Bradford Teaching Hospitals NHS
NHS Foundation Trust

Annual Report and Accounts 2010/11

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

Bradford Teaching Hospitals NHS Foundation Trust

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Chairman and Chief Executive's Welcome

It has been yet another successful year at the Foundation Trust, thanks to the enormous hard work of all our staff, volunteers and members.

We have built on the progress made in previous years, ensuring that our hospitals stay at the very forefront of excellence in patient care.

In the fast-moving world of healthcare, our aim is to keep pace with the latest improvements and innovations for the benefit of the community we serve.

By drawing upon the pool of talent that exists among our staff, volunteers and members, we are well-placed to meet such a challenge. As testified by the pages that follow, the past year has created a strong platform on which to continue to move forward – always changing; always improving.

In summary, it was a year in which more of our patients were treated more quickly, and more safely, in more modern facilities.

Like the rest of the region, the year witnessed unprecedented demand for acute services with adverse winter weather. Despite this, the Foundation Trust continued to meet the challenges which we faced thanks to the efforts of staff and our successful planning and implementation of winter and business continuity plans.

Our staff seasonal flu vaccination campaign was again hugely successful in 2010/11 and uptake increased to 51.1% this year – an increase of 21.1% on the previous year and the second highest in the Yorkshire and Humber region.

Our performance against a wide range of key performance standards has continued to be good. Our excellent performance to reduce MRSA and *Clostridium difficile* infection rates in both of our hospitals has continued, with incidences dramatically reducing.

Central to this success has been the work carried out by everyone connected with the Foundation Trust in ensuring that preventing healthcare associated infections remains a key focus for all of us. As a direct result, there has been continued reduction in Trust-attributable MRSA bacteraemia (from 16 cases in 2008/09 to 7 cases in 2009/10 and 3 cases 2010-11 to date) and Trust-attributable Clostridium difficile cases (from 154 cases in 2008/09, 99 cases in 2009/10 and 86 cases in 2010/11) have continued to fall.

This year our registration with the Care Quality Commission (CQC), the health and social care regulator for England continued without any conditions and on April 1, 2011, we will add the four new community hospitals which we have inherited from NHS Bradford and Airedale to our portfolio.

The last year has seen our successful patient safety initiative, the SAFE! Campaign, take place across our organisation as the Foundation Trust makes a continuous and sustained drive to improve the care of acutely unwell patients The campaign's goals are to ensure that we stay on the leading edge of patient safety and quality care. The campaign will continue into the new financial year in a bid to create and spread best practice, provide high quality care and create safer hospitals for our patients.

The independent national health research organisation, Dr Foster, yet again named the Foundation Trust as having one of the lowest mortality rates in the country, ranking us in the top five hospitals with "significantly low" mortality rates. The guide also ranked Bradford Hospitals in the top 10 for patient safety.

These outcomes and initiatives compliment a raft of other improvements to patient care that characterised 2010/11 as a year of success.

The modernisation of our hospital estate, particularly at Bradford Royal Infirmary, continued apace and saw out-dated accommodation replaced with modern, purpose-built facilities.

As part of the Trust's commitment to capital programme works, our ward refurbishments continued with the introduction of a new, enlarged stroke unit on ward 9. The £400,000 renovation means the unit can now cater for up to 23 patients, instead of the previous 14. Three new partitions and more single side rooms have been added to give patients greater privacy and new wet rooms for patients with disabilities have increased accessibility. Each bed is now serviced by an over-bed track hoist facility which means that patients can be lifted in and out of bed easily. Over the past five years, we have strived to modernise patient facilities and eliminate mixed-sex wards. We have continued this work even further in 2010/11, by making sure that the MAU (medical admissions unit) met single sex accommodation requirements and there have also been refurbishments of ward 18 & 24.

Work on another much-anticipated flagship project will begin soon as 2010/11 saw the official go-ahead being given to the introduction of a new £800,000 midwife-led Birth Centre which will see the Trust expanding its service as part of the national Maternity Matters strategy. The seven birthing rooms and two birthing pool rooms will be converted from part of the labour ward and a new two-storey extension will accommodate ancillary rooms and a new hi-tech accessible delivery room.

Major redevelopment of out-patients west and the vascular department, as well as a new renal dialysis unit at the BRI has ensured that our patients experience healthcare in new, updated environments.

Other key service developments have included the appointment of additional Consultants in a number of specialties; the permanent transfer of acute patients from St Luke's Hospital to the BRI and the installation of a new £1 million replacement Magnetic Resonance Imaging (MRI) scanner which will produce faster, more in-depth information. The machine will also offer MRI-guided breast biopsy, a technique to aid the diagnosis of breast cancer which is not widely available in the UK.

Research – the lifeblood of high quality healthcare – has also reached unprecedented levels across the Foundation Trust, thanks to the establishment of the Bradford Institute of Health Research's (BIHR) raised profile on the national and international clinical stage.

Our grant income has increased to £4.8 million which has exceeded all our expectations, while BIHR has become the second biggest recruiter of patients to research studies in the region. A new £2.2 million extension to the Institute's base at Temple Bank House was also opened by the Government's Chief Medical Officer Professor Dame Sally C Davies this year.

Monitor, the Independent Regulator of NHS Foundation Trusts, has yet again given us the highest possible 'green' rating in all four quarters of 2010/11 which is a sustained position from last year's performance. This is another signal of the improvements we are making and we are determined to maintain this rating as part of the ongoing assessment of our governance arrangements.

The Foundation Trust is working hard to improve its sustainability. We have implemented a Sustainable Development Strategy which focuses on long-term environmental improvements across the organisation. We are working with the Carbon Trust and have established a Carbon Management Programme with a 20% reduction target by 2014/15 on 2007/08 levels. Since 2007 the Foundation Trust has secured £4.1m in funding from Salix for large energy saving schemes such as de-steaming St Luke's Hospital and for smaller projects such as energy efficient car park lighting. These efforts appear to have reaped rewards as in 2010/11 we have reduced carbon emissions 9.9% from 2007/08. Big improvements have been made in waste management with the adoption of a zero-to-landfill policy and we have seen the overall recycling rate increase from 41% in 2009/10 to 46% in 2010/11.

In total, Foundation Trust membership remains around 50,000 which is the third biggest in the country. We are delighted to involve so many members of our community in the way their hospital services are shaped. Each member plays an important part in our future success.

For those of you who want more regular news and involvement, please visit www.bradfordhospitals.nhs.uk – or join around 50,000 other people with an interest in healthcare and become a member of our Foundation Trust.

David Richardson
Chairman

Miles Scott
Chief Executive

Board of Directors' Report

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

We became a Foundation Trust on April 1 2004 – among the very first in the NHS to do so - and employ just over 5,200 staff, serving a population of around 500,000. We also have the third-largest membership base in the country.

We currently operate over two sites; the Bradford Royal Infirmary provides the majority of inpatient services, and St Luke's Hospital, which is centered around the modern Horton Wing, providing outpatient and rehabilitation services.

Bradford Royal Infirmary has 854 beds and is also home to one of the busiest A&E departments in the country, with more than 100,000 attendances each year. Its maternity unit is also one of the NHS's busiest, delivering more than 6,000 babies.

St Luke's Hospital has 55 beds and houses a variety of outpatient clinics and day case facilities.

On April 1, 2011, we welcomed staff from Bradford and Airedale Community Health Services (BACHS) who joined the Foundation Trust as part of the government's re-organising of the NHS. We also took over the running of four community hospitals: Westwood Park, Westbourne Green, Shipley Hospital and Eccleshill Community Hospital.

As a teaching hospital, the Foundation Trust is at the forefront of research and development in healthcare. This promotes a culture of learning and professional development that ensures that all doctors, nurses and other healthcare professionals practice the highest clinical standards.

The last few years has seen us being named as among the very safest hospitals in the NHS.

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

Chair

Mr David Richardson

Non-Executive Directors

Mr Richard Bell
Mr Chris Jelley
Mr John Bussey
Mr John Waterhouse

Professor David Cottrell (University of Leeds representative)
Professor Grace Alderson

Executive Directors

Mr Miles Scott – Chief Executive
Mr Bryan Millar – Director of Finance
Prof Clive Kay – Medical Director
Ms Sally Ferguson – Chief Nurse
Dr Dean Johnson - Director of Planning and Performance

Foundation Trusts were created under the Health and Social Care (Community Health and Standards) Act 2003 and are regulated by Monitor, the Independent Regulator of NHS Foundation Trusts. Therefore, we are not performance managed by our local Strategic Health Authority (SHA).

The Foundation Trust started 2010/11 with a number of significant financial risks, which have been managed effectively through the delivery of our financial position.

We have a corporate risk register that sets out potential risks about meeting our targets and objectives. Our Governance Committee regularly reviews this register.

As an organisation that has a large environmental, social and economic footprint within the local community, the Foundation Trust is committed to the principles of sustainable development. We are actively implementing a Sustainable Development Strategy and are working with the Carbon Trust to implement a Carbon Management Programme. The programme will deliver greater resource efficiency and lower carbon patient services. Our carbon champion campaign aims to improve the awareness of energy saving with staff and with the public.

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

Statement of Compliance with the NHS Foundation Trust Code of Governance

The Foundation Trust is committed to high standards of corporate governance and meets all the main principles of the NHS Foundation Trust Code of Governance.

Monitor issued a Code of Governance for NHS Foundation Trusts in 2006 which set out recommendations for the Governance for each Foundation Trust, by a comply or explain ruling, this is now mandatory to declare within the publication of the Annual Report as from 2007/08. A revised version was issued in the Summer of 2010.

At its March 2011 meeting, our Board of Directors once more formally reviewed the Code of Governance by Monitor to consider the Board's position regarding compliance to the principles of the Code.

The Board paper outlined the headings for disclosure to the Code, with the full description to support the evidence for compliance, and gave full details of the present system in place and the action required to support full compliance.

The Board of Directors can confirm that the Foundation Trust complies with the Code of Governance with the exception of the following element, which has a supporting explanation.

(i) Appointment of Non-Executive Directors

With regard to the re-appointment of David Richardson (Chairman), Chris Jelley (Senior Independent Director) and Richard Bell (Chair of the Audit Committee), the Board of Governors felt the interests of the Foundation Trust would be better served by continuity than by such significant turnover at a critical period.

Operating and Financial Review

Enhancing Patient Care

The last 12 months have seen unprecedented levels of investment and we have continued to carry out mass refurbishment of wards, alongside redeveloping some of our receptions and patient waiting areas across the hospitals to help develop our services and continue to improve patient care.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our organisation. We have delivered substantial and meaningful reductions in the number of patients who are now sharing sanitary or sleeping accommodation with members of the opposite sex. Continual modernisation of the BRI site has eliminated the hospital's remaining 'Nightingale' wards and we have replaced out-dated accommodation and equipment with the very best that is available.

Wards 4, 9, 18 and 24 have all been refurbished with partitions added to give patients greater privacy and single sex toilet and bathing facilities newly created. Work on renovating ward 23 has also started. Over the past five years we have spent more than £2.8 million updating our facilities for patients and enhancing their care.

The refurbished wards are lighter, brighter and more modern and this has a very positive effect on staff, patients and visitors. The refurbishment has also given us the opportunity to streamline storage, making it easier for the cleaners to clean which all helps in the fight against infection.

A number of other actions have been taken to enhance patient care and ensure that patients are treated with privacy and dignity whilst receiving care at our hospitals. An 'Improving the Patient Experience Group' is overseeing a number of workstreams across the organisation and developing action plans to improve the experience of patients and enhance their care.

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

- The installation of the new £1 million MRI scanner and a £500,000 re-modelling of the imaging corridors between the Trust's two scanners.
- A new stroke unit which can now cater for up to 23 patients instead of the previous 14.
- A new dialysis unit for renal patients based at the BRI
- A new £125,000 heart scanner which will help save patients' lives in the city. The money for the new 3D echocardiograph was raised when the Telegraph and Argus newspaper teamed up with the British Heart Foundation for the Beating Hearts in Bradford campaign. Other money was given through donations, legacies and a £20,000 contribution from the Foundation Trust.
- A new £530,000 dedicated outpatient facility has been developed at the BRI. The unit has been split into two sections – one side deals with Oncology and Haematology patients while the other is a Vascular and Wound Healing Unit. This new redevelopment has enabled both services to spread their clinics over five days ensuring patients receive improved quality and consultation time. Staff are also more able to respond to individual patient needs in a more timely and responsive way.

Acute Surgery

Improving patient safety has been the Acute Surgery Directorate's top priority over the last 12 months. This has been delivered through strong medical and nursing leadership in conjunction with the successful implementation of the SAFE! Campaign.

We have also continued to advance in surgical capacity being one of only two Early Rectal Cancer Centres in the region and a leading National Laparoscopic Training Centre, which attracts Surgeons from all over the North of England.

These areas have been complemented by a research partnership with the Yorkshire Cancer Network to review colorectal cancer pathways. Furthermore, we have formed a 'vascular network' in partnership with Airedale Foundation Trust and Calderdale and Huddersfield NHS Foundation Trust. This has enabled us to meet national standards of excellence and provide 24-hour surgical and interventional radiology services for the local population.

We remain dedicated to innovation in practice and this year we have successfully implemented a new procedure, Radiofrequency Ablation of Barretts Oesophagus. As the only Trust in West Yorkshire providing this, we are able to offer suitable patients a daycase treatment as an alternative to major upper gastrointestinal surgery. This reduces complications and facilitates early recovery.

Finally, we are committed to facilitating care closer to patient's homes and have piloted a community Hepatitis C clinic in partnership with the drugs service and also implemented an Andrology service for our male urology patients.

Anaesthesia

The Directorate of Anaesthesia has made significant progress against its plans to deliver the corporate strategy during the year. Once again the work has focussed upon ensuring tangible improvements in the safety, quality and productivity of the services we deliver to patients.

In delivering best quality and safety of care this year the Directorate of Anaesthesia introduced a consultant-led pre-operative assessment service. This has helped minimise the risks of surgery for patients undergoing the most complex operations or those who have co-morbidities that means they are at increased risk during an operation. A test has been introduced to identify patients at the highest risk, this has enabled anaesthetists and surgeons to inform patients accurately of the benefits and risks of surgery and make the necessary plans for before, during and after the operation to ensure the best possible outcomes.

The Directorate continued its upgrade scheme of the Foundation Trust's operating theatres to deliver modern fit for purpose facilities. During 2010-11 theatres 5 and 6 had a full refurbishment, which has resulted in much more pleasant surroundings for patients and staff, and importantly made marked improvements to the storage, security and cleanliness of the areas.

Critical Care have continued to work incredibly hard to ensure they have now not had an MRSA blood stream infection for more than 800 days and have achieved the stringent target set for *Clostridium difficile* infections. During December and January this year the Critical Care unit saw a large increase in the number of patients critically unwell due to complications from flu. Staff worked superbly to ensure our service was able to care for all these patients as well as minimising the effect on elective surgical admissions.

The Directorate has implemented fully integrated nursing medical management teams to ensure staff on the ground can take timely, responsible decisions in relation to their services. These teams are important to the on-going success of the Directorate and will be working hard to make sure all staff have had a good quality appraisal and development plan so that we are best placed for the year to come.

Cancer Services

During 2010/11 the Directorate has focussed on changing pathways to improve the quality of care for patients and their families. The majority of chemotherapy in oncology is now delivered as a day-case procedure which has allowed us to reduce the beds on ward 15 by three. Selected patients can now receive their chemotherapy at home at a time convenient to them.

Patients who have regular admissions due to recurrent fluid in their abdomen are now fitted with a permanent drain. This allows the patient to drain a small amount of fluid off each day at home, thereby preventing admission to hospital. For some patients this is particularly significant when they are nearing the end of their life as valuable time can be spent at home with their family rather than in hospital.

Equipment is a key aspect of delivering safe, high quality patient care and funding has been secured to buy new syringe drivers and an electronic prescribing system for chemotherapy.

A fourth haematologist has been appointed, enabling the team to sub-specialise which will improve the running of clinics and the recruitment of patients into clinical trials.

The Directorate has taken a lead role in two important aspects of patient care across the Trust – 'venous thromboembolism prevention' and 'do not attempt cardio pulmonary resuscitation'. As a result the Trust has consistently achieved the national target of 90% of adult inpatients being risk assessed for venous thromboembolism. The do not attempt cardio pulmonary resuscitation work has meant liaising with other organisations within Bradford and Airedale to ensure the policy is consistently implemented and the documentation is standardised.

Head and Neck

This year has seen the Directorate establish a new theatre transfer team which has led to improved efficiency, increased productivity and cost savings by improving the flow of patients and creating better utilisation of theatre sessions. The team's introduction has also cut down unnecessary delays to the start times of operations.

Surgical expertise has been expanded in 2010/11 with the appointments of a locum plastic surgeon and two locum ophthalmologists. These new positions have helped reduce outpatient and inpatient waiting times.

A third orthodontic therapist has now joined the department. This allows for maximum use of the three-room surgery as well as enabling an increased number of patients to be seen and the service to meet the demands of the 18-week target from referral to treatment.

The appointments of a second research nurse, a clinical trials assistant and a clinical trials co-ordinator within the Head and Neck Cancer Team has helped increase participation in clinical trials which the majority of our patients find extremely beneficial, both to their treatment and recovery.

Ward 18 was refurbished during 2010/11 as part of the Foundation Trust's commitment to capital programme works. Partitions have been added to give patients greater privacy and single sex toilet and bathing facilities have been created.

To meet the Directorate's drive to improve the patient experience and environment, an upgrade also took place of the ENT / Eye department's outpatients' reception area.

Imaging

Over the past 12 months we have enhanced patient care by replacing out-dated equipment with more modern alternatives. In our capital replacement programme we replaced four out-dated ultrasound machines in the maternity service.

Thousands of patients will benefit from the latest technology after we installed one of the world's most advanced Magnetic Resonance Imaging (MRI) scanners at the beginning of the year. The £1million scanner will allow us to significantly increase our diagnostic accuracy, offering faster and more in-depth information on up to 30 patients a day.

In addition to this the MRI facility itself was redesigned and now has a discrete patient waiting and recovery area. The patient's journey to the scanners also received a boost after Yorkshire artist, Ian Beesley, was commissioned by the Friends of the BRI to provide artwork to the corridor which links the Trust's two MRI scanners.

The unit was officially opened in November by Martin Wainwright, the northern editor of *The Guardian* newspaper.

Works have started to improve patient waiting and reception areas in Medical Physics. These improvements will be completed before the end of the financial year and will greatly improve facilities for patients attending this area of Imaging.

