitalised as part of assets	982	568	414	1,955

All employer pension contributions in 2017/18 and 2016/17 were paid to the NHS Pensions Agency.

The operating employee expense, excluding costs capitalised as part of assets, of £251,115,000 is reported in table 3.1 Operating expenses as Staff and executive directors costs (£241,098,000), Research and Development – staff costs (£7,341,000) and Education and training – staff costs (£2,676,000).

Included in the above figures are the following balances for executive directors:

	2017/18 £000	2016/17 £000
Directors' remuneration	1,284	1,198
Employer pension contributions in respect of directors	108	100

Note 4.2 Average number of employees

	2017/18 Total WTE	2017/18 Permanent WTE	2017/18 Other WTE	2016/17 Total WTE
Medical and dental	696	696	0	687
Administration and estates	1,774	1,724	50	1,687
Healthcare assistants and other support staff	634	634	0	785
Nursing, midwifery and health visiting staff	1,822	1,558	264	1,672
Scientific, therapeutic and technical staff	629	629	0	601
Other	3	3	0	3
Total	**5,558**	**5,244**	**314**	**5,435**
of which				
Number of employees engaged on capital projects	8	8	0	50

Average number of employees excludes 293 WTE (309 WTE 2016/17) of agency and contract staff that have been reported in previous years.

Note 4.3 Exit package cost band (including any special payment element)

	2017/18 Total number of exit packages by cost band	2016/17 Total number of exit packages by cost band
<£10,000	8	1
£10,000 - £25,000	2	2
£25,001 - £50,000	0	0
£50,001 - £100,000	0	0
Total	**10**	**3**

Note 4.4 Exit packages: other (non-compulsory) departure payment

	2017/18 Agreements Number	2017/18 Total value of agreements £000
Exit payments following employment tribunals or court orders	1	5
Total	**1**	**5**

	2016/17 Agreements Number	2016/17 Total value of agreements £000
Exit payments following employment tribunals or court orders	1	2
Total	**1**	**2**

Note 4.5 Early retirements due to ill health

	2017/18 £000	2017/18 Number	2016/17 £000	2016/17 Number
Number of early retirements on the grounds of ill-health		3		6
Value of early retirements on the grounds of ill-health	134		421	

Note 4.6 Analysis of termination benefits

	2017/18 £000	2017/18 Number	2016/17 £000	2016/17 Number
Number of cases		0		0
Cost of cases	0		0	

Note 5 Finance income

	2017/18 £000	2016/17 £000
Interest on bank accounts	60	29
Interest on other investments / financial assets	50	163
Total	**110**	**192**

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 payable amounted to £579,000 (2016/17: £610,000). This is interest due on the following loans taken from the DHSC.

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	9,000	1,000	48
20 June 2016	20 Years	20,000	0	2,104	17,896	366
19 September 2016	8 Years	16,000	0	2,000	14,000	165
		46,000	**0**	**13,104**	**32,896**	**579**

The unwinding of discount on provisions amounted to £3,000 (2016/17 £8,000).

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2017/18 or 2016/17.

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 £4,744,000 (2016/17: £3,677,000), which is 3.5% of the year's average relevant net assets of £184,533,000 (2016/17 : £178,208,000) less average daily cleared cash balance £48,970,000 (2016/17: £73,081,000) at 3.50%.

Note 6.3 Losses and special payments

NHS Foundation Trusts are required to record cash and other adjustments that arise as a result of losses and special payments. These losses to the 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 123 (2016/17: 140) separate losses and special payments, totalling £125,000 (2016/17: £245,000). 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 2017/18

	Total	Software licences	Asset under construction
	£000	£000	£000
Valuation / gross cost at 1 April	**19,701**	**10,748**	**8,953**
Additions – purchased / internally generated	**9,086**	1,335	7,751
Additions – donation of physical assets (non cash)	**12**	12	0
Reclassifications	**72**	16,556	(16,484)
(Impairment) / revaluations	**(9,271)**	(9,271)	0
Gross cost at 31 March	**19,600**	**19,380**	**220**
Accumulated amortisation at 1 April	**7,419**	**7,419**	**0**
Provided during the year	**837**	837	0
Reclassifications	**87**	87	0
Amortisation at 31 March	**8,343**	**8,343**	**0**

The brought forward and in year additions for asset under construction primarily relate to the electronic patient records system. Following completion of the system the asset was reclassified from asset under construction to a software licence. The capital cost to develop and implement the software was £16,617,000. An impairment review found the fair value of the asset to be £7,346,000 leading to an impairment of £9,271,000.