The changes implemented last year by Clinical Engineering in relation to how they organise and plan their workload have resulted in the team being fully up to date with their planned maintenance programme. In recognition of their hard work and success in managing hospital equipment the Clinical Engineering team were runners up in the Foundation Trust Team of Year.

The on-site PET-CT mobile service provided at Bradford Royal Infirmary became part of the national contract for PET-CT services in November 2010, this links the service at Bradford with services provided in the rest of Northern England.

The Radiation Protection Service relocated to St. Luke's in the summer of 2010, this has freed up space in the Medical Physics department which will be used in the future for the development of the static PET-CT unit.

A second consultant Radiologist with an interest in head and neck radiology was appointed in 2010 and took up his post in September. This greatly improves the resilience of the radiology service with regard to the provision of specialist head and neck radiology.

A third consultant radiologist with an interest in musculo-skeletal radiology will take up his post in February 2011, this will assist the Directorate and Foundation Trust in keeping pace with increasing demand for this specialist area of Radiology.

The Directorate has also trained a sonographer to undertake ultrasound guided joint injections to further supplement the musculo-skeletal service and a radiographer has begun training to undertake fluoroscopy guided hip injections.

The breast screening service has maintained screening and round-length targets throughout the year and the Directorate has been working closely with commissioners on a plan to implement extension of the breast screening service to cover a wider age range and to implement digital breast imaging.

The Radiation Protection service, Clinical Engineering service and Breast Screening service all achieved ISO accreditation in 2010, the certificates were awarded during the AGM week of events.

Medicine

Accident and Emergency Department

The winter of 2010 saw unprecedented demand on our Acute medical and Accident and Emergency departments while the seasonal flu pressures continued to add to the challenge of achieving targets.

Throughout this period, and indeed the whole year, staff continued to work extremely hard to maintain a high-quality service at all times.

Patient flow throughout A&E underwent a pathway redesign with a change to how ambulance patients transfer through the department and the opening of a new Minor Injuries Unit.

A rapid assessment area for seriously ill and injured patients was also established. All these changes have been implemented to help A&E staff cope with the winter pressures and days when attendances have risen to more than 400 patients.

The Trust has recently subscribed to the regional Trauma network (TARN) which means we now upload data on major trauma cases and will soon start to get information back from the regional database.

The directorate also introduced the revolutionary new Alere Triage point of care machine to A&E and ward 4 (the medical admissions unit) which helps diagnosis and more rapid treatment of heart attack patients.

The testing analyser carries out two blood tests 90 minutes apart and indicates whether or not a person has had a heart attack. If blood levels are raised, the patient is transferred immediately to the Trust's cardiac ward for further treatment – bypassing the old system which meant a 12-hour wait on ward 4 before a blood test could be carried out. The new machine also means patients can be discharged more quickly.

The A&E electronic patient tracking system has been improved to include diagnostic coding displays and General Practitioners now receive A&E discharge letters electronically, speeding up communication between the Hospital and Primary care sector.

Acute Medicine
Ward 24 underwent an £80,000 renovation this year and is now a 12-bed Infectious Diseases (ID) unit. This will improve care for patients and allow for increased single side room accommodation.

A new Outpatient and Home Parental Antibiotic Therapy (OHPAT) Service introduced this year means GPs can now refer patients direct to the clinic where they will receive treatment more quickly and efficiently.

The OHPAT scheme, which is currently being trialled on the BRI's ward 4 and in the community, delivers medication to patients with soft tissue and long standing infections on an outpatient or at-home basis.

During 2010 the medical assessment unit on ward 4 received a £180,000 renovation and now boasts 22 beds plus a special eight bed accelerated and review treatment area.

A cardiology outreach service at Addingham has also been introduced and expanded this year, improving care closer to patients' homes.

The Chronic Obstructive Pulmonary Disease (COPD) pathway has been reviewed in response to district-wide work on long term conditions. The pathway has extended to include A&E attendances, so patients with COPD now start on the pathway before admission on to the wards.

Elderly Care
Staff successfully secured funding for a new hospital scheme aimed at improving the clinical environment and experience of Bradford's dementia patients.

We were one of just 12 organisations throughout the UK to win a £50,000 grant from The King's Fund 'Enhancing the Healing Environment' Programme, which is funded by the Department of Health. The Trust also gave a further £15,000 towards the programme and this Spring refurbishments will take place on ward 29 and ward 23.

Orthopaedics

The Directorate has successfully reviewed, redesigned and improved the Trauma Outpatient pathway to achieve a better outpatient trauma clinic allocation system, improved patient flow and a better patient experience. In 2010/11 the directorate also implemented an effective skill mix review for outpatient department nursing staff to ensure that the service was adequately staffed and appropriately skilled. A successful pilot of the nurse-led telephone discharge scheme has also been completed and final plans are being made for directorate-wide implementation.

The reorganisation of the directorate's medical secretaries has been undertaken and this service has been successfully streamlined and standardised. Efficiency and productivity gains will be realised from this effort.

The Directorate has continued to successfully implement the Safety Action Review initiative across the specialty's 3 ward areas. Regular auditing, reporting and monitoring have resulted in measurable positive impact on patient outcomes and experience. The ward staff teams have continued to positively engage in this process and this good practice has been shared with other directorates.

Orthopaedics has successfully appointed locum consultants into the Upper Limb and Joint Replacement consultant vacancies to ensure continuity of service while recruitment into the substantive post is progressing.

The directorate has maintained short lengths of stay for inpatients, however there are aspirations to further reduce the length of stay for some elective and non-elective patients via the Early Supported Discharge Scheme working alongside the Therapy directorate. This initiative has received NHS Bradford and Airedale funding for a six month pilot which started in January 2011 and will be evaluated and reported on once completed.

Orthopaedics, in conjunction with the Plastics department, has started reviewing the hand trauma service's patient pathway in an effort to improve quality and patient experience.

The forthcoming refurbishment of ward 23, which is scheduled to begin in April 2011, aims to improve the patient environment and experience. Staff will also benefit from the environmental upgrades.

Women and Children's

The last 12 months have been another year of success for the Women and Children's directorate. We continued to achieve all of our waiting list targets and infection control targets and are projected to achieve financial balance.

There have been a number of additions to the consultant team with replacements for long-serving staff members who retired this year. The safeguarding team has also been strengthened with the appointment of a named doctor who will start employment later this year. The safeguarding policy has been revised and the training programme further developed.

The gynaecology team are committed to supporting work at the Independent Sector Treatment Centre (ISTC) and the Transforming Community Services Agenda will allow further development of Gynaecology and Paediatric services when we take responsibility for the children's community nursing teams and GPs with special interests in gynaecology from April 2011.

The paediatric team have continued to work on improving the acute child pathway and have implemented the Wheezy Child Pathway as a result of involvement in the NHS Institute Rapid Improvement Programme. Their work earned them the top prize at the city's Inspiration Awards hosted by NHS Bradford and Airedale.

In addition, the directorate is currently piloting the implementation of observation beds in an effort to speed up assessment and reduce length of stays and un-necessary hospital admissions. Rapid access

clinics have also been implemented and work with NHS Bradford and Airedale has commenced to implement a service providing intravenous (IV) antibiotics at a patients' home, saving them a journey to hospital.

We have participated in the Picker Survey for paediatric services which is a patient satisfaction questionnaire designed for children looking at outpatient and inpatient services.

The neonatal unit has maintained an excellent record in infection control with no MRSA or bacteraemias. It has also implemented a new inpatient data management system.

During the year the maternity service launched a direct midwife booking facility and work has focussed on improving customer satisfaction. The national maternity survey results from 2010 were encouraging and show a positive improvement year on year.

The women's and newborn unit also saw its 50th water birth, was highly commended by the All-Party Parliamentary Group on Maternity and consultant midwife, Alison Brown, walked away from the Royal College of Midwifery Awards with a national prize for innovative homebirth workshops which are carried out in the community.

Electronic discharge letters have been implemented in maternity and further development of the eClipse information system has taken place. CNST level 1 was achieved for the maternity service within the year.

Various areas have undergone refurbishment including ward 12 and paediatric outpatient waiting areas. We have also invested £20,000 in the re-fit of the labour ward reception area.

This year also saw the green light being given to a new £800,000 midwife-led Birth Centre which will see the Trust expanding its service as part of the national Maternity Matters strategy. Work is due to begin in April 2011 on the seven new birthing rooms and two new birthing pool rooms which will be converted from part of the labour ward.

Safeguarding Children

The Trust has continued to strengthen the safeguarding team and has appointed a named Doctor who will take up position in April 2011.

The membership of subgroups for the Safeguarding Children Board has been reviewed in light of appointments to the safeguarding team and changes in staff within the organisation and the membership of the Trust Safeguarding Children Steering Group has been reviewed to ensure Trust-wide representation.

The Safeguarding Children Policy and associated procedures have been fully revised in light of the publication of Working Together to Safeguard Children 2010.

Training continues to be promoted through face-to-face sessions and e-learning as well as individual sessions provided at specialty level. There continues to be 95% training compliance at level one and systems to capture training electronically at the higher levels are being developed. Key staff have received supervision training and a policy for staff supervision is being developed and will be complete by March 2011.

A newsletter is published twice yearly as a means of updating staff between mandatory training sessions.

The Trust complies with all its statutory responsibilities in terms of safeguarding children.

Developing Our Health Research Role

The Bradford Institute for Health Research (BIHR) has now firmly established itself as a national and internationally recognised centre of excellence for health research.

Since its inception in 2006, when it formed a unique partnership between the primary and secondary care NHS Trusts in Bradford and Airedale and the universities of Bradford, Leeds and York, it has received more than £10m in external research grants, with £9 million of NIHR programme grants in the last two years.

Research grant income has increased to £4.8million in 2010/11 which has exceeded all our expectations, while BIHR has become the second biggest recruiter of patients to research studies in the region, if not the country.

This year has been another incredibly successful year for the organisation which is based in the grounds of the BRI.

March saw the opening of the new £2.2 million extension to the Institute's base at Temple Bank House by the Government's Chief Medical Officer Professor Dame Sally C Davies. The building's official launch took place on the same day as the Institute's inaugural conference where invited visitors, academics and clinicians got the opportunity to hear about the world-class and pioneering work being undertaken by the ever-growing band of researchers.

The ground-breaking Born in Bradford (BiB) study that will follow the lives of thousands of babies over the next 20 years has also experienced another successful year. Recruitment into the study finally ended on Christmas Eve, 2010, with an amazing 13,000 babies enlisted to take part in the research. The end of recruitment closes one very big chapter for the study. The next stage will involve using the huge wealth of data which has been collected to help answer important medical research questions.

Other high-profile public health research programmes include stroke and elderly care, maternal and child health, and studies which directly contribute to improved patient care in a range of areas including diabetes, genetics, cancer and wound care.

Other pioneering research will see patients give direct feedback to health professionals to improve safety, with the experiences of those who have suffered clinical errors being used to train junior doctors across the country.

Bradford Teaching Hospitals continues to be the hub for the Yorkshire and Humber Health Innovation & Education Cluster (HIEC) which is the largest of the 17 nationally-funded initiatives combining the expertise of the NHS, universities and people who work in the private sector. This initiative makes Bradford Teaching Hospitals NHS Foundation Trust and the NHS in the Yorkshire and Humber region international leaders in the development and introduction of best practices and technologies in healthcare.

Education and Training

As a teaching hospital, the Foundation Trust provides clinical placements for Leeds Medical School and a range of healthcare students from the University of Bradford. The education department also supports the educational needs of over 5,000 staff.

The past 12 months have heralded another year of success for Bradford Teaching Hospitals' staff as Doctors Alex Brown and Beccy Bardgett, along with the clinical education team, collected three of the top five prizes at the Clinical Teaching Excellence Awards at the University of Leeds' Institute of Medical Education.

Delivering quality education and training to all staff is a key corporate objective and improved facilities will help further strengthen our reputation as a nationally recognised centre of educational excellence.

We are in the process of developing two new training facilities within Field House at Bradford Royal Infirmary. Together, the Technical Skills Laboratory and the Simulation Centre will improve the way in which medical staff, healthcare professionals from a range of disciplines and ancillary staff are trained.

The Technical Skills Laboratory was completed in March 2011 and consists of a laboratory dedicated to the use of tissue in medical and resuscitation training. An associated seminar room provides opportunities for teaching and is also equipped with dental simulators providing additional training opportunities. A number of nationally recognised Ear Nose and Throat courses, using temporal bones, are being delivered from this new modern purpose-built facility. There are also further opportunities to support training in advanced surgical techniques across a range of other surgical and dental specialties.

The simulation centre will be available from May 2011 and has been designed to deliver a range clinical skills and mandatory training, including:

- A simulated four-bedded bay with a ceiling hoist above one of the beds
- An operating theatre/anaesthetic room with viewing glass for observation/feedback
- Examination clinic & room

This new facility will incorporate video and networking capabilities to allow training to be captured for feedback purposes. It will also be used as a platform for national testing of information technology prior to introduction into clinical practice.

Corporate Improvement Portfolio

In the current economic climate, continually finding better ways to provide high quality patient care in a more efficient way is an essential part of everybody's role, wherever they work in the NHS. In the Foundation Trust, the Corporate Improvement Portfolio (CImP) is our framework for supporting key elements of our services to achieve this through working in more innovative ways.

The CImP is led by the CImP Board, which is a group that meets monthly and is made up of the following members:

- Miles Scott, Chief Executive (Chair)
- Bryan Millar, Director of Finance
- Sally Ferguson, Chief Nurse
- Dean Johnson, Director of Planning & Performance
- Pat Campbell, Director of Human Resources
- Sihem Bounoua, Head of Service Improvement
- Brent Walker, Chief Information Officer
- Claire Risdon, Assistant Director of Finance (Service Improvement)
- Donna Thompson, General Manager for the Medical Director's Office (on behalf of Prof Clive Kay, Medical Director)
- Angela Grange, Trust Lead for Innovation

There are a range of improvement projects and programmes that are currently part of the CImP. Each initiative is led by a team of staff from relevant clinical and non-clinical services and aims to deliver benefits to quality and productivity through redesign of systems, processes and workforce. These initiatives are:

Acute Care Programme

This was established to review existing acute care service delivery and to identify opportunities for delivering quality and productivity benefits through redesigning acute patient pathways.

E Rostering

The aim of an electronic staff rostering system is to ensure that the right staff are scheduled to work in the right place, at the right time. It also saves time manually developing rotas. The system is currently being rolled out to nursing staff across the Trust, supported by an implementation team and the service improvement team. The system will then be implemented for medical and other staff.

Outpatients Improvement Programme

This has been established to implement a series of enabling projects to improve outpatient capacity and productivity whilst improving patient experience. The programme has already demonstrated productivity improvements in the central patient administration and outpatient nursing functions through processing an additional £0.9m of income using additional resources.

Psychology Waiting Times.

This project has redesigned working processes and patient pathways in psychology to address capacity issues and reduce waiting times. The team have developed their knowledge and skills in relation to lean thinking, have restructured the department and have pooled inpatient demand to reduce waiting times for patients. Cancellations for outpatient appointments have also reduced from 20% to 15%.

Service Line Reporting

Service Line Reporting will allow the Trust to measure profitability based on the service lines it offers rather than at an aggregated level for the Directorate/ organisation. The benefits this brings allow the Trust to increase productivity by providing the relevant financial information to managers and clinical staff and therefore allowing them to make more informed decisions and manage performance at a more granular level.

Patient Level Costing information will be fully validated and available for Directorate/ Trust wide use from Quarter 1 of 2011/12.

Think Glucose

Think Glucose is a National Initiative developed through collaboration between The National Institute for Innovation and improvement alongside NHS Diabetes. Think Glucose provides Trusts with a tested model with which to improve the care, outcomes and experience of people with diabetes admitted to hospital with non-diabetes related problems. A Think Glucose project nurse has recently been appointed to lead the project, supported by a project board of staff and patient representatives.

Transforming Surgical Pathways

This project is focused on driving best value, efficiency and quality across surgical pathways within the Foundation Trust. The programme is led by the department of Anaesthesia and is made up of multiple work streams, each with its own constituent projects. Key achievements to date include an increased utilisation of theatre capacity in Head and Neck and Urology through improved team working between surgeons, theatres and the wards, the identification of £260k savings via a more standardised use of equipment and consumables and the administration of topical anaesthetic drops by Ophthalmic surgeons during cataract operations so freeing up valuable Anaesthetist time to be used where it is really needed.

Workforce Productivity Programme

The Workforce Programme aims to equip directorates/services with tools, skills and information to configure a workforce that provides the best care to patients in the least wasteful way. The programme has delivered comprehensive workforce dashboards for services so that they can better understand and manage their workforce, and Trust wide skills development in workforce redesign. Internal and external benchmarking of our workforce has also been undertaken to identify any opportunities for improvement. A Trust wide review of our secretarial and administration resource commenced in January 2011 to

identify opportunities for improvements to quality of service, staff training and development and utilisation of resources in this area.

Service Improvement Team

The service improvement team provides enabling support to all services in relation to service improvement, change management, project/programme management and our £50 million QIPP challenge. Around 50% of the team's time is spent on CImP commissioned work, and 50% on non CImP work (i.e. direct requests for support from services or individuals). In addition to Trust wide initiatives, the Service Improvement team are supporting teams from across the Foundation Trust with a wide range of local improvement initiatives.

In addition to supporting the CImP work above, some specific activities of the team have included:

- Development of an innovative solution to transform the delivery of face to face language interpreting within the Foundation Trust, through the use of video and call centre technology. The business case for this project has now been completed and has been submitted for consideration.
- Design and development of the Trust's planning approach to cost improvement.
- Design and implementation of a new recruitment system to manage and report on Trust recruitment electronically.
- Detailed benchmarking analysis produced for cancer sites to identify areas for reducing unnecessary patient bed days in hospital.
- Development of a transformation map to link our long and short term development activity to our corporate strategy.
- Development of workforce dashboards by Directorate to provide useful information for services to understand and manage their workforce productivity.
- Funding of a nurse to work alongside the team to project manage a pathway redesign project in the Paediatric Assessment Room.
- Introduction of centralised management of referrals and waiting lists in Community Paediatric Services.
- Intensive support with planning and implementation of the first phase of roll out of E-rostering to clinical areas, and measurement of the benefits of the system.
- Co-ordination and development of the Clinical Systems Improvement programme, delivered in house by Warwick Business School.
- Provision of a dedicated programme manager for Transforming Surgical Pathways.
- Support and coaching to Directorates with planning and delivering local quality and productivity improvements.
- Coaching, training and team development, e.g. gastro unit, labour ward, maternity patient administration team, trust management development programme.
- Training and development for business managers on the use of external benchmarking tools.
- Improvement coaching support to the Training and Action in Patient Safety programme.

Clinical Governance

The Clinical Governance Department operates out of the Medical Director's Office and provides a range of services that support continuous quality improvement within the Foundation Trust

The Medical Director is supported in delivering the clinical governance agenda by Dr Robin Jeffrey, Deputy Medical Director, Clinical Governance, Dr Harry Ashurst, Associate Medical Director, Clinical Governance, Donna Thompson, General Manager, Medical Director's Office and Stephanie Loveridge, Clinical Governance Manager.

Within each Specialty there is a Clinical Governance Lead. Typically a senior Clinician, the Clinical Governance Lead is expected to ensure the delivery of Clinical Governance within their area of responsibility. Each Directorate has a Clinical Governance Support Officer. Their role is to facilitate

clinical governance within the Directorate and work closely with the Clinical Governance Lead. The central Clinical Governance Department directs clinical governance activity across the Foundation Trust.

The central Clinical Governance Department has several key roles:

- Education: The department has a pivotal role in the assimilation and dissemination of new national guidance including that produced by the National Institute for Health and Clinical Excellence (NICE) and regulatory requirements. There is a programme of clinical audit training provided by the central department. This currently runs quarterly and is available to all staff.
- National clinical audit: The department supervises the national clinical audit programme within the Foundation Trust and ensures participation in all mandatory national clinical audits.
- Compliance: The department is responsible for ensuring compliance with regulators on aspects relating to quality and safety.
- Policy: The department is responsible for Trust-wide policy documents in relation to clinical governance.
- SAFE! Campaign: The department has a leadership role in the Foundation Trust's SAFE! Campaign.
- Safer Patients Network: The Foundation Trust is a member of the Safer Patient Network, a national, member led, sustaining network which developed from the Safer Patient Initiative. The Safer Patient Network is supported by the Health Foundation and the Institute for Health Improvement. The Foundation Trust has representation on the strategic leadership and operational leadership committees of the Safer Patient Network.
- Performance Management: Clinical Governance is performance managed through the performance framework which is led by the Director of Planning and Performance with input from the Clinical Governance Department. The Clinical Governance Department also has a role in influencing the content of the annual plans to ensure that quality and safety has the same importance as performance and finance.
- Revalidation: The department is responsible for ensuring future systems will be in place for revalidation for doctors.
- Board assurance: The department is required to provide Board assurance on all aspects relating to clinical governance.

In order to fulfil these key roles the Quality and Safety Review Committee was established under the chairmanship of Professor David Cottrell, University of Leeds. The Quality and Safety Review Committee was set up to ensure an integrated and co-ordinated approach to the management and development of quality and safety at a corporate level in the Foundation Trust.

There are quarterly meetings with the Clinical Governance Leads in order to provide direction and support for Directorates; these are chaired by the Deputy Medical Director, Clinical Governance.

A Clinical Audit Steering Group has also been established. The first meeting of this group will be in April 2011. This will provide greater assurance on the fulfilment of Directorate's high priority audit plans and the development of audit within the Foundation Trust. This group will also have lay representation.

These arrangements have continued to strengthen the governance of quality and safety within the Foundation Trust.

Improving Patient Experience

One important way in which the quality of care is measured is the speed with which a patient has his or her treatment. We continue to meet all parts of the 18-week referral to treatment target – and are committed to maintaining, and where possible, improving our performance in this area during 2011/12.

As part of improving the patient experience, we are committed to improving the privacy and dignity of our patients wherever possible and have made excellent progress in our plans to eliminate mixed sex accommodation during the year.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our organisation. Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen by exception, based on clinical need (for example where patients need specialist equipment or care such as in our intensive care unit, coronary care unit, or high dependency units).

The Foundation Trust's policy on *Dignity and Respect: Being Valued,* was initially developed in February 2011and underpins all elements of patient care. It also sets out how, by working in partnership with individual patients, their families and carers, we will ensure patients are treated with dignity and respect in order that their experience of our services are enhanced.

This policy outlines our commitment to providing high quality care for every patient at all times and work continues as part of the Dignity Working Group to address specific work streams to improve care to our patients. An example of this is the introduction of the "message in a bottle" scheme for patients with memory problems / dementia, providing them with a plastic container in which to record key medical details to improve communication when coming into hospital. This policy also reflects the pledges set out in the NHS Constitution and outlines the responsibility of staff in setting out specific principles of care. As part of improving the patient experience these include areas such individualised care planning, communicating with patients and carers, nutritional care, privacy and modesty and end-of-life care.

National and Local Challenges that Shape Our Future Planning

Our overall plans continue to be formulated within the context of national and local challenges. The drive towards improvement in quality and performance, whilst managing reduced growth in income, has led to a focus on inward investment in improvement in estate, productivity and performance. Robust cost improvement initiatives have been designed to help the organisation meet the financial challenges facing all public sector organisations.

Initiatives such as the establishment of the Corporate Improvement Board are aimed at positioning the organisation to deliver the requisite quality demanded from regulatory bodies, whilst maintaining performance improvement and programmes of cost savings.

Locally, commissioners are gearing up for a radical rethink of commissioning arrangements in response to the coalition government's proposals on restructuring of roles within the NHS. The newly emerging GP Commissioning Executive has started to operate in shadow form and will be supported to take over commissioning by the time primary care trusts such as NHS Bradford and Airedale disappear in 2013. The challenge for the Foundation Trust will be to understand more closely the modified priorities as described by our GP commissioners and to respond accordingly.

Work has been ongoing this year in relation to transforming community services with the overall intention of integrating a significant proportion of community based services with acute care organisations. More than 300 staff and a range of services were integrated into the Foundation Trust's operations on April 1, 2011. In the coming year we will look to transform these services in order to create smoother, more efficient pathways of care and improve our patients' experiences in the future.

There are recognised areas of high deprivation within the Bradford district and this is likely to generate increased pressure on local health services as the full impact of the recession plays out and unemployment rises.

In order to understand and prepare for potential pressures on our services key relationships with public health colleagues will be utilised, along with information analysis available through the recently established Public Health Observatory.

Modernising Our Facilities

We are determined to provide the most advanced healthcare in the most advanced facilities possible and, in addition to the projects outlined above, the transformation of our estate has continued during the last 12 months.

The official opening took place of the new £2.2 million Bradford Institute of Health Research extension at Temple Bank which is situated within the grounds of Bradford Royal Infirmary. Trust officials were delighted to welcome Professor Dame Sally C Davies, the Government's Chief Medical Officer, to launch the event. The new building will house 70 research staff from the universities of Bradford, Leeds and York and will to continue the Institute's growing reputation as a centre of excellence for world-class research.

The installation of the new £1 million MRI scanner also saw a £500,000 re-modelling of the imaging corridors between the Trust's two scanners. The patients' journey to their MRI scan also received a boost after Yorkshire artist, Ian Beesley, was commissioned by the Friends of the Bradford Royal Infirmary to provide artwork to the corridor which links the machines.

Modernising our outpatient facilities continued with the renovation of outpatients west and vascular services, as well as a new renal dialysis unit at the Bradford Royal Infirmary site. Theatres 5 & 6 have been modernised and major carbon reduction and energy efficiency improvements have been funded by the Carbon Trust's grant-aided funding scheme, including a new £700,000 heating system for the BRI Women's and Newborn Unit and £500,000 for additional insulation of the BRI roof.

As part of the Trust's commitment to capital programme works, our ward refurbishment programme has continued with the refurbishments of wards 4, 9, 18 and 24. Partitions have been added to give patients greater privacy and single sex toilet and bathing facilities have been created. Work on renovating ward 23 also began recently. Over the past five years we have spent more than £2.8 million updating our facilities for patients by modernising some of the remaining nightingale wards.

Education and Training facilities also received a boost with the opening for the new Field House skills facilities and simulation centre where medical students can experience life in operating theatres and consulting rooms before working with patients.

The High Sheriff of West Yorkshire, Richard Clough, unveiled a new £130,000 pharmacy robot at Bradford Royal Infirmary which aims to cut dispensing errors and free up staff to support patient care.

This year also saw the Foundation Trust outline plans to invest £75 million over the coming five years across our two sites, provided the Trust successfully delivers the three-year £50m efficiency programme while meeting expectations for generating income.

A £28 million ward block at the Bradford Royal Infirmary site is the biggest single project of an ambitious capital programme which aims to keep the organisation at the cutting edge of patient care and health service delivery. The new block will sit alongside one which opened at the end of 2008 and will also see the development of a new catering facility and a major upgrade of the hospital's rear entrance to improve accessibility and to incorporate new retail facilities such as shops and a café.

The board have agreed that work can start on a new midwife-led Birth Centre increasing our drive to provide top-class healthcare facilities for the people of Bradford.

Handling Complaints

In June 2010 a revised Complaints Policy was launched to strengthen compliance with legislation and Department of Health guidance, the main aim being to facilitate effective complaints handling at a local level and encourage organisational learning.

Although complaints are negative feedback, they provide a valuable and positive opportunity for us to learn from mistakes and bring about service improvements for our patients and service users. The policy includes a procedure for handling formal written and verbal complaints as well as a process for resolving those received informally via the Patient Advisory Liaison Service (PALS).

The main changes to policy have included

- Early resolution of complaints
- Grading of complaints
- Mechanism for learning from complaints, addressing themes and trends if they emerge during the year.
- Clearer roles and responsibilities of staff involved in complaints handling

The revised policy encourages staff responding to complaints to personally discuss the complaint with the complainant before beginning an investigation so that there is an opportunity to resolve the complaint at this early stage or clarify the points of complaint.

The practice of grading a complaint upon receipt and again upon resolution of the complaint has been introduced. Complaints are graded as low, moderate, high or extreme. Grading is necessary in order to determine the level of investigation and ensure that senior staff are involved as appropriate. Extreme complaints are investigated by managers from a directorate independent of that in which the complaint arises.

Lessons learned, service improvements and concerns arising from complaints, are shared across the Foundation Trust. For example, a monthly Complaints Steering Group chaired by a Non-Executive Director and attended by General Managers is a forum at which trends and themes of complaints are identified and addressed in order to improve the patient experience. The Risk Management Steering Group is a forum in which high and extreme complaints are tabled so that this information can be compared with risk incidents and claims made against the Foundation Trust, thereby building a clear picture of areas of greatest concern.

The revised policy also includes a process for auditing complaints, the process of handling complaints, and adherence to the complaints policy.

Table showing number of complaints received during the 6 month audit period.

Time period	Number of complaints received
Quarter 1 – April to June 10	77
Quarter 2 – July to Sept 10	91
Quarter 3 – Oct to Dec 10	116
Quarter 4 – Jan to March 11	130

Quality Account

Statement of Assurance from the Board

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

We have continued to make significant progress in reducing mortality rates so that they are lower than expected. The leading national health research organisation, Dr Foster, has again named the Foundation Trust as having one of the lowest mortality rates in the country, ranking us in the top hospitals with "significantly low" mortality rates. The guide also ranked Bradford Teaching Hospitals in the top 10 for patient safety.

The Quality and Safety Review Committee, established under the chairmanship of Prof David Cottrell (Non-Executive Director), has continued to build on its work during its first full year in existence. This group's purpose is to strengthen the management and development of quality and safety at a corporate level in the Foundation Trust.

The group also initiated the year-long SAFE! campaign to improve the care of acutely unwell patients and spread best practice throughout our organisation. The SAFE! campaign has proven to be very successful and is having real impact across the Foundation Trust, keeping patient safety at the forefront of healthcare in Bradford Teaching Hospitals.

It was also a year where staff continued to go the extra mile in providing excellent, ever-improving quality of care to ensure that a patient's treatment and the patient experience continues to improve. Likewise, 2010/11 represented another year where our hard work was recognised and celebrated at both national and regional level.

Our midwives won two national awards for their incredible contribution and drive in helping the women on Bradford have normal births and, later this year, work will start on a new Birth Centre increasing the top-class healthcare facilities on offer to the city's patients.

The founders and leaders of the Foundation Trust's Wound Care Unit, Peter and Kath Vowden, received recognition for their commitment, renowned expertise and delivery of outstanding service. Kath accepted the Wounds UK Key Contribution Award for her excellent work in clinical care, education and research, while Peter, an internationally-acclaimed wound care specialist and vascular surgeon, collected the Medilink Yorkshire and Humberside Beacon Award for his dedication.

A hospital team – consisting of Consultants Eduardo Moya and Felicity Todd, along with clinical nurse specialist Dawn Woodward - triumphed at the city's Inspiration Awards hosted by NHS Bradford and Airedale. The trio were named overall winners for their part in the district's rapid improvement programme for children and young people with acute asthma/wheeze. The innovative new care plan aims to reduce the risk of asthmatic and wheezy children in Bradford and Airedale being admitted to hospital.

Elderly care was earmarked for receiving a boost from The King's Fund Enhancing the Healing Environment Programme after the Foundation Trust was one of just 12 hospitals chosen for the scheme which will transform wards 23 and 29 and improve the environment and patient experience for those with dementia.

Year after year, we continue to invest in new equipment and the refurbishment of our existing wards to ensure that we continue to move with the times, never resting on our laurels, ever-improving. This year we created a new, enlarged stroke unit, a new renal dialysis unit and new outpatient facilities. We have also introduced one of the UK's most hi-tech MRI machines ensuring that we can provide MRI-guided breast biopsy, a technique to aid the diagnosis of breast cancer which is scarce in its provision in the UK.

Over the last 12 months we have continued to virtually eliminate mixed sex accommodation in all our hospitals. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Patients who are admitted to our hospitals only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms are close to their bed area.

Our excellent performance to reduce MRSA and C-Diff infection rates in both of our hospitals has continued, with incidences dramatically reducing in 2010/11. Central to this success has been the work carried out by everyone connected with the Foundation Trust in ensuring that preventing healthcare associated infections remains a key focus for all of us.

As a direct result, there has been continued reduction in Trust-attributable MRSA bacteraemia (from 16 cases in 2008/09 to 7 cases in 2009/10 and 3 cases 2010-11 to date) and Trust-attributable Clostridium *difficile* cases (from 154 cases in 2008/09, 99 cases in 2009/10 and 86 cases in 2010/11 to date) have continued to fall.

These outcomes and initiatives compliment a raft of other improvements to patient care that characterised 2010/11 as a year of success.

We were also included in the first wave of Trusts to be registered with the Care Quality Commission (CQC), the health and social care regulator for England. Our registration continued without any compliance conditions and in April 2011 we will add the four new community hospitals which we have inherited from NHS Bradford and Airedale to our portfolio.

Our continued CQC registration without any conditions is another important indicator of our performance in providing high quality services.

This report gives us the opportunity to update you on the progress that has been made in improving the quality of patient care and services that we provide. To the best of my belief, the information provided in our quality report is accurate.

Miles Scott
Chief Executive

Priorities for Improvement

Our priorities for improving quality in 2010/11 are focussed on the key areas identified within the NHS Next Stage Review – Patient Safety, Clinical Effectiveness, and Patient Experience.

We have identified our top priorities for clinical quality improvement to be:

Priority	Key Area	Description
Priority 1	Clinical effectiveness	To ensure that we are participating in all relevant National Clinical Audit and Patient Outcomes Programme (NCAPOP) national audits
Priority 2	Patient safety	To maintain and develop risk management processes to ensure compliance with the NHS Litigation Authority (NHS LA) risk management standards for Acute Trusts and Maternity services
Priority 3	Patient safety	To continue to reduce our healthcare acquired infection rate in relation to MRSA and *Clostridium difficile*

Priority 4	Patient experience	To ensure compliance with requirements for same sex accommodation
Priority 5	Patient experience/ Patient safety	To ensure lessons learned from complaints, serious incidents and risk incidents are translated into action across relevant areas of the Trust
Priority 6	Clinical effectiveness	To reduce the impact of hospital acquired pressure ulcers by ensuring that patients experience care that maintains or improves the condition of their skin and underlying tissues
Priority 7	Clinical effectiveness	To ensure compliance with requirements regarding Venous Thrombo Embolism assessments as part of our SAFE! campaign

Priority 1: To ensure that we are participating in all relevant NCAPOP national audits

Description of issue and rationale for prioritising

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a series of national clinical audits which are managed by the Healthcare Quality Improvement Partnership (HQIP) and funded by the Department of Health. It is a mandatory requirement that healthcare trusts participate in all relevant NCAPOP audits.

Participation in NCAPOP audits is used by the Care Quality Commission in its assessment of Trusts as part of the registration requirements. It also forms part of our contract with NHS Bradford and Airedale.

For 2010/2011 there are 29 national clinical audits on the NCAPOP list. The Foundation Trust is eligible to participate in 22 audits on this list.

Aim/Goal

To participate in 100% of appropriate NCAPOP audits.

Current status

The Foundation Trust is participating in 100% of applicable NCAPOP audits.

Current initiatives and actions taken in 2010/11

All applicable NCAPOP national audits have been included in Directorates' high priority clinical audit programmes. The high priority audits are performance managed through the quarterly performance reviews led by the Director of Planning and Performance, with information on audits supplied by the Medical Director's Office. Information has also been provided to Directorates by the Medical Director's Office on the regulation around clinical audit and the requirement to participate in all relevant NCAPOP audits.

New initiatives and actions to be implemented in 2011/12

Directorate high priority audit plans will continue to be performance managed through the performance framework. Information on the requirement to participate in NCAPOP audits will continue to be provided through the quarterly Clinical Governance Leads' meetings and through Clinical Directors and General Managers.

To strengthen assurance a Clinical Audit Steering Group is being set up to commence in April 2011. This group has representation from across the organisation and also from lay representation. The purpose of the group is to scrutinise the high priority audits to a greater degree and provide support and

guidance to Directorates by the clinical audit champions. A new IT system called 'Clinical Audit Online' will also be going live which will enable Directorates to manage the audits within their area, including participation in high priority national audits and subsequent recommendations. This will be supported by the publication of a revised 'Clinical Audit Policy'.

Priority 2: To maintain and develop risk management processes to ensure compliance with NHSLA risk management standards for Acute Trusts and Maternity services

Description of issue and rationale for prioritising

The NHS Litigation Authority (NHS LA) is a government body that handles negligence claims and works to improve risk management practices in the NHS. They assess organisations on a regular basis against set criteria that are recognised as good practice. The NHS LA has three Levels of achievement; Level 1 being the minimum standard and Level 3 being the ultimate standard to achieve. The NHS LA expects that written policies and procedures will be in place and that staff work within a structured framework.

It is very important that the Foundation Trust designs and manages its services so that all potential risks are minimised. Demonstrating compliance with the NHS LA Risk Management Standards gives the organisation assurance that patient care and the safety of the patient is at the heart of all we do.