An impairment review of the electronic patient records system was required as the capital costs incurred to bring the asset did not represent the fair value of the asset in use. It was not possible to secure an independent assessment of the fair value of the asset so the asset has been impaired to the value of the direct software charges.

Note 7.2 Intangible assets 2016/17

	Total	Software licences	Asset under construction
	£000	£000	£000
Valuation / gross cost at 1 April	**13,756**	**9,472**	**4,284**
Additions – purchased / internally generated	**5,551**	727	4,824
Reclassifications	**212**	367	(155)
(Impairment) / revaluations	**182**	182	0
Gross cost at 31 March	**19,701**	**10,748**	**8,953**
Accumulated amortisation at 1 April	**6,444**	**6,444**	**0**
Provided during the year	**817**	817	0
Reclassifications	**158**	158	0
Amortisation at 31 March	**7,419**	**7,419**	**0**

Note 7.3 Intangible assets financing

	2017/18 £000	2016/17 £000
Net book value		
Net book value – purchased at 31 March	11,245	12,279
Net book value – donated at 31 March	12	3
Net book value at 31 March	**11,257**	**12,282**

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).

The electronic patient records system is a material asset within the trusts intangible assets balance. The closing net book value of the asset was £7,346,000 which will be amortised over the life of the service contract which expires on 31 January 2025.

Note 8 Property, plant and equipment

Note 8.1 Property, plant and equipment 2017/18

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	**243,855**	**16,095**	**150,865**	**1,972**	**4,725**	**51,476**	**61**	**18,268**	**393**
Additions – purchased	**9,630**	0	2,868	0	3,305	1,679	0	1,778	0
Additions – donations of physical assets (non cash)	**786**	0	0	0	0	786	0	0	0
Impairments charged to operating expenses	**(12,211)**	(2,223)	(9,988)	0	0	0	0	0	0
Impairments charged to revaluation reserve	**(8,957)**	0	(8,525)	(432)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**6,718**	0	6,718	0	0	0	0	0	0
Reclassifications	**(72)**	0	4,931	0	(6,951)	(1,099)	0	2,997	50
Revaluations	**23,781**	131	23,650	0	0	0	0	0	0
Disposals	**(4,084)**	0	0	0	0	(3,852)	(18)	(173)	(41)
Valuation/Gross cost at 31 March	**259,446**	**14,003**	**170,519**	**1,540**	**1,079**	**48,990**	**43**	**22,870**	**402**
Accumulated depreciation at 1 April	**52,593**	**0**	**15**	**12**	**0**	**38,433**	**54**	**13,826**	**253**
Provided during the year	**10,287**	0	5,675	37	0	2,458	1	2,105	11
Impairments charged to operating expenses	**(165)**	0	(165)	0	0	0	0	0	0
Revaluations	**(5,419)**	0	(5,381)	(38)	0	0	0	0	0
Reclassifications	**(87)**	0	(13)	0	0	(146)	0	71	1
Disposals	**(3,944)**	0	0	0	0	(3,714)	(17)	(172)	(41)
Accumulated depreciation at 31 March	**53,265**	**0**	**131**	**11**	**0**	**37,031**	**38**	**15,830**	**224**

Note 8.2 Property, plant and equipment financing 2017/18

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	**201,716**	14,003	166,991	1,529	1,079	10,931	5	7,040	138
Donated	**4,465**	0	3,397	0	0	1,028	0	0	40
Net book value at 31 March	**206,181**	**14,003**	**170,388**	**1,529**	**1,079**	**11,959**	**5**	**7,040**	**178**

No assets were held under finance leases and hire purchase contracts at the SoFP date (31 March 2017: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2017: £nil).