Aim/Goal

To achieve and maintain level 2 assessment. This would give assurance that the organisation has in place processes for managing risks, as described in a suite of approved policies, and that we are able to evidence this.

Current status

The organisation has achieved Level 1 for both Acute Trusts and Maternity Services. The assessment confirmed that the organisation had approved documentation covering the criteria identified in the risk management standards for Acute Trusts and Maternity Services.

Current initiatives and actions taken in 2010/11

- Policies were reviewed and revised as necessary against new and existing standards;
- A document management system, Knowledge Tree, was developed in-house to allow specialties to provide documents which evidenced they were complying with the relevant policies across the Acute Trust;
- Data was collected and reviewed;
- Audits were established in Maternity services.

New initiatives and actions to be implemented in 2011/12

- New standards for Acute Trusts were issued by NHS LA which came in to effect 1 January 2011;
- All policies will be re-checked to identify that they are compliant with the recommendations within the new standards;
- The document management system will be amended in line with the changes in standards;
- New evidence manuals will be issued to wards and departments;
- A governance structure will be provided to identify if there are any areas of poor practice/compliance;
- Audit data will be collected and case notes reviewed;
- We will be assessed against Level 2 standards in both the Acute Trust and Maternity Services.

Priority 3: To continue to reduce our healthcare acquired infection rate in relation to MRSA and Clostridium difficile

Description of issue and rationale for prioritising

Complex health care leads to an increased vulnerability of patients to infection. Coupled with the emergence of infective agents which are resistant to antibiotics, this means that a strict code of practice for infection control needs to be in place which is monitored and regularly reviewed. Control of infection is a vital element of the overall risk management strategy within the hospital and surrounding community. It is also a key quality issue for patients, carers and the public.

Aim/Goal

To achieve and maintain the MRSA bacteraemia and *Clostridium difficile* case reduction targets. To maintain an approach to ensuring knowledge and understanding of infection prevention and control principles in all staff who are in contact with patients.

Current status

Cases of MRSA bacteraemia and *Clostridium difficile* cases are classified depending on duration of admission before the diagnosis is made. Those diagnosed within 48 hours of admission are likely to have been acquired outside the Trust and those more than 48 hours after admission are likely to have acquired their infection within the Trust (Trust apportioned).

Having reduced MRSA bacteraemias by 55% the previous year, we achieved a further reduction of 62% from a total of 21 (16 Trust apportioned) in 2008/9 to 8 (7 Trust apportioned) in 2009/10. In 2010/11 the total numbers have been maintained at 7 with a further reduction in Trust apportioned cases to 3. This is within the target set for 2010/11 of 5 Trust apportioned cases and can be seen in figure 1.

Figure 1

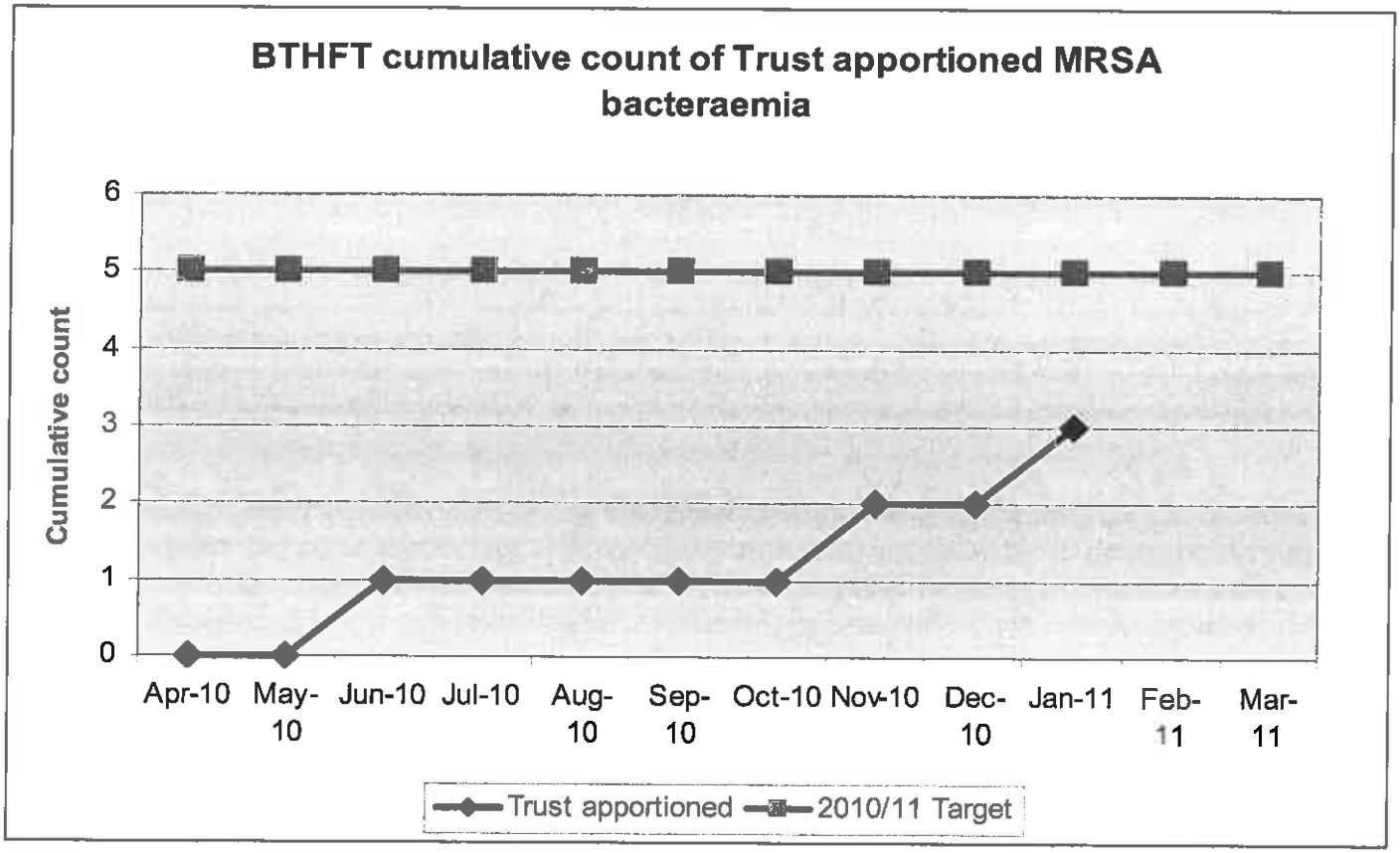
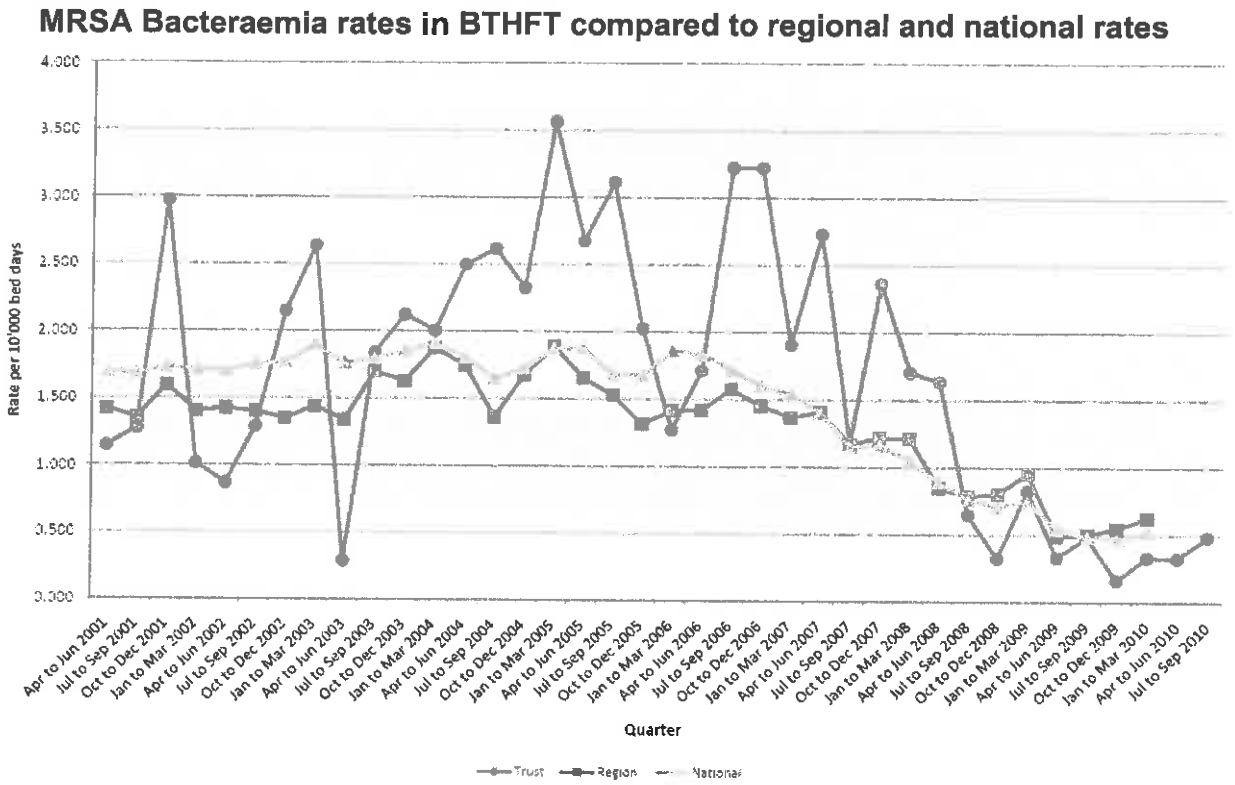


Figure 2 shows the MRSA bacteraemia rate per 10,000 bed days in the Trust compared to national and regional rates since 2001.

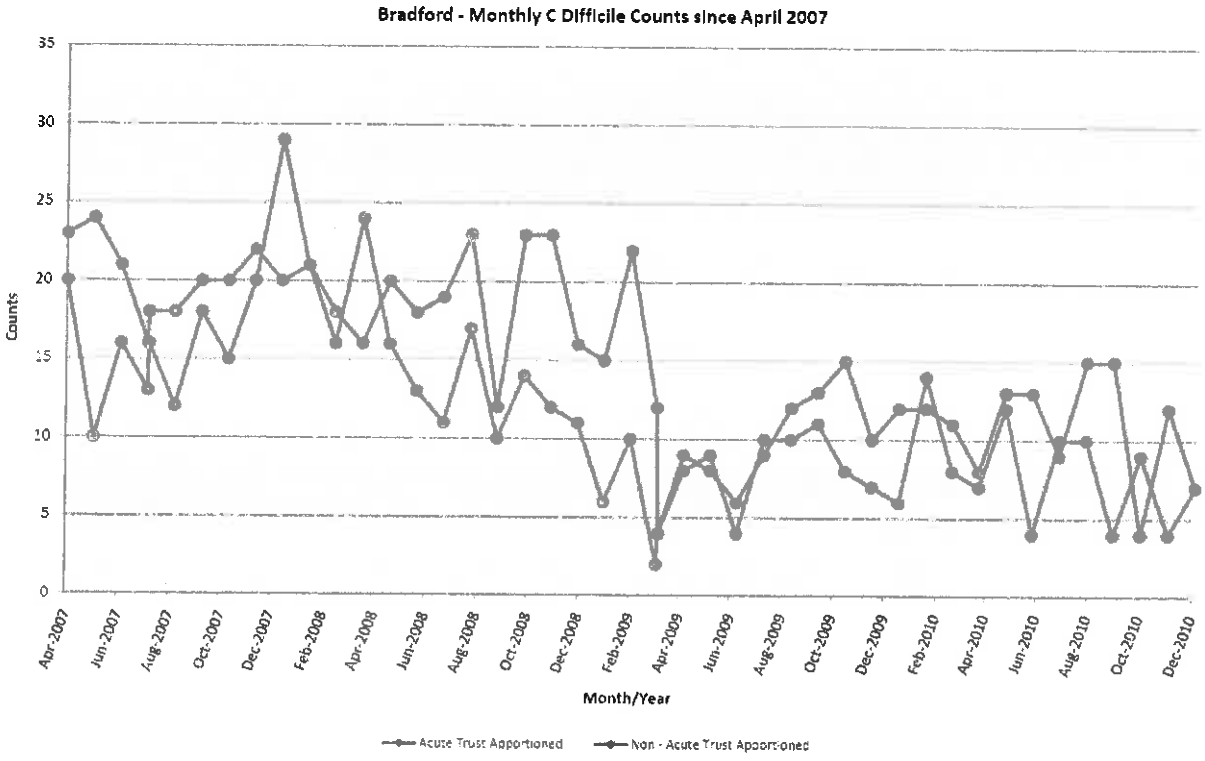
Figure 2



Case numbers of *Clostridium difficile* infection fell from 154 apportioned to the Trust in 2008/09 to 99 in 2009/10. In 2010/11 there has been a further reduction to 86 Trust apportioned cases.

Figure 3 shows the reduction in *Clostridium difficile* cases over time.

Figure 3



Current initiatives and actions taken in 2010/11

- Maintaining MRSA screening of all elective admissions in patient groups identified from Department of Health guidelines, by continual monthly monitoring with results displayed on a dashboard. Directorates report their dashboard performance to the Infection Prevention and Control Committee quarterly;
- Increasing MRSA screening from identified risk groups to all non-elective admissions monitored by monthly audits with development of local action plans to improve performance where necessary;
- Refining and continued reporting of hygiene spot checks and cleaning audits on a monthly basis. These are displayed on a dashboard to maintain high standards and Directorates report their dashboard performance to the Infection Prevention and Control Committee quarterly;
- Continuing root cause analysis (RCA) for all MRSA bacteraemia cases and Trust apportioned *Clostridium difficile* cases with actions to correct any deficiencies found. These are reported to the Infection Prevention and Control Committee monthly and to the Trust Board;
- Reviewing the protocol for surgical antibiotic prophylaxis to ensure appropriate cover for any patient colonised with MRSA, and to reduce usage of antibiotics which are at high risk of triggering *Clostridium difficile* infection;
- Maintaining an approach to ensuring that all staff in contact with patients know and understand infection prevention and control principles. All Directorates monitor staff attendance rates for mandatory training and report performance to the Infection Prevention and Control Committee quarterly.

New initiatives and actions to be implemented in 2011/12

- To continue to monitor performance of MRSA screening, hygiene spot checks, and continue root cause analysis of MRSA and *Clostridium difficile* cases;
- To review the antibiotic prescribing protocol for treatment of infection for adults and children and expand the restriction of antibiotics at high risk of triggering *Clostridium difficile* infection;
- To examine measures to reduce the numbers of catheter-associated urinary infections and surgical site infections to reduce the need for antibiotic treatment.

Priority 4: To ensure compliance with requirements for same sex accommodation

Description of issue and rationale for prioritising

Over the last 12 months we have made excellent progress in virtually eliminating mixed sex accommodation in all our hospitals. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Aim/Goal

To continue to ensure that provision of same sex accommodation is maintained across our organisation.

Current status

Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need (for example where patients need specialist equipment or care such as in our intensive care unit, coronary care unit, high dependency units).

Arrangements have been put in place to ensure that any instances of patients having been placed in shared accommodation only occur when it is in the overall best interest of the patient as described above.

Any breaches of this rule are remedied immediately and fully investigated to identify the cause, with an action plan being put in place to avoid any repetition of the problem.

Current initiatives and actions taken in 2010/11

- Refurbishment of the medical assessment unit (ward 4) has been completed, providing improved flexibility in maintaining same sex segregation through the installation of additional bays, and upgraded toilet and washing facilities;
- The upgrade of ward 9 (acute stroke unit) has provided additional single and double side rooms, with both upgraded and additional toilet/wet room facilities installed. This has improved access to designated single sex facilities and provided high quality facilities to meet the clinical needs of patients.

New initiatives and actions to be implemented in 2011/12

Provision of same sex accommodation will remain a high priority for the forthcoming year, with robust arrangements in place to monitor our achievement. We will also ensure that any ward refurbishment and new developments take patient privacy into consideration and improve our ability to provide same sex accommodation.

Priority 5: To ensure lessons learned from complaints, serious untoward incidents and risk incidents are translated into action across relevant areas of the Trust

Description of issue and rationale for prioritising

Keeping patients safe while in our care is a primary objective for the Foundation Trust. We encourage staff to report any incidents or near misses so that we can learn from them. The National Patient Safety Agency views high volumes of incident reporting to be good because it shows that staff are safety conscious and it allows lessons to be learned from incidents, even when no harm was caused.

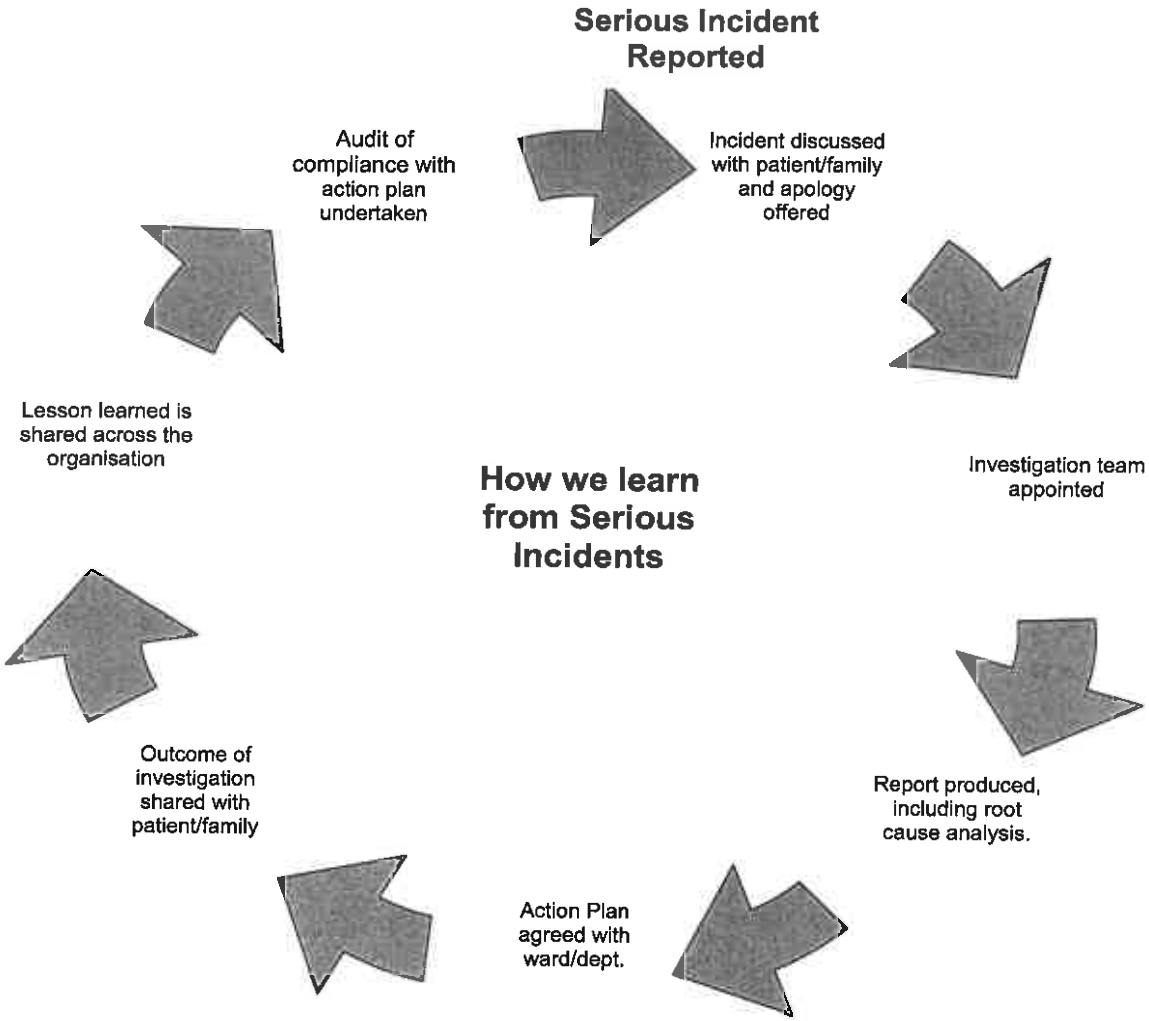
Aim/Goal

To increase the number of incidents, or near misses, that are reported. To ensure that learning from incidents and complaints is shared across the organisation, and to ensure that changes in practice occur as a result of the learning.

Current status

All incidents are reviewed by the Risk Management Team to ensure that the necessary action has been taken to prevent recurrence. Regular reports of incidents are provided for discussion at departmental/team meetings. Serious patient safety incidents are independently investigated as illustrated in Figure 4.

Figure 4



A report, which includes a root cause analysis and action plan, is produced and reported through a strict governance structure to the Board of Directors. Lessons learned are shared across the organisation.

Modelled on a similar process of learning from serious incidents, any feedback from patients via complaints is shared with each Directorate to ensure that practice is reviewed and the lessons are learned. Information from complaints is reviewed at a monthly meeting which has representation from all clinical specialties. All extreme complaints are subject to an independent investigation, the outcome of which is reported to the Board of Directors.

Current initiatives and actions taken in 2010/11

Our successful SAFE! Campaign was formally launched in May 2010 and focuses on the most significant areas of safety concern in the Foundation Trust. The individual campaign topics which are launched every month were highlighted through analysing the themes that emerged from serious incidents and complaints. All parts of the organisation are involved in implementing best practice and auditing outcomes. The campaign is charting a course for the future by creating real improvements and raising the bar for others to follow.

The goals of the SAFE! Campaign are to:

- ensure we stay on the leading edge of patient safety and quality care;
- establish new ways of working and create and adopt best practice;

- develop a community of patient safety and clinical champions;
- develop a set of action plans and outcome measures for each reference group;
- make measurable improvements in patient safety practices.

The end results of the SAFE! Campaign will be to:

- improve patient safety;
- create and spread best practice;
- provide high quality care;
- create safer hospitals.

A new Complaints Policy was introduced and this coincided with the re-structuring of the Complaints Steering Group, which is chaired by a Non-executive Director.

New initiatives and actions to be implemented in 2011/12

- The Serious Incident Reporting Policy will be reviewed and revised;
- An electronic risk reporting system will be rolled out so that staff can more easily report an incident, or near miss, from anywhere within the organisation;
- A summary of complaints will be provided to the Board of Governors and will therefore be available in the public domain;
- There are a number of collaborative projects on-going to reduce avoidable harm and enhance patient safety. They will each review their work to ensure that they are achieving their specific purpose;
- Part of the investigation process for incidents and complaints will be to identify if staff are complying with the SAFE! Campaign best practice topics.

Priority 6: To reduce the impact of hospital acquired pressure ulcers by ensuring that patients experience care that maintains or improves the condition of their skin and underlying tissues

Description of issue and rationale for prioritising

A pressure ulcer is "an area of localised injury to the skin and/or underlying tissue, usually over a bony prominence as a result of pressure or pressure in combination with shear (dragging)". Pressure ulcers are categorised according to severity, from category 1 to 4, with category 4 being the most severe.

Pressure ulcers cause considerable harm to patients, hindering functional recovery, frequently causing pain and the development of serious infections. Pressure ulcers have also been associated with an extended length of stay, sepsis and mortality.

As well as having a physical and psychological impact for patients there is an additional cost of caring for patients with pressure ulcers, which varies depending upon the grade of ulcer. Whilst not all pressure ulcers are preventable there is evidence to suggest that many could be prevented or the severity of them reduced.

Over recent years there has been an increased focus on the prevention of pressure ulcers, with guidance produced by the National Institute for Health and Clinical Excellence (NICE) in conjunction with the Royal College of Nursing (2005), and also by the European Pressure Ulcer Advisory Panel (2009).

Preventing pressure ulcers was also identified as one of the "High Impact Actions for Nursing", launched by the Chief Nursing Officer in 2010 as examples of high quality and cost effective care that, if adopted widely across the NHS, would significantly improve the patient experience.

Aim/Goal

To establish a Preventing Pressure Ulcers group to ensure that the district wide Pressure Ulcer Prevention and Management policy was translated into practice at ward level therefore improving care

and reducing the incidence of hospital acquired pressure ulcers. The group was established in January 2010 and is chaired by the Deputy Chief Nurse. Membership consists of Matrons and senior nurses from across the Directorates, as well as members of the Wound Care Team.

Current status

Table 1 outlines the comparative data on pressure ulcers gathered for the last 7 years:

Table 1

	2003	2004	2005	2006	2007	2009	2010
Number patients audited	776	712	714	695	625	660	604
Number at elevated risk	437	365	427	540	434	477	259
Prevalence	8%	9%	8.8%	10.1%	7.5%	8.9%	9.6%
Patients with acquired ulcers	4.5%	5.3%	6.0%	5.2%	5.3%	6.67%	3.64%
Patients with severe ulcers (G3&4)	-	-	12%	21%	19%	12%	22%
Patients with needs not met	-	-	9%	10.8%	15.2%	3.48%	5.63%

The figures demonstrate that:

- The prevalence figure has increased this year showing a gradual rise over the last 3 years;
- The numbers of patients with hospital acquired ulcers has dropped showing a significant percentage decrease 3.64%. Unfortunately the severity of the ulcers present in this population has risen and is currently at its highest level.

Current initiatives and actions taken in 2010/11

Achievements in the last year include:

- A Review and implementation of assessment and care planning documentation to improve accuracy of assessment and recording of care;
- Development and implementation of clearer guidance in relation to the selection of pressure relieving devices such as mattresses and seat cushions;
- Development of a patient information resource;
- Improvement in the reporting of pressure ulcers, through the development of a proforma to gather specific information to accompany the incident reporting form;
- Development, pilot and implementation of a root cause analysis (RCA) tool;
- Development of a process for tracking the completion of root cause analysis (RCA) and feedback on outcomes of RCAs to ensure learning;
- Promotion of a revised Pressure Ulcer Prevention and Management policy, through the establishment of a Link Nurse system.

New initiatives and actions to be implemented in 2011/12

Key areas of focus for this year include:

- Auditing practice to monitor the use of revised documentation;
- Ensuring the Link Nurse system is firmly embedded, with them taking responsibility for local education of staff and championing care;
- Ensuring that the process for learning lessons from RCAs and serious untoward incidents (SUIs) is firmly embedded into practice and arrangements are in place for wider sharing of the lessons learned;
- The establishment of nursing indicators including pressure ulcer incidence on a monthly basis by ward for Matrons/ Ward Sisters;
- Considering other methods of embedding good practice, such as the use of Safety Crosses (a tool used as part of the Productive Series);

- The establishment of Matron reports for nursing which will include progress on implementation of improvements in nursing practice including pressure ulcer prevention.

Priority 7: To ensure compliance with requirements regarding Venous Thromboembolism assessments as part of the SAFE! Campaign

Description of issue and rationale for prioritising

Venous Thromboembolism (VTE) is the development of a blood clot both in the legs or lungs that can cause long term health problems and in some instances death.

The risk of developing VTE depends on the condition and /or procedure for which the patient is admitted as well as risk factors such as age, obesity and other related health problems.

Whilst not all VTE's are preventable there is evidence to suggest that many could be prevented by prompt risk assessment and prophylactic treatment when required.

VTE risk assessment and prevention has been the focus of NICE clinical guidance (CG92) and because it poses a significant risk to patient safety it became one of the topics in the SAFE! campaign.

Aim/Goal

Each SAFE! topic is linked to a Reference Group made up from senior clinical leads. This group developed a project identifying best practice in relation to the NICE clinical guidance. The aim of this was to reduce the overall incidence of VTE across the Trust by:

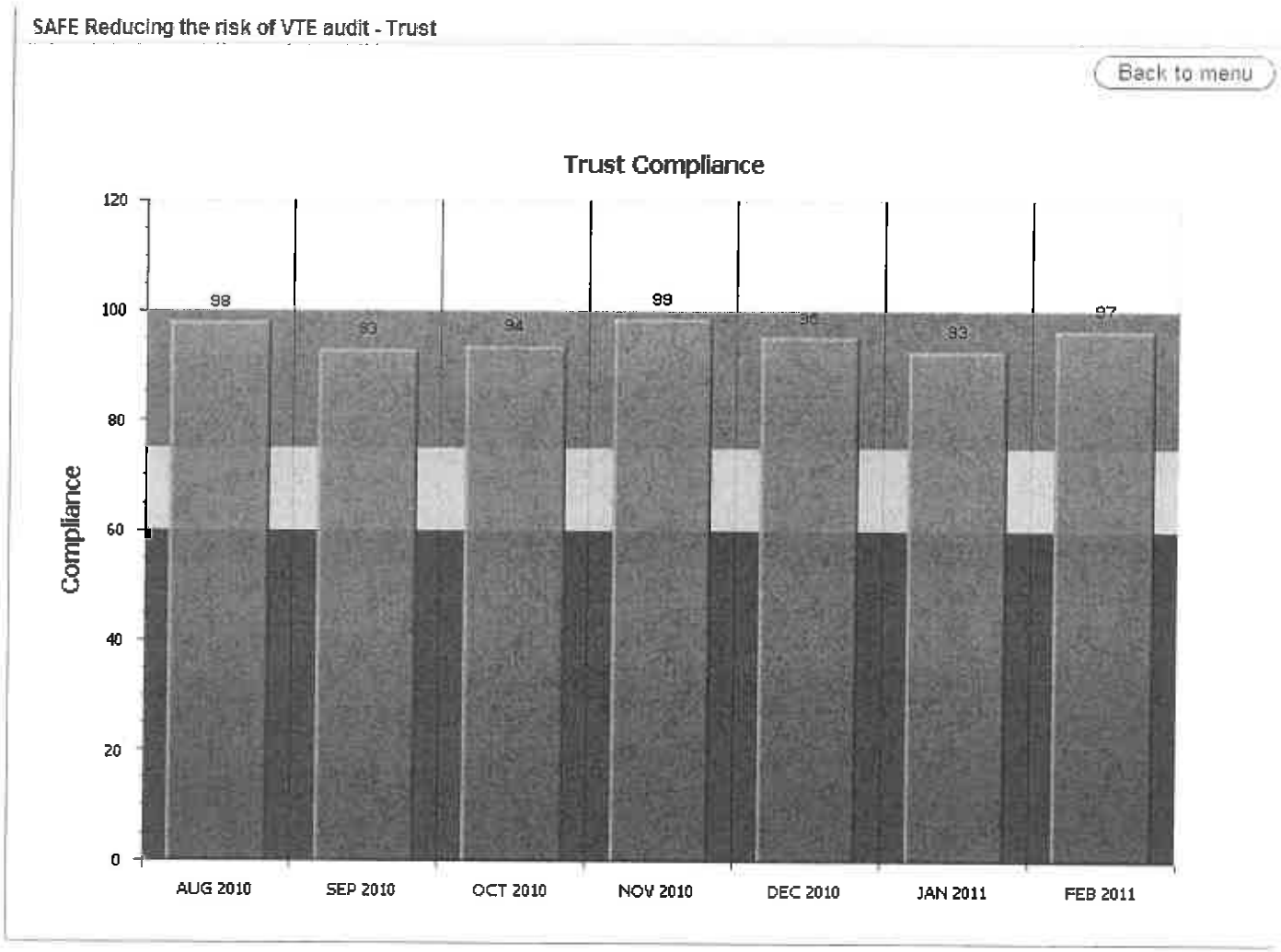
- Screening all inpatients for their risk of developing VTE;
- Treating all patients assessed as being at risk;
- Performing Root Cause Analysis on all patients with confirmed cases of DVT or pulmonary embolus;
- Producing patient information leaflets to inform patients on admission the reason for the assessment and subsequent treatment, and to provide contact details and advice for patients on discharge.

To support these outcomes audit tools were developed to measure changes in practice which are linked directly to the key points outlined above.

Current status

Table 2 outlines the comparative data on the SAFE! Reducing the Risk of VTE Audit gathered for the last 7 months:

Table 2



This demonstrates that as a Trust we are consistently scoring above 90% based on:

- assessing the number of patients who fit the criteria for assessment;
- the number of patients who fit the criteria and have a VTE assessment performed;
- the number of patients who have received appropriate treatment following assessment.

Current initiatives and actions taken in 2010/11

Achievements in the last year include:

- The introduction Trust-wide of a VTE risk assessment tool which includes identifying bleeding risk based on the criteria described in the national tool;
- An initial plan was introduced to have the nursing staff assess patient risk and a training programme was developed and delivered successfully. Some of the areas have decided to allocate this role instead to the doctors dependant on the specialty of the patient group.
- Monthly auditing by the clinical areas of practice. We also have a mechanism for external assessors to perform monthly unannounced visits to audit all aspects of the SAFE! campaign including VTE assessments;
- Development of a platform to display the results and allow for benchmarking to occur;
- Development of patient information leaflets for admission and discharge.

New initiatives and actions to be implemented in 2011/12

- Development and implementation of speciality specific VTE risk assessment forms which provide guidance related to this area on the reverse;
- To monitor the re-assessment of patients for VTE and bleeding risks within 24 hours of admission;

- To implement patient information leaflets and ensure patients are receiving them;
- Development, pilot and implementation of a root cause analysis (RCA) tool;
- Development of a process for tracking the completion of root cause analysis (RCA) and feedback on outcomes of RCAs to ensure learning;
- To review the audit schedule based on the compliance rates.

Review of Services

During 2010/11 Bradford Teaching Hospitals NHS Foundation Trust provided and/or sub-contracted NHS services to a core population of around 500,000 and provided specialist services for 1.1 million people.

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

The income generated by the NHS services reviewed in 2010/11 represents a significant percentage of the total income generated from the provision of NHS services by Bradford Teaching Hospitals NHS Foundation Trust for 2010/11.

Participation in Clinical Audits and National Confidential Enquiries

Clinical audits are intended to be used by clinicians as a tool for improving the quality of care in specialist clinical areas. National confidential enquiries are designed to improve the learning from failures of care and use this as a mechanism for driving quality improvement.

During 2010/11, 41 national clinical audits and four confidential enquiries covered NHS services that Bradford Teaching Hospitals NHS Foundation Trust provides. During that period we participated in 83% of the national clinical audits and 100% of the national confidential enquiries. This high level of participation provides assurance that quality is taken seriously by the Trust and the results are used for monitoring and improving practice.

The national clinical audits and national confidential enquiries that Bradford Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2010/11, are listed in Annex 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The report of the national clinical audit on Carotid Interventions was reviewed by the Board of Bradford Teaching Hospitals NHS Foundation Trust in June 2010 and we intend to take the following actions to improve the quality of healthcare provided:

- To continue to enter all carotid endarterectomies into the database;
- To continue and improve the high level of clinical outcome performance;
- To integrate the Clinical Governance arrangements with our partners in Calderdale;
- To continue to improve the organisational efficiency in terms of rapid access of high risk patients both for surgery and in terms of referral and imaging.

The reports of two local clinical audits on stroke services and pharmacy and five serious untoward incidents were reviewed by Bradford Teaching Hospitals NHS Foundation Trust in 2010/11. We intend to take the following actions from the local clinical audits to improve the quality of healthcare provided:

Stroke Services Audit 2009 - presented May 2010.
This local audit relates to the National Sentinel Stroke Audit.

- *No continuous physiological monitoring on acute stroke unit (ECG, oximetry, blood pressure)* - Physiological monitoring equipment is now available to use (for two monitored beds) following relocation to ward 9.
- *No specialist ward rounds seven days a week (currently five days a week)*- Discussions are underway regarding formation of a rota between the two stroke consultants and three

neurologists to form a 1 in 5 rota, to cover weekend ward rounds. This is dependent on job planning.

- *Thrombolysis only offered weekdays 9 – 5 service (target is 24/7)* - Provision of 24/7 thrombolysis is being tackled as a West Yorkshire Network wide problem (no local trusts currently provide this). In order to reach the necessary staffing levels to adequately staff hyperacute stroke units, significant additional funding is required.
- *Poor staffing levels compared with average (per 10 stroke unit beds)* - The deficits in staffing have been frequently flagged up within the Foundation Trust and to colleagues in primary care. Unless increased staffing levels are funded, we will continue to score low in this domain. Speech and Language Therapy is particularly desperate at present – the limited numbers of therapists have to concentrate predominantly on swallowing problems. Many patients have no speech assessments at all. Regularly raised as a risk area for stroke.
- *Patients are not routinely given a named contact on transfer from hospital to the community* – Options are being assessed, it is likely to be a key nurse or therapist.
- *Patient / carer views are not sought on stroke services on a regular basis*- This used to be addressed through our annual "Tell it like it is" day, but this is no longer funded. This is being addressed through a regular Monday afternoon "Caring for carers" facility on the stroke rehabilitation unit. Manned by stroke carers from the stroke support groups, it allows relatives and carers to drop in and chat, and flag up any issues on the stroke service. Themes are fed back to the ward staff and also to the Stroke Association Information, Advice and Support Workers.
- *Written patient information (on benefits, social services, secondary prevention, guidelines) is available on the wards but not in the out-patient setting* – This is in discussion. A folder with key written information needs to be available in both out-patient settings. The Stroke Association provide excellent written information on a variety of topics which would be ideal for this purpose.