There are no restrictions imposed by the donors on the use of donated assets.

Note 8.3 Property, plant and equipment 2016/17

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April	**221,167**	**16,862**	**129,015**	**1,968**	**9,992**	**46,655**	**61**	**16,327**	**287**
Additions – purchased	**29,512**	0	3,509	0	21,433	3,060	0	1,510	0
Additions – donations of physical assets (non cash)	**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
Valuation/Gross cost at 31 March	**243,855**	**16,095**	**150,865**	**1,972**	**4,725**	**51,476**	**61**	**18,268**	**393**
Accumulated depreciation at 1 April	**46,364**	**0**	**9**	**0**	**0**	**34,270**	**53**	**11,780**	**252**
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
Accumulated depreciation at 31 March	**52,593**	**0**	**15**	**12**	**0**	**38,433**	**54**	**13,826**	**253**

Note 8.4 Property, plant and equipment financing 2016/17

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - Purchased	**188,632**	16,095	148,630	1,960	4,725	12,638	7	4,442	135
Donated	**2,630**	0	2,220	0	0	405	0	0	5
Net book value at 31 March	**191,262**	**16,095**	**150,850**	**1,960**	**4,725**	**13,043**	**7**	**4,442**	**140**

Note 9 Inventories

	31 Mar 18	31 Mar 17
	£000	£000
Consumables	3,329	2,977
Drugs	3,177	1,549
Buildings and engineering	82	144
Total	**6,588**	**4,670**

31 March 2017 theatre consumables (£1,859,000) and other consumables (£1,118,000) are now disclosed as consumables (£2,977,000).

Note 10 Receivables

Note 10.1 Trade receivables and other receivables

	31 Mar 18	31 Mar 17
	£000	£000
Current		
Trade receivables – NHS	21,029	14,443
Trade receivables – Non NHS	0	126
Accrued income	1,463	503
Provision for impaired receivables	(885)	(676)
Prepayments	3,318	2,117
Interest receivable	9	2
PDC dividend receivable	0	68
VAT receivables	418	326
Other receivables	5,101	4,183
Total	**30,453**	**21,092**
Non-current		
Other receivables – revenue	1,254	893
Total	**1,254**	**893**

Note 10.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April	**676**	**770**
Increase in provisions	1,168	675
Amounts utilised	(45)	(182)
Unused amounts reversed	(914)	(587)
Total	**885**	**676**

Note 10.3 Analysis of impaired receivables

	2017/18	2016/17
	£000	£000
Ageing of impaired receivables		
0 – 30 days	1	49
30 – 60 days	7	26
60 – 90 days	17	10
90 – 180 days	90	39
Over 180 days	770	552
Total	**885**	**676**
Ageing of non-impaired receivables		
0 – 30 days	22,436	14,501
30 – 60 days	535	932
60 – 90 days	434	173
90 – 180 days	470	490
Over 180 days	1,045	932
Total	**24,920**	**17,028**

2016/17 analysis has been revised to meet the requirements of IFRS 7 (Financial Instruments: Disclosures) to exclude injury cost recovery scheme (£2,446,000). In total £5,902,000 non-financial instruments are no longer included in the 2017/18 position. These include prepayments (£3,318,000), provision for impaired receivables (£885,000), injury cost recovery scheme receivable (£3,051,000) receivables and VAT receivable (£418,000).

Note 11 Trade and other payables

	31 Mar 18	31 Mar 17
	£000	£000
Current		
Trade payables – NHS	8,195	10,051
Trade payables – Non NHS	3,269	3,036
Capital payables - NHS	150	0
Capital payables - Non NHS	3,291	2,955
Other taxes payable	5,255	4,934
PDC dividend payable	173	0
Accrued interest on DHSC loan	100	116
Other payables	2,812	1,892
Accruals	16,690	19,099
Total	**39,935**	**42,083**

Note 12 Other liabilities

	31 Mar 18 £000	31 Mar 17 £000
Current		
Other deferred income	5,741	6,396
Non-current		
Other deferred income	0	577

Note 13 Borrowings

	31 Mar 18 £000	31 Mar 17 £000
Current		
Loans from DHSC (capital loans)	4,052	4,052
Other loans (non DHSC)	0	38
Total	**4,052**	**4,090**
Non-current		
Loans from DHSC (capital loans)	28,844	32,896
Total	**28,844**	**32,896**

Note 14 Provisions

Note 14.1 Provisions for liabilities and charges

	Current 31 Mar 18 £000	Current 31 Mar 17 £000	Non-current 31 Mar 18 £000	Non-current 31 Mar 17 £000
Equal pay (including agenda for change)	822	1,990	0	2,191
Other	489	372	3,070	4,325
Total	**1,311**	**2,362**	**3,070**	**6,516**

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 Resolution, NHS Business Services Authority and NHS Pensions and have previously been reported in legal claims.

As at 31 March 2018 £267,264,000 is included in the provisions of NHS Resolution in respect of clinical negligence liabilities of the NHS foundation trust (31 March 2017: £168,289,000).

Note 14.2 Provisions for liabilities and charges analysis 2017/18

	Total	Equal pay (including agenda for change)	Other
	£000	£000	£000
At 1 April 2017	**8,878**	**4,181**	**4,697**
Change in the discount rate	**46**	0	46
Arising during the year	**273**	0	273
Utilised during the year – cash	**(280)**	0	(280)
Reversed unused	**(4,539)**	(3,359)	(1,180)
Unwinding of discount rate	**3**	0	3
At 31 March 2018	**4,381**	**822**	**3,559**
Expected timings of cash flows:			
-not later than one year	**1,311**	822	489
-later than one year and not later than five years	**3,070**	0	3,070
Total	**4,381**	**822**	**3,559**

Note 15 Revaluation reserve movement

Note 15.1 Revaluation reserve movement – 2017/18

	Total revaluation reserve £000	Revaluation reserve – intangibles £000	Revaluation reserve – property, plant and equipment £000
Revaluation reserve at 1 April	55,089	74	55,015
Net Impairments	(8,957)	0	(8,957)
Revaluations	29,200	0	29,200
Revaluation reserve at 31 March	**75,332**	**74**	**75,258**

Note 15.2 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
Net Impairments	(3,112)	0	(3,112)
Revaluations	8,603	24	8,579
Revaluation reserve at 31 March	**55,089**	**74**	**55,015**

Note 16 Cash and cash equivalents

Note 16.1 Cash and cash equivalents

	2017/18	2016/17
	£000	£000
At 1 April	**50,366**	**66,227**
Net change in year	(24,720)	(15,861)
At 31 March	**25,646**	**50,366**
Broken down into:		
Cash at commercial banks and in hand	19	11
Cash with the Government Banking Service	25,627	50,355
Cash and cash equivalents as in SoFP and SoCF	**25,646**	**50,366**

Third party assets held by the NHS foundation trust at 31 March 2018 were £3,000 (31 March 2017: £3,000).

Note 16.2 Pooled budgets

The NHS foundation trust is not party to any pooled budget arrangements in 2017/18 or 2016/17.

Note 17 Contractual capital commitments and events after the reporting period

Note 17.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £2,278,000 (31 March 2017: £6,851,000). The NHS foundation trust has capital commitments for a number of capital strategy schemes such as the improvements works to the maternity block.

Note 17.2 Other financial commitments

Other financial commitments at the reporting date were £9,051,000 (31 March 2017: £10,496,000). The NHS foundation trust has financial commitments for the ongoing support and maintenance charges for the electronic patient records system..

Note 17.3 Events after the reporting period

There are no events after the reporting period to disclose.

Note 18 Contingent liabilities / assets

There are no contingent liabilities or assets as at 31 March 2018 (31 March 2017 Contingent liability: £0).