Pharmacy Local Audits - presented December 2010

- High cost drugs, potential capped budget – Pharmacy is working with NHS Bradford and Airedale to gather information on the number of patients on NICE approved tariff exclusions to compare how the figures correlate with those expected for our population.
- Work to continue to ensure the accurate re-charges of high cost drugs is ongoing.
- The Clinical Pharmacy Team are to continue to monitor all prescriptions for prescribing errors.
- Quarterly audits of prescribing and dispensing errors are undertaken. As part of the SAFE! campaign, it is proposed that the quarterly prescribing audits are replaced by monthly ward based audits with immediate feedback to the prescribers. This is to improve the feedback mechanism and ensure that feedback is given to the doctors who made the errors.

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

The Bradford Institute for Health Research (BIHR) was established in 2007 as a unique research partnership between the primary and secondary care NHS Trusts in Bradford and Airedale and the universities of Bradford, Leeds and York. There is a real passion and commitment from the partners of the BIHR to harness the potential for expanding research in Bradford and establish the Bradford NHS community as a national leader in applied health research.

The BIHR has developed a strong track record in applied research and is a national centre of excellence in a number of health priority areas. The focus is on applied health research because this ensures our research activities make a difference to direct patient care and lead to safe and successful patient outcomes.

The BIHR has a particular focus on public health research, with major programmes including:

- Born in Bradford – one of the world's largest public health research projects following the lives of 14,000 families in the city. The Born in Bradford research programme has been successful in winning over £7 million in research grants over the last two years;

- Stroke and elderly care – hosting the regional stroke research network and one of the leading centres for elderly care research in the UK;
- Patient safety – developing innovative solutions to improve the major public health issue of patient safety;
- Maternal and child health – a new centre covering obstetric trials, paediatric epidemiology and childhood obesity.

In 2006 Bradford became the only centre in Yorkshire to win a clinical research network application with the £2 million Yorkshire Stroke Network.

During 2007-11 researchers in Bradford were successful in winning major National Institute for Health Research (NIHR) applied programme grants worth over £10 million for:

- Stroke rehabilitation
- Child obesity
- Patient Involvement in Patient Safety
- Delirium prevention
- Cord clamping at delivery
- Patient Quality and Safety (following the bid to become a national centre)

In 2008 Bradford was one of the biggest winners in the White Rose Health Innovation Partnership awards recognising strengths in wound care research, rehabilitation and obstetrics. Bradford NHS, in partnership with the Universities of Leeds and York, were successful in being awarded a £20 million Collaboration for Leadership in Applied Health Research and Care (CLAHRC) centre, with three of the five themes based on Bradford research programmes.

In 2010 the BIHR became the centre for the new £3 million Yorkshire and Humberside Health Innovation and Education Cluster (HIEC), driving innovation into practice in key priority areas such as long term conditions, child health and patient safety.

The Trust is involved in 88 National Institute for Health Research (NIHR) portfolio projects and the number of patients receiving NHS services provided or sub-contracted by Bradford Teaching Hospitals NHS Foundation Trust that were recruited during 2010/11 to participate in national portfolio research approved by a research ethics committee was 4548.

The Trust is also involved in 157 other non-NIHR portfolio projects and has recruited 7098 patients in total (this is a cumulative total as the recruitment to non-portfolio projects is not recorded on a yearly basis).

This increasing level of participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Bradford Teaching Hospitals NHS Foundation Trust has become the second highest recruiter of patients to research studies in the region and is ranked 12th out of 412 in national recruitment to NIHR portfolio projects.

Due to the success of the BIHR in obtaining research grant funding, the BIHR building has been expanded during the year to accommodate the BIHR's growing research workforce along with accommodation for some of its key research partners. This £2 million extension provides accommodation for 70 people and a 21st century research centre for Bradford.

To celebrate the opening of the new BIHR building, the BIHR hosted its first research exhibition which focussed on research into practice. The main objectives of the exhibition were to:

1) Showcase the research that the BIHR and its researchers conduct;
2) Raise awareness of the importance of research to the BIHR partners;
3) Provide an opportunity for researchers and interested parties (including public) to network and potentially identify research opportunities;
4) Create enthusiasm about research and incite others to conduct research.

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

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

A proportion of Bradford Teaching Hospitals NHS Foundation Trust income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Bradford Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and the following 12 month period are available electronically at:

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/2010%1011_cquin_schemes_in_yorkshire_%26_the_humber.html#1

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

A list of CQUIN indicators can be found in the Review of Quality and Performance section below.

The monetary total for the amount of income in 2010/11 conditional upon achieving quality improvement and innovation goals is £4,011,568.

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

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

The Care Quality Commission has not taken enforcement action against Bradford Teaching Hospitals NHS Foundation Trust during 2010/11.

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

Data Quality

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

We will be taking the following actions to improve data quality:

- Continue to develop a more strategic governance framework around data quality;
- Build on the data quality reporting currently in place to improve levels of data accuracy and completeness;
- Increase communication with all staff to reinforce the responsibility of all in ensuring good quality data.

NHS Number and General Medical Practice Code Validity

Bradford Teaching Hospitals NHS Foundation Trust submitted records during 2010-11 to the Secondary Uses System (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

A patient's NHS number is the key identifier for patient records and the accuracy of NHS number data has a direct impact on clinical safety. The percentage of records in the published data from April 2010 until January 2011 which included the patient's valid NHS number was:

- 99.5% for admitted patient care;
- 99.7% for outpatient care;
- 97.8% for accident and emergency care.

Accurate recording of the patient's General Medical Practice Code is essential to enable the transfer of clinical information about the patient from the Trust to the patient's GP. The percentage of records in the published data from April 2010 until January 2011 which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for out-patient care
- 100% for accident and emergency care.

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

Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of the data systems, standards and processes within the Trust.

Our Information Governance Assessment Report scored overall a level 2 attainment in each of the 22 key requirements as required by Monitor and a "satisfactory" score overall for 2010-11 for all 45 requirements.

Clinical coding error rate

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

Bradford Teaching Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

An external clinical coding audit took place for Obstetrics in January 2011, the results reported for that period for accurate diagnoses and treatment coding (clinical coding) were:

Primary diagnosis: 86%
Secondary diagnosis: 92%

Primary procedure: 95%
Secondary procedure: 90%

This independent audit was carried out on a small sample of case notes for a single specialty and the results should not be extrapolated further than the actual sample audited.

Review of Quality and Performance

In the 2009/2010 Quality Account key indicators within each of the three quality domains (patient safety, clinical effectiveness and patient experience) were selected by the Board through consultation with clinicians, priorities identified within the Quality and Safety Strategy and review of internal and external performance data.

In determining the quality indicators for inclusion in the 2010/2011 Quality Account we have incorporated Commissioning for Quality and Innovation scheme indicators (CQUIN) to ensure coverage of locally agreed quality and innovation goals as well as nationally and regionally defined quality assurance indicators.

In order to ensure that the quality achieved in the previous year will continue to be measured, maintained and developed, the metrics reported in the 2009/2010 Quality Account are also reported in the 2010/2011 corporate priorities, CQUIN and/or National Targets for year on year comparison of performance.

Commissioning For Quality And Innovation Scheme (CQUIN) 2010/2011

Goals and Indicators

Key:

✓ **Achieved - payment agreed**

✗ **Failed in the quarter**

Coordinating Commissioner: NHS Bradford and Airedale								
Goal no.	Description of goal	National or Regional indicator	Quality Domain(s)	Indicator number	Indicator name	Performance 2010/2011		
						Q1	Q2	Q3
1	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	National	Safety	1	VTE risk assessment	✓	✓	✓
2	Improve responsiveness to personal needs of patients	National	Patient experience	2	Composite Indicator on responsiveness to personal needs from the Adult Inpatient Survey	✗	✗	✗
3	Movement towards improvement in delivery of maternity services including a reduction of stillbirth rates, unexpected admissions and C section rates	Regional	Effectiveness Patient safety	3a	Reduce the rates of intrapartum stillbirths	✓	✓	✓

				3b	Reduce the number of babies being admitted to the neonatal unit.	✓	✓	✓
				3c	Reduction in Caesarean sections	✓	✗	✗
4	Patients and carers will be able to expect the highest possible standards of end of life care	Regional	Effectiveness Patient Experience	4	Improving end of life care	✓	✓	✓
5	Reduction in post operative infection rates, reduce use of unnecessary antibiotics, lower rates of Venous Thrombosis	Regional	Patient Safety Effectiveness	5	Hip and knee replacement best practice bundle	✓	✓	✓
6	Reduce mortality rates, increasing rates of percutaneous coronary intervention as first line treatment, quicker arrival to procedure times, reduction in rates of reinfarction, increased rates of long term smoking cessation	Regional	Patient Safety Effectiveness	6	Acute Myocardial Infarction best practice bundle	✓	✗	✗
7	Improve the focus on the care of the patients, in line with Essence of Care. Use of validated nutritional indicator screening tool will be encouraged to reduce rates of malnutrition and associated adverse outcomes	Regional	Patient Safety Patient Experience Effectiveness	7	Care and Compassion – Nutritional screening	✓	✓	✓
8	Improvement in pressure Ulcer prevention and management in line with Essence of Care.	Regional	Patient Safety Patient Experience Effectiveness	8	Care and Compassion – Improvement of Pressure Ulcers	✓	✓	✗
9	Implement High Impact Actions to improve the quality of services and patient experience, as well as reduce costs to the NHS	Local	Patient experience, Effectiveness Safety	9a	Demonstrate year on year reduction in the number of falls sustained by older people in NHS provided care	✗	✗	✗
				9b	Demonstrate a 10 % reduction in the rate of hospital acquired Urinary Tract Infections (UTIs) over 48 hours following admission	✓	✓	✓

10	To improve the safety of medicines management through a reduction in the number of medication errors and reduce avoidable healthcare associated infections (HCAI) through implementation of Patient Safety First initiatives	Local	Safety	10a	Increase the rate of medication error reporting and conduct a point prevalence audit across all services	✗	✗	✗
				10b	Demonstrate prevention of avoidable harm from high risk medications.	✗	✗	✗
				10c	Increase reporting of the number of medication errors occurring in children under 16	✗	✗	✗
				10d	Reduce harm events in ICU by implementing the ventilator care bundle with 95% of ventilated patients within 1 year	✓	✓	✓
				10e	50% reduction in central venous line infections	✗	✗	✗
				10f	30% reduction in surgical site infections	✗	✗	✗
11	Reduce the degree of harm, through improved identification and response as a result of deterioration in condition	Local	Safety	11a & b	Improve the identification of deterioration in condition and improve the response to identified deterioration in condition	✓	✓	✓
12	Reduction in the number of patients admitted through A&E with zero day length of stay (without a surgical procedure)	Local	Patient experience, Effectiveness	12	80% reduction in the number of patients admitted through A&E with zero day length of stay (without a surgical procedure)	✗	✗	✗

National Priorities

2010/11 National Priorities	Target / Threshold	2010/2011 performance	2009/10 performance	2008/9 performance
Total time in A&E: Less than 4 hours (Quarterly)	>=95%	96.7%	98.38%	98.3%
Incidence of MRSA Bacteraemia	<=5	3	8	21
Incidence of *Clostridium difficile*	<=101	86	99	154
Stroke - percentage of patients that have spent more than 90% or more of their stay in hospital on stroke unit.	TBC	67.1%	80.4%	N/A
Screening all elective inpatients for MRSA	100%	100%	N/A	N/A
People suffering heart attack to receive thrombolysis within 60 minutes of call (target not applicable if fewer than 20 patients)	68%	N/A	N/A	N/A
All cancers: two week wait	First Seen - >=93%	96%	94.03%	92.3%
	First Seen Breast Symptoms - >=93%	95.58%	94.44%	N/A
Cancer 31 Day standard	First Treatment - >=96%	97.51%	98.27%	96.0%
	Subsequent Treatment - Surgical >=94%	95.44%	95.83%	93.9%
	Subsequent Treatment - Drug >=98%	99.55%	99.72%	100%
Cancer 62 Day standard	First Treatment - >=85%	86.97%	86.60%	85.1%
	Consultant Upgrade (no target)	92.64%	92.42%	N/A
	Screening - >=90%	96.52%	92.22%	88.1%
Referral to Treatment Waiting Times	Admitted >90%	92.68%	93.43%	N/A
	Non-Admitted >95%	98.34%	98.07%	N/A

For 08/09 Cancer performance was measured against Quarters 1 – 3.
Referral to Treatment waiting times (18 weeks) was removed from Monitor's Compliance Framework during Autumn 2010.

Performance against Key National Priorities and National Core Standards

The Foundation Trust performed well in 2010/11 against the key national priorities from the Department of Health's Operating Framework and against the Department of Health's National Core Standards.

During the summer of 2010 a ministerial decision was taken to halt the Annual Health Check, however the Foundation Trust continued to monitor performance against these standards.

We submitted 'green' governance declarations for each quarter of 2010/11.

In quarters one to three we declared compliance with all of the targets in Monitor's Compliance Framework. At the time of writing quarter 4 compliance is yet to be confirmed.

The Foundation Trust also successfully maintained its registration status with the Care Quality Commission.

Patient Experience – Seeking Excellence in Services

Bradford Teaching Hospitals NHS Foundation Trust continuously seeks to learn, develop and improve its services to the patients, staff and visitors who use its facilities. The intelligence collated from varied sources including the risk incident reports, claims for negligence, formal complaints, or informal complaints via the hospital Patient Advice or Liaison Service (PALS), clinical governance, Performance Improvement, Patient Public Involvement, Patient Surveys (local and national) and other local intelligence helps us to identify recurrent themes for service improvement.

Feedback from National In patient Survey 2010

Summary: *Most patients provided positive feedback about the current provision of care and rated their treatment at the hospital fairly, as well as stating that they would recommend this hospital to their family and friends. A small number of patients felt written and verbal communication upon discharge would have been helpful as well as being informed about delays.*

The Picker Institute was commissioned by 75 Trusts to undertake the Inpatient Survey 2010. A total of 850 patients from our Trust were sent a questionnaire. 834 patients were eligible for the survey, of which 323 returned a completed questionnaire, giving a response rate of 39%. The average response rate for the 75 'Picker' Trusts was 47%. Currently the survey is written in English and is not available in a language or format that is accessible to the diverse local population, this is reflected in the local response rate.

The National Inpatient Survey has highlighted the many positive aspects of the patient experience at Bradford Teaching Hospitals. The majority of patients reported that:

- Overall: rating of care was good/excellent - 90%.
- Overall: doctors and nurses worked well together - 89%.
- Doctors: always had confidence and trust - 79%.
- Hospital: room or ward was very/fairly clean - 92%.
- Hospital: toilets and bathrooms were very/fairly clean - 88%.
- Hospital: hand-wash gels visible and available for patients and visitors to use - 96%.
- Care: always enough privacy when being examined or treated - 83%.
- Surgery: risks and benefits clearly explained - 75%.

However, areas where more work is required are as follows:

- Delays during discharge need to be explained;

- Communication between patients and staff needs to be clearer, for example, discussion on care and treatment with doctors and nurses requires further explanations as well as more involvement in decision making.

Patient Feedback

"I was a patient on Ward 12 and was most impressed with improvements since my last stay, 12 years ago. Apart from excellent improvements to toilets and washrooms, I was touched by the care and concern of every member of staff, including the tea-lady. There was good information at all stages, great care for one's dignity and comfort and lots of examples of thoughtfulness and kindness by a very busy and over-stretched workforce. I am so grateful for their commitment and skill."

"I would just like to say a big thank-you to the maxillo-facial team who put my little boy together again. I was very impressed with the way he was looked after and the fantastic job they did. You are all amazing and I don't think you get the credit you deserve, thank-you."

"I attended the BRI yesterday with my mother who was extremely distressed after having to come in urgently to discuss some results. The care and compassion that she received was outstanding and I would like to thank you so much. Special thanks to Dr. Rehman and Dr Rizwan on ward 4 and also the porter (whose name I didn't get) he made her laugh on the way down to gastro and all the way back. It was a long day but made a lot better by the first class care. Thank you."

"I was admitted to ward 6 recently and I would just like to congratulate your staff from top to bottom on the excellent treatment they gave me during my time there. I wish you all at BRI a merry Christmas and all my family's wishes for the coming New Year, keep up the good work BRI."

"Thank you to all doctors, nurses and support staff on ward 3 for the best care and dedication they gave me and all the senior citizens on the ward. No task was too small for them. All the patients around the ward asked me to e-mail this message of thanks on behalf of them."

"After a long fight against prostate cancer, my brother died on Ward 15 of the Bradford Royal Infirmary. I was privileged to spend time with him during the last days of his life and I would like to extend my gratitude to the staff involved in his care. The standard of nursing care was exemplary and many other hospitals throughout the country could learn much from the staff at this hospital. I was most impressed with the manner in which his wife was looked after during her husband's last days and I can't thank the staff enough for the kindness and support extended to us all during this time. I know my brother was grateful for the high standard of care he received throughout his illness and I would like to extend my special thanks to Dr Sanjay, who he spoke of very fondly. Please thank all the staff involved in my brother's care. He couldn't have been in better hands."

"The staff are always friendly and attentive as are the doctors / consultants ... I always feel confident when visiting."

"The nurses and doctors were all very friendly and I was talked through what was going to happen during my operation."

"I recently had a five day stay on ward 12, for major surgery. I was quite anxious, but from being admitted to discharged, I couldn't have been treated better. This is an exceptionally busy female ward, dealing with some very unwell ladies, however nothing was too much trouble for the nursing or housekeeping staff and I was never made to feel a nuisance. I was amazed at how well the team worked together. They seemed to work like clockwork, I know that's down to good management and a strong team. So, I would just like to say, if you are due to go to ward 12, please don't worry - I don't think you could get better care anywhere."

"The care I received was absolutely fantastic, I was kept informed of what was going on and asked for my thoughts on a regular basis."

Learning from Complaints, Incidents and PALS issues

Bradford Teaching Hospitals NHS Foundation Trust considers the safety of patients, staff and visitors as a key priority. It has robust systems in place to manage individually any complaints, incidents and Patient Advisory and Liaison Service (PALS) issues which arise from its day to day business.

The Foundation Trust recognises that a collaborative approach to the analysis of incidents and complaints can provide an opportunity for proactive risk management. By sharing the learning across the organisation the same things can be prevented from happening again.

Bradford Teaching Hospitals NHS Foundation Trust uses adverse events to learn, develop and improve its services to the patients, staff and visitors who use its facilities. The aim is to ensure that a co-ordinated approach is taken to the management of adverse events and that linked issues which might not have otherwise been detected are identified and acted upon.