Note 19 Related party transactions

Note 19.1 Related party transactions

The NHS foundation trust is a public interest body authorised by NHSI, 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 2017/18 has been compiled in accordance with the requirements of the Constitution of Bradford Teaching Hospitals NHS foundation trust.

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

	Income £000	Expenditure £000
Value of transactions with other related parties 2017/18		
Charitable fund	748	0
Non-consolidated joint ventures	129	7,125
Total as at 31 March 2018	**877**	**7,125**
Value of transactions with other related parties 2016/17		
Charitable fund	405	0
Non-consolidated joint ventures	0	1,137
Total as at 31 March 2017	**405**	**1,137**

	Receivables £000	Payables £000
Value of balances with other related parties 2017/18		
Charitable fund	649	0
Non-consolidated joint ventures	187	64
Total as at 31 March 2018	**836**	**64**
Value of balances with other related parties 2016/17		
Charitable fund	129	0
Non-consolidated joint ventures	0	0
Total as at 31 March 2017	**129**	**0**

In line with the DHSC interpretation of IAS 24 related parties the NHS foundation trust only collect details of transactions and balances with bodies or persons outside of the whole of government accounts boundary.

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. Neither Integrated Pathology Solutions, or Integrated Laboratory Solutions hold 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 2017/18 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	(282)	724	(663)
Integrated Pathology Solutions LLP	(1,785)	38	(1,152)
Total	**(2,067)**	**762**	**(1,815)**

The combined loss of £2,067,000 therefore means the NHS foundation trust has not reflected any entries in the statement of comprehensive income for 2017/18.

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 DHSC 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 18	31 Mar 17
	£000	£000
Assets as per SoFP at 31 March		
Trade and other receivables excluding non-financial assets – with NHS and DHSC bodies	21,029	14,443
Trade and other receivables excluding non-financial assets – with other bodies	4,776	3,262
Cash and cash equivalents at bank and in hand	25,646	50,366
Total	**51,451**	**68,071**

2016-17 Trade and other receivables excluding non-financial assets – with other bodies has been restated from £5,707,000 to £3,261,000 to exclude receivables under the injury cost recovery scheme as they are not classified as financial instruments as defined by IAS 32 financial instruments.

Note 23.2 Financial liabilities by category

	31 Mar 18	31 Mar 17
	£000	£000
Liabilities as per SoFP at 31 March		
Borrowings excluding finance lease and PFI liabilities	32,896	36,986
Trade and other payables excluding non-financial liabilities – with NHS and DHSC bodies	8,345	10,051
Trade and other payables excluding non-financial liabilities – with other bodies	26,162	27,098
Provisions under contract	931	5,356
Total	**68,334**	**79,491**

All financial liabilities fall within "other financial liabilities".

2016-17 Trade and other payables excluding non-financial liabilities – with other bodies has been restated from £32,032,000 to £27,098,000 to exclude other taxes payable to HMRC as they are not classified as financial instruments as defined by IAS 32 financial instruments.

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 18	31 Mar 17
	£000	£000
In one year or less	39,490	43,232
In more than one year but not more than two years	3,052	7,415
In more than two years but not more than five years	9,156	9,156
In more than five years	16,636	19,688
Total	**68,334**	**79,491**

Financial liabilities maturing in one year or less as at 31 March 2017 have been restated from £48,166,000 to £43,232,000 to exclude other taxes payable to HMRC as they are not classified as financial instruments as defined by IAS 32 financial instruments.

ACRONYMS

CCG	Clinical Commissioning Group
CQUINS	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
DHSC	Department of Health and Social Care
EU	European Union
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
ICTA	Income and Corporate Taxes Act
IFRIC	International Financial Reporting Interpretations Committee
IFRS	International Financial Reporting Standards
NEST	National Employment Savings Trust
NHS	National Health Service
NHSI	National Health Service Improvement
PbR	Payment by Results
PDC	Public Dividend Capital
SoCI	Statement of Comprehensive Income
SoCF	Statement of Cash Flows
SoFP	Statement of Financial Position
VAT	Value Added Tax
WTE	Whole Time Equivalents