Trends and themes that appear across complaints and incidents are identified and analysed to see if any learning can be developed. A Risk Management Co-ordination Group meets on a monthly basis to share information and seek a co-ordinated approach to any investigation, reporting and subsequent lessons learnt.

In June 2010 a revised Complaints Policy was launched. The revised policy includes a number of measures to speed up resolution of complaints including monthly meetings of the Complaints Steering Group, a mechanism for learning from complaints, clear roles for staff involved in complaints handling and grading of complaints.

The practice of grading a complaint upon receipt and again upon resolution has been introduced. Complaints are graded as low, moderate, high or extreme. Grading is necessary in order to determine the level of investigation and ensure that senior staff are involved as appropriate. Extreme complaints are investigated by managers from a directorate independent of that in which the complaint arises.

The revised policy also includes a process for auditing complaints, the process of handling complaints, and adherence to the complaints policy.

The following table shows the number of complaints received during the audit period:

Time period	Number of complaints received
Quarter 1 – April to June 10	77
Quarter 2 – July to Sept 10	91
Quarter 3 – Oct to Dec 10	116
Quarter 4 – Jan to March 11	130

Improving Services for Patients with Learning Disabilities

Nearly one million people have a learning disability and 800,000 of these people are adults.

The Disability Rights Commission 2006 has said that: "People with learning disabilities are more likely to experience major illness, to develop them younger and die of them sooner than

other citizens. They are less likely to get some of the evidence-based treatments and checks they need and face real barriers in accessing health services".

During the last 10 years there has been an increased focus on the quality of care and access to healthcare services provided to people with learning disabilities and their family /carers.

This includes policy statements such as Valuing People (2001) and Valuing People Now (2009) and also studies such as Mencap's 'Treat Me Right' (2005), the Disability Rights Commission's 'Closing the Gap' (2006) and more recently Mencap's 'Death By Indifference' (2007). This study highlighted the pathways of six individuals with learning disabilities, the findings of which prompted an independent enquiry and investigations by the Ombudsman.

The evidence supports feedback from people with learning disabilities and their family / carers and forms the basis for the Care Quality Commission's Indicator on access to healthcare for people with learning disabilities.

Aim/Goal

The Closing the Gap group was established in 2007 to ensure that the Closing the Gap - Improving Services for Patients with Learning Disabilities was translated into practice to maintain the rights of people with learning disabilities in accessing mainstream healthcare services, and to ensure that pathways of care are reasonably adjusted to meet the health needs of people with learning disabilities.

This group is chaired by the Clinical Improvement Facilitator and membership consists of representation from senior clinicians both in the Acute Trust and District Care Trust and also has service user involvement.

Current status

The six indicator questions used by the Care Quality Commission (CQC) are:

1. Does the Trust have mechanisms in place to identify patients with learning disabilities?
2. Does the Trust provide 'Easy Read' information to patients with learning disabilities on treatment options (including health promotion), complaints procedures and appointments?
3. Does the Trust have protocols in place to provide suitable support for family carers?
4. Does the Trust have training in place for staff on caring for people with learning disabilities?
5. Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services?
6. Does the Trust have protocols in place to regularly audit its practice for patients with learning disabilities?

These indicators form the basis of work to be performed and achievements are monitored

Current initiatives and actions taken in 2010/11

Achievements in the last year include:

- Putting in place a system of identifying patients with learning disabilities;
- Identifying methods of assessment and providing guidance on relevant adjustments to be made through the Closing the Gap policy. This is monitored through the submission of information to the Safeguarding Adults Co-ordinator;
- Completing and submitting the NHS Trust survey on reasonable adjustments, commissioned by the Learning Disabilities Observatory. The results which were published acknowledge that return rates were low with only 32% of all Acute Trusts performing the survey;
- A complaints leaflet in 'easy read' format was made available and was produced in conjunction with Bradford People First to ensure service users were involved in its creation;
- Face to face training which is delivered by the University regularly and links in with the Trust policy;
- Performing an audit and completing an action plan, with the results circulated and presented to the Trust through various forums;
- A link into the Safeguarding Adults Committee to ensure any areas of concern regarding safeguarding issues are recognised and alerted.

New initiatives and actions to be implemented in 2011/12

Key areas of focus for this year include:

- The production of information leaflets in 'easy read' format as part of the review process;
- The introduction of alternative training mechanisms such as e-learning and teaching which is supported by the Health Facilitation Learning Disability Nurses in order to capture staff across all disciplines;
- Continuing to measure patient care outcomes through the audit process and implementing any practice changes which are identified;
- Development of an informal forum where staff from both the Acute and District Care Trust can meet to discuss practice, share good ideas and raise concerns.

Improving Outpatient Experience Forum for People with Additional Needs

Over the past 12 months work has being ongoing across the organisation using a variety of methods to improve the experience of patients accessing our services.

The various improvement programmes are driven by our requirement as an organisation to comply with the CQC standards for NHS Acute Trusts. Their purpose and ours is to better understand what patients think of the service we currently provide in our outpatient departments and how we can improve upon this.

Aim/Goal

The Improving Outpatient Experience group has been established as a patient focussed forum with the emphasis on partnership working, putting the patient first and providing safe, timely and convenient access to our services.

Improvement work has been identified through the Improving the Patient Experience group, the Dignity group, links with the University, patient focus groups and the PALs and Complaints

departments. The Forum has focused on service users with Disabilities. The knowledge gained from this and actions for improvement have been shared across all outpatient areas.

Current initiatives and actions taken in 2010/11

In conjunction with the above groups the Outpatient Experience Forum has undertaken work to address the following

- Identifying people with particular needs whether for appointments, in clinic or in the ward;
- Modifying practice in the sending of appointments or in the journey through the eye clinic;
- Improving the knowledge and skills of people working with sensory impairment;
- Establishing and maintaining links between the Trust and services users with Disabilities;
- Including patients in the assessment process.

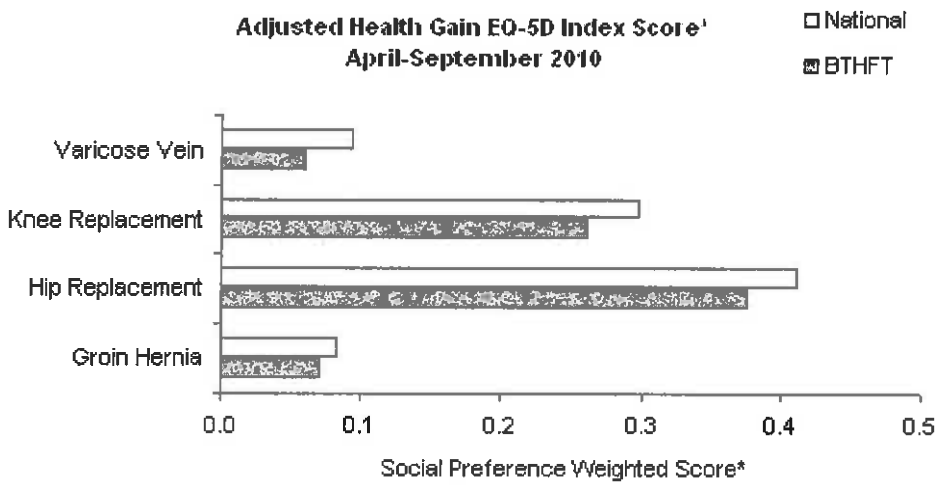
Patient Reported Outcome Measures (PROMS)

What patients say about the impact of their treatment on their quality of life

One way all hospitals now monitor the quality of their work is to ask patients themselves to record their state of health before and then after their operation to show the effect of surgical interventions on their quality of life. Patients complete two questionnaires; one relates to their specific condition, the other contains more general questions about their health and quality of life.

Patient Reported Outcome Measures (PROMs) are monitored by Bradford Teaching Hospitals NHS Foundation Trust. This information is generated using questionnaires completed by the patient before and after surgery.

Below we show our results for the general health/quality of life measure known as the EQ-5D compared with the average across the other Trusts in the country. The data has been adjusted to take account of factors outside the control of the Trust – such as the age profile of patients – that can affect the before and after reports. By and large, therefore, the information is comparable between hospitals.



**For all four conditions the EQ-5D index score allows patients to rate their health generally on five dimensions – mobility, self-care, usual activities, pain/discomfort and anxiety/depression.*

Commentary

When considering the score associated to five health dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) performance reported for Bradford Teaching Hospitals NHS Foundation Trust is in line with national results. Results show that, across all four PROMs, our patients report on average a better health condition after the intervention compared to their condition prior to the intervention. This is particularly noticeable for hip replacement.

Stakeholder consultation on the 2011/2012 Quality Account

We expect that our key stakeholders will take an active and participative role in ensuring that the Quality Account reflects the issues that really matter to local people and that delivering the best possible care to our patients remains our core business.

The Patient & Public Involvement (PPI) Governor Working Group has facilitated a consultation with selected public and patient members of the Foundation Trust in order to identify members' priorities for improvement for inclusion in the Foundation Trust's Quality Account in 2011/12.

In late November/early December 2010 Governors within this group worked with the Foundation Trust to formulate a consultation questionnaire, following a review of the common themes reflected in a range of patient feedback sources available to the Foundation Trust. This included feedback collected from Complaints, the Patient Advice and Liaison Service (PALS) and from local and national patient surveys.

In January 2011 the consultation questionnaire was sent to 1,000 members. These members were selected from those who had completed the revised membership interest's questionnaire and had indicated that they would be happy to be involved in Patient and Public Involvement activities. All those selected have had recent patient experience, either as an inpatient and/or outpatient at Bradford Royal Infirmary or St. Luke's Hospital.

This is the first membership consultation undertaken to ascertain and understand the priorities of members and patients. The resulting information gathered around patient expectations (priorities) and experiences has provided a useful addition to the intelligence being collected to reflect how well the Foundation Trust is delivering against expectations.

Results

537 questionnaires were returned representing a 54% response rate. The response rate of 54% compares favourably with the 37% response rate to the National Inpatient Survey in 2009/10 and the 31.4% response rate to the 2010 National Maternity Survey.

A total of 77 questions were asked. In 34 questions members with experience of being a patient at our hospitals were asked to rank the importance they placed on aspects of their care and treatment using ratings such as 'very important', 'important', 'not important'. The other 43 questions related to members' outpatient / inpatient experiences at Bradford Teaching Hospitals and how good these experiences were, using ratings such as 'very good', 'good', 'satisfactory' and 'poor'.

In analysing the data the questions posed have been placed into four categories.

- Patient Information Communications
- Clinical Care / Treatment
- Waiting Times
- Nutrition

To determine the main priority/priorities within each of the categories individual questions and responses have been analysed and those which rate highly in terms of importance (very important/important) have been identified as the priority/priorities for that category. The results show how well we are delivering on specific aspects of care and treatment that members rate as being important to them.

Proposed Quality Account priorities for 2011/12

The priorities outlined below are those identified by the PPI Governor Working Group as the Membership 'Improvement Priorities':

Patient Information

- ***Receiving accurate information about treatment before coming into hospital and understandable written information about the condition and treatment.*** (94% of respondents rated this as very important/important, 62% of respondents experienced this during their care; difference - 32%).

Communications

- ***Being treated with dignity and respect, with staff being polite and staff listening.*** (98% of respondents rated this as very important/important, 70% of respondents experienced this during their care; difference - 28%).

Clinical Care / Treatment

- ***Improving information on discharge to ensure that patients understand what to expect then they go home and how to take medicines.*** (100% of respondents rated this as very important/important, 69% of respondents experienced this during their care; difference - 31%).

- ***Staff working well together to organise care within a well organised ward/department.*** (98% of respondents rated this as very important/important, 70% of respondents experienced this during their care; difference - 28%).

- ***To involve people in decisions regarding their care and treatment and expected outcomes.*** (97% of respondents rated this as very important/important, 70% of respondents experienced this during their care; difference - 27%).

Waiting Times

- ***Reducing waiting times for blood tests and other investigations and, informing patients promptly of possible delays and the reasons for the delay in relation to any aspect of their care/treatment.*** (96% of respondents rated this as very important/important, 57% of respondents experienced this during their care; difference - 39%).

Nutrition

- ***Offering healthy meals that are of good quality and at the right temperature***. (88% of respondents rated this as very important/important, 41% of respondents experienced this during their care; difference 47%).

The Trust Quality and Safety Review Committee (a sub-committee of the Board of Directors) has considered the proposed list of improvement priorities from the membership consultation and the recommendations from the PPI Governor Working group in determining the local quality indicators for inclusion in the 2011/12 Quality Account.

Annex 1: National Clinical Audits for Inclusion in Quality Accounts 2010/2011

National Audit	Eligible to participate	Participating	% of cases submitted
Confidential Enquiries			
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)			
Surgery in Children	Yes	Yes	100%
Perioperative Care	Yes	Yes	100%
Cardiac Arrest Procedures	Yes	Yes	100%
Confidential Enquiry into Maternal and Child Health (CMACE)			
Perinatal Mortality	Yes	Yes	100%
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)			
The Foundation Trust does not submit data to NCISH but reviews published reports and acts on findings where appropriate	No	n/a	n/a
Children and Neonatal			
Neonatal Intensive and Special Care (NNAP)	Yes	Yes	32% (no mechanism for data entry existed for half of 2010)
Paediatric Pneumonia (British Thoracic Society)	No	n/a	n/a
Paediatric Asthma (British Thoracic Society)	No	n/a	n/a
Paediatric Fever (College of Emergency Medicine)	Yes	Yes	100%
Childhood Epilepsy (PCPH National Childhood Epilepsy Audit)	Yes	Yes	In progress
Paediatric Intensive Care (PICANet)	No	n/a	n/a
Paediatric Cardiac Surgery (NICOR Congenital Heart Disease Audit)	No	n/a	n/a
Diabetes (PCPH National Paediatric Diabetes Audit)	Yes	Yes	Unknown
Acute Care			
Emergency use of Oxygen (British Thoracic Society)	Yes	No	n/a
Adult Community Acquired Pneumonia (British Thoracic Society)	Yes	No	n/a
Non Invasive Ventilation (NIV) – Adults (British Thoracic Society)	Yes	Yes	In Progress
Pleural Procedures (British Thoracic Society)	Yes	No	n/a

Cardiac Arrest (National Cardiac Arrest Audit- ICNARC)	Yes	No	n/a
Vital Signs in Majors (College of Emergency Medicine)	Yes	Yes	100%
Adult Critical Care (Case Mix Programme)	Yes	Yes	100%
Potential Donor Audit (NHS Blood and Transplant)	Yes	Yes	>90%
Long Term Conditions			
Diabetes (National Adult Diabetes Audit)	No	n/a	n/a
Heavy Menstrual Bleeding (RCOG National Audit of HMB)	Yes	Yes	In Progress
Chronic Pain (National Pain Audit)	Yes	Yes (Pilot)	<50%
Ulcerative Colitis and Crohn's Disease (National IBD Audit)	Yes	Yes	In progress
Parkinson's Disease (National Parkinson's Audit)	Yes	No (Planned next round)	n/a
COPD (British Thoracic Society/European Audit)	Yes	Yes	100%
Adult Asthma (British Thoracic Society)	Yes	No	n/a
Bronchiectasis (British Thoracic Society)	No	n/a	n/a
Elective Procedures			
Hip, Knee and Ankle Replacements (National Joint Registry)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	62.6%
Cardiothoracic Transplantation (NHSBT UK Transplant Registry)	No	n/a	n/a
Liver Transplantation (NHSBT UK Transplant Registry)	No	n/a	n/a
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	Yes	Yes	100%
Peripheral Vascular Surgery (VSGBI Vascular Surgery Database)	Yes	Yes	100%
Carotid Interventions (Carotid Intervention Audit)	Yes	Yes	100%
CABG and Valvular Surgery (Adult Cardiac Surgery Audit)	No	n/a	n/a
Cardiovascular Disease			
Familial Hypercholesterolaemia (National Clinical Audit of Management of FH)	Yes	Yes	100%
Acute Myocardial Infarction and other ACS (MINAP)	Yes	Yes	70%
Heart Failure (Heart Failure Audit)	Yes	Yes	43%
Pulmonary Hypertension (Pulmonary Hypertension Audit)	Yes	No	n/a
Acute Stroke (SINAP)	Yes	Yes	100%
Stroke Care (National Sentinel Stroke Audit)	Yes	Yes	100%
Renal Disease			
Renal replacement Therapy (Renal Registry)	Yes	Yes	100%

Renal Transplantation (NHSBT UK Transplant Registry)	Yes	Yes	100%
Patient Transport (National Kidney Care Audit)	Yes	Yes	60%
Renal Colic (College of Emergency Medicine)	Yes	Yes	100%
Cancer			
Lung Cancer (National Lung Cancer Audit)	Yes	Yes	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	Yes	100%
Head & Neck Cancer (DAHNO)	Yes	Yes	Unknown
Trauma			
Hip Fracture (National Hip Fracture Database)	Yes	Yes	100%
Severe Trauma (Trauma Audit & Research Network)	Yes	Yes	100%
Falls and Non-hip Fractures (National Falls & Bone Health Audit)	Yes	Yes	100%
Psychological Conditions			
Depression and Anxiety (National Audit of Psychological Therapies)	No	n/a	n/a
Prescribing in Mental Health Services (POMH)	No	n/a	n/a
National Audit of Schizophrenia (NAS)	No	n/a	n/a
Blood Transfusion			
O Negative Blood Use (National Comparative Audit of Blood Transfusion)	Yes	Yes	90%
Platelet Use (National Comparative Audit of Blood Transfusion)	Yes	Yes	100%

Annex 2: Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that 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 2010-11;

- 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 2010 to June 2011
    - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
    - Feedback from the commissioners dated 18.05.11
    - Feedback from governors dated 24.04.2011
    - Feedback from LINks dated 18.05.11
    - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30.06.2011;
    - The national patient survey 30.03.2011
    - The national staff survey 30.03.2011
    - The Head of Internal Audit's annual opinion over the trust's control environment dated 25.05.11
    - CQC quality and risk profiles dated 27/07/2010, 27/10/2010, 26/01/2011.

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;

- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

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

Date 25/05/2011 ..... Chairman

Date 25/05/2011 ..... Chief Executive

Annex 3: Independent Auditor's Report to the Board of Governors of Bradford Teaching Hospitals NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Board of Governors of Bradford Teaching Hospitals NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of the content of Bradford Teaching Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

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 2010/11* issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the content of the Quality Report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual* or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is inconsistent:

- Board minutes for the period April 2010 to June 2011
- Papers relating to quality reported to the Board over the period April 2010 to June 2011
- Feedback from the commissioners dated 16/05/2011
- Feedback from governors dated 20/04/2011
- Feedback from LINKS dated 18/05/2011
- The Trust's draft complaints report to be published under regulation 18 of the Local Authority Social Services and NHS Compliance Regulations 2009, due to be discussed at the Board of Directors on 29.06.2011;
- The latest national patient survey;
- The latest national staff survey;
- The Head of Internal Audit's annual opinion over the Trust's controls environment dated 25/05/2011; and
- CQC quality and risk profiles dated 27/10/2010 and 26/01/2011

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

This report, including the conclusion, has been prepared solely for the Board of Governors of Bradford Teaching Hospitals NHS Foundation Trust as a body, to assist the Board 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 2011, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body and Bradford Teaching Hospitals NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Making enquiries of management;
- 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 less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual.*

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual.*

PricewaterhouseCoopers LLP
Chartered Accountants
Leeds
3 June 2011

Annex 4: Statements

NHS Bradford and Airedale statement

NHS Bradford and Airedale (NHSBA) welcome the opportunity to comment on Bradford Teaching Hospitals NHS Foundation Trust's Quality Account for 2010/11 – it's second since the national introduction of Quality Accounts.

As a commissioner of care services on behalf of the local population, we believe this Quality Account demonstrates a general commitment to quality improvement and high quality services. The operating framework for the NHS in England requires quality to span three areas: safety, effectiveness and patient experience. The quality account provides an overview of these areas and overall a fair reflection of their achievement against delivery of quality in services against priorities in a changing NHS.

Delivering health care services in an organisation with a wide range of complex services requires strong commitment to continuously monitoring and delivering high quality patient care. The Trust has made excellent progress over the past 12 months and place quality at the heart of the services that it provides. We are especially pleased to note the following achievements:

- Bradford Teaching Hospitals NHS Foundation Trust is registered with the Care Quality Commission and their registration status is fully compliant and with no restrictions been placed upon the Trust
- Midwifery work in contributing to below regional average c-section rates, has been a welcome achievement and enabled mothers to deliver and experience a normal birth. The much anticipated development of the new Birth Centre which will be midwifery led will go a step further in achieving normal and holistic maternity care for mothers and their families.
- The commitment to patient safety with the introduction of the 'SAFE' campaign has led to significant improvements in the safety, quality and effectiveness of care received by patients. The SAFE campaign has raised awareness of a wide range of patient safety issues and has engaged staff and patients, leading to success in delivering tangible improvements and benefits in the safety and quality of care for patients. NHSBA welcome the ongoing commitment to continuously improving patient quality of services and are pleased to note commissioner engagement in this initiative.
- The Trust has achieved regional and national recognition for their work to improve the quality of care and services across a wide range of specialities including the national wheezy child pathway. The Trust's wound care unit also received recognition for their work and dedication to improving wound care and two midwives received national awards for their work. It is clear that the Trust has many committed and enthusiastic staff who contribute to a positive experience for patients.
- It is particularly pleasing to note that significant improvements to eliminate mixed sex accommodation to deliver increased privacy and dignity for patients are being pursued. NHSBA are pleased to note full investigation into any breaches are in place and acted upon.
- A national and regional direction to reduce health care associated infections such as MRSA continues to improve, with increased compliance in screening for MRSA in the emergency department and on admission.
- The Trust has made significant investment in its facilities, estates and equipment to provide improved environments for patients, visitors and staff. NHSBA believe this

could improve aspects of patient experience and satisfaction and contribute to improved workforce capacity and capability.

It is also pleasing to note that the '*patient experience – seeking excellence in services*' survey uses quotes from patients to good effect within the report.

The Trust has implemented the Commissioning for Quality and Innovation (CQUIN) scheme with partial success, e.g. achievement of Venous Thrombo Embolism (VTE) risk assessments and End of Life Care. However, it is disappointing to note that, despite additional funding, the Trust has not achieved full implementation and achievement against and across all of the 2010/11 CQUIN indicators. NHSBA anticipate that for the next CQUIN year, full and proactive use of the CQUIN's framework will be utilised to gain further patient and service improvement.

In reviewing the Quality Account, NHSBA would recommend that further improvements and opportunities to enhance the quality of patient care and services should be considered within the Quality Account priorities and report;

- The Trust has acknowledged participation in national clinical audits and confidential enquiries. The Quality Account indicates that the Trust has participated in the majority – but not all of the eligible National Clinical Audit and Patient Outcomes Programme (NCAPOP). NHSBA welcomes the Trust's introduction of a new Clinical Audit Steering Group, which includes lay representation, to scrutinise high priority audits and the introduction of an electronic solution for direct directorate management in the national audits. It is hoped that such measures will ensure full participation in relevant national clinical audits in the future.
- The Trust acknowledge where patient care fell below standards. For example, the national sentinel stroke audit noted some deficits in care delivery including poor staffing levels within the provision of stroke care including speech and language therapy. NHSBA commission service's as a whole and deployment of resources is for the trust and as such discussions are ongoing in respect of commissioner's expectations of service delivery by the Trust.
- Training and capability of the workforce to deliver against the priorities outlined within the quality report could be incorporated and strengthened further.
- The Quality Account covers a broad number of areas, however, the lack of explicit information relating to safeguarding, cancer services and maternal aspects of care (including peri-natal care) within the Quality Account is a missed opportunity for the trust and should be considered by the Trust.
- The Quality Account should accurately reflect the performance information submitted to NHSBA.

NHSBA acknowledge the continued prioritisation of investment that the Trust has made in its services over the last year and its intentions for 2011/12.

NHS Bradford and Airedale commends Bradford Teaching Hospitals NHS Foundation Trust for its proactive approach towards providing high quality services for its patients.

Simon Morritt
Chief Executive

Statement by Bradford District LINk Care Quality Working Group (CQWG)

The accounts were largely clear and easy to read but the CQWG were a little disappointed with the tone of the document which was in some places written in a inappropriately self congratulating manner and in places presented in an unnecessarily complicated form (for example fig 1 adds nothing to the simple statement in the paragraph above).

That said, the CQWG were impressed with the honesty with which the accounts written. The Trust acknowledged short comings and identified ways of addressing them.

The CQWG have, in the past, been critical of the Trust's overwhelming reliance on its membership structure and Board of Governors as the means of patient engagement. However we are very encouraged by our recent contact with the Trust and welcome the regular meetings with Bradford LINk established by Corporate Affairs staff.

We hope that the trust will benefit from the work of the quality and safety review committee once it is fully operational. Similarly we hope the trust will learn from the Born in Bradford research programme.

We are pleased with Trust's excellent work in wound care. We are also pleased with the priority given to infection control.

We are very impressed by the SAFE! campaign - introduced to improve patient safety – and we greatly applaud this.

We are particularly glad to see that part of the process in dealing with untoward incidents involves an independent investigation, though it is not made clear in the report in what sense this is independent.

We're glad to see that there is a regular audit of prescribing and dispensing errors and that it is proposed to increase the frequencies of these - particularly in view of the failures to meet agreed commissioning targets.

The LINk Team express deep concern that, within the timescale proscribed by the Department of Health [DH], they had not been able to give more detailed consideration to BTHFT's Quality Accounts. They urge DH to reassess the timescale, with a view to permitting the level of consideration which Quality Accounts clearly justify and to recognise, and reduce, the 'bunching' that occurs where a number of Provider organisations request LINk consultations in the same short time window and from a small pool of skilled and available LINK volunteers.

Annex 5: Awards and Achievements

Bradford Teaching Hospitals NHS Foundation Trust has experienced another successful year in winning national and local awards which demonstrate that our staff are at the forefront of providing quality care and services to patients.

Cutting edge ideas on how we deliver top-class healthcare and ever-improving facilities for the people of Bradford and district throughout 2010/11 have included:

- Bradford midwives winning the Royal College of Midwifery Award for Promoting Normal Birth which saw their delivery of homebirth workshops throughout the city win the top prize.

- Bradford Teaching Hospitals being one of just 12 organisations throughout the UK to secure a £50,000 grant award from The King's Fund Enhancing the Healing Environment Programme. The Trust also gave a further £15,000 to support the prestigious scheme which will transform wards 23 and 29 later this year. The refurbishments will improve the quality of care of patients with dementia by enabling them to navigate their environment better by the use of colour coding, personalised spaces, reminiscent tools and continuous therapeutic engagement with nursing staff.

- The Wound Healing Unit's leaders and founders, Peter and Kath Vowden, receiving two prestigious awards in recognition of their outstanding work and achievements in delivering a service to the people of Bradford which is second to none. Kath accepted the Wounds UK Key Contribution Award for her outstanding contribution to clinical care, education and research. The prize recognised her lifetime achievement in developing wound care services in the city and her ongoing work to develop wound care as a national and international speciality. While Peter, an internationally acclaimed wound care specialist and vascular surgeon, collected the Medilink Yorkshire and Humberside Beacon Award for unrivalled dedication to wound care. Both acknowledged the dedication of the staff who deliver and support the unit on a daily basis.

- Four members of Bradford Teaching Hospitals staff being nominated for the Health and Social Care Hero Award 2010 run by Yorkshire and the Humber Strategic Health Authority in conjunction with the Yorkshire Post newspaper. They were: Jacky Pickles, Midwife, Bradford Royal Infirmary; Mary Gilmartin, Chaplaincy Volunteer Visitor, Bradford Royal Infirmary; Rick Linforth, Consultant Breast Surgeon, St. Luke's Hospital; and Simon Littlewood, Consultant Orthodontist, St. Luke's Hospital. Their nominations, by the public they serve, has been a fantastic endorsement of the quality of talented staff we employ here in Bradford as the awards are a very public 'thank you' for their exceptional work, and the difference they make to people's lives on a daily basis.

- The Women's and Newborn Unit again being recognised with a national award when they were highly commended in the Normality of Childbirth category by the All-Party Parliamentary group on maternity. The team travelled to the House of Commons in London to receive their prize at a VIP reception.

- Our annual staff Oscars and Team of the Year awards helping to recognise the hard work, dedication and commitment of our staff who continue to go the extra mile for their patients and colleagues day in day out. As always there are too many nominations for the prizes and picking winners becomes harder every year.

- Research – the lifeblood of high quality healthcare – reaching unprecedented levels across the Foundation Trust, thanks to the establishment of the Bradford Institute of Health Research's (BIHR) raised profile on the national and international clinical stage. Our grant income has increased to £4.8 million, while BIHR has become the second biggest recruiter of patients to research studies in the region. A new £2.2 million extension to the Institute's base at Temple Back House was also opened by the Chief Medical Officer and Chief Scientific Adviser for the Department of Health and NHS, Professor Dame Sally Davies.

- As part of the Trust's commitment to capital programme works, our ward refurbishments have continued with the introduction of a new stroke unit on ward 9. The £400,000 renovation means the unit can now cater for up to 23 patients, instead of the previous 14. Over the past five years, we have continued to update our facilities for patients by modernising the remaining nightingale wards which have virtually been eliminated. This work continued even further in 2010/11, by making sure that the MAU (medical admissions unit) met single sex accommodation requirements and there have also been refurbishments of ward 18 & 24.

- Major redevelopment costing £530,000 at out-patients west and the vascular departments to ensure that our patients experience healthcare in new, updated environments.

- Other key service developments have included the opening of a new renal dialysis unit at the Bradford Royal Infirmary; the appointment of additional Consultants in a number of specialties; and the installation of a new £1 million replacement Magnetic Resonance Imaging (MRI) scanner which will produce faster, more in-depth information and see up to 30 patients a day. The machine will also offer MRI-guided breast biopsy, a technique to aid the diagnosis of breast cancer which is not widely available in the UK.

- Work on another, much-anticipated flagship project will begin soon as 2010/11 saw the official go-ahead being given to the introduction of a new £800,000 midwife-led Birth Centre which will see the Trust expanding its service as part of the national Maternity Matters strategy. The seven birthing rooms and two birthing pool rooms will be converted from part of the labour ward and a new two-storey extension will accommodate ancillary rooms and a new hi-tech delivery room.

Annex 6: List of Abbreviations

List of Abbreviations	
C. diff	*Clostridium difficile* - a type of bacteria
CMACE	Confidential Enquiry into Maternal and Child Health
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CQUINS	Commissioning for Quality and Innovation Scheme indicators
DH	Department of Health
DVT	Deep Vein Thrombosis
ECG	Electrocardiograph
HCAI	Healthcare Associated Infections
HQUIP	Healthcare Quality Improvement Partnership
IHI	Institute for Healthcare Improvement
MRSA	Methicillin Resistant Staphylococcus Aureus - a species of bacterium that is resistant to the antibacterial activity of methicillin and other related antibiotics of the penicillin class. Particularly harmful if it enters the blood stream.
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death

NCI	National Confidential Inquiry
NCISH	National Confidential Inquiry INTO Suicide and Homicide by people with mental Illness
NHS	National Health Service
NHSLA	NHS Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute for Health Research
NIV	Non Invasive Ventilation
NNAP	Neonatal Intensive and Special Care
NPSA	National Patient Safety Agency
PALS	Patient Advice or Liaison Service
PPI	Patient and Public Involvement
PROMS	Patient Reported Outcome Measures
RCA	Root Cause Analysis
SUS	Secondary Uses Systems
VTE	Venous Thromboembolism

Sustainability and Climate Change

Sustainable Development

Sustainable development can be defined as *"a framework of operation and growth that meets the needs of current stakeholders like patients, employees and communities without compromising the ability to meet those stakeholder's needs in the future."*

Simply put, it is being able to continue healthcare provision indefinitely. If the Foundation Trust degrades the environment through pollution, loses the support of the community or becomes financially unstable, it will not be able to operate into the long term future. Being a Sustainable Foundation Trust therefore means operating within environmental limits, ensuring a healthy and just society and being productive economically.

The Board of Directors acknowledge that we must all play our part in the sustainable use of the planet's finite resources and therefore our activities and future developments must be conducted within the principles of sustainable development, so far as is practicable and in playing our part as a good corporate citizen.

The concept of good corporate citizenship requires us to integrate our environmental, social and economic considerations into the core NHS strategy. Traditionally sustainability and corporate responsibility have been the brief of the Environmental or Estates department within an organisation, but truly being a 'good' corporate citizen requires us to develop a sustainable culture in all departments of the Foundation Trust.

Sustainable Development Strategy

The Foundation Trust recognises the economic, social and environmental pressures that are growing on society and is aware of the need to develop a strategic response. We have therefore adopted a Sustainable Development Strategy which focuses on long-term improvements. They include:

- better health and reduced inequalities
- improved service provision
- reduced environmental impact
- being a good community role model and supporter of the local economy
- provision of excellent value for money

To ensure delivery of sustainable healthcare to the community a strategic goal has been adopted:

> *'To provide the best quality safe healthcare to the people of Bradford and West Yorkshire. We will secure major advances for future generations by providing innovation, education and research. In partnership with others we will work to improve the health of local people.'*

Sustainable Development Strategy Implementation

The Sustainable Development Strategy outlines a plan of action to achieve the aims of sustainable delivery of care. Our Sustainable Development Implementation Plan provides a framework for setting specific sustainability objectives and targets to achieve the plan. A number of Working Groups have been established to deliver improvements in sustainability throughout different Foundation Trust departments. The objectives aim to achieve targets such as a 10% reduction in CO_2 (carbon dioxide) by 2015. They cover the following areas:

- Energy and carbon management
- Procurement and food
- Low carbon travel, transport and access
- Water
- Waste
- Designing the built environment
- Organisational & workforce development
- Role of partnerships and networks
- Governance
- Finance

Governance

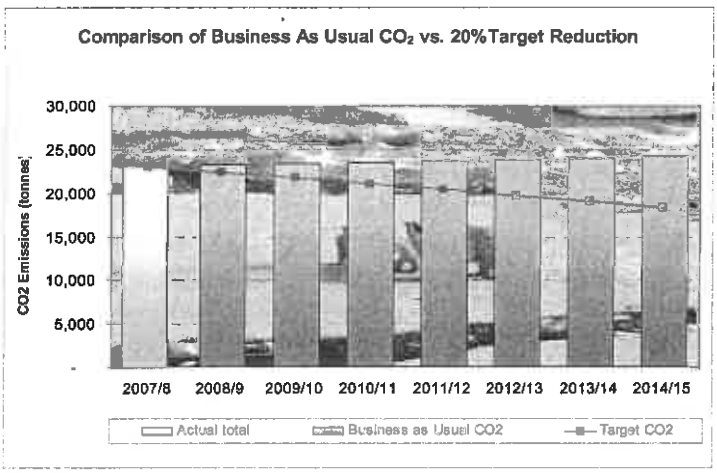
The Chief Executive is ultimately responsible for delivering the sustainable development objectives of the Foundation Trust, ensuring that the necessary resources are made available to achieve this. A structure of governance has been put in place to ensure that sustainable development is fully integrated within the Foundation Trust. A Sustainable Development Steering Group (SDSG) has been formed to oversee the Working Groups. The SDSG provides the medium for discussing and decision making regarding the Foundation Trust's social, economic and environmental sustainability issues.

The range of members within the team ensures that all three pillars of sustainable development (environmental, economic and social) are represented. This group is chaired by the Foundation Trust's Chairman, David Richardson.

It is the intention of the group to report periodically to the Executive and Board of Directors, with annual sustainability reports being issued to highlight the sustainability performance of the Foundation Trust.

Climate Change

Climate change is the single biggest environmental threat facing our planet. Cutting carbon emissions as part of the fight against climate change is a key priority for the Foundation Trust. It's all about getting your own house in order and leading by example. The UK government has identified the NHS sector as key to delivering carbon reduction across the UK in line with its Kyoto commitments. Bradford Teaching Hospitals NHS Foundation Trust was selected in 2008, amidst strong competition, to take part in the Carbon Trust's NHS Carbon Management programme. It assists NHS Trusts in saving money on energy and putting it to good use in patient care, whilst making a positive contribution to the environment by lowering their carbon emissions.



The Foundation Trust partnered with the Carbon Trust on this programme in order to realise substantial carbon and cost savings. This Carbon Management Plan commits the Foundation Trust to a target of reducing CO_2 20% by 2014/2015 on 2007/2008 baseline levels and underpins potential financial savings to the organisation of around £683,449 per year by that date.

The Carbon Management Program has been approved by the Carbon Trust and by the Foundation Trust Board. Carbon management fits within the broader remit of the Sustainable Development Strategy and a Carbon Management Project Team has been established to progress each facet of the Carbon Management Program. Each team member is responsible for driving carbon reduction projects in their particular area of the Foundation Trust.

Our Carbon Management Implementation Plan (CMIP) has been commended by the Carbon Trust as being an exemplar plan and the Foundation Trust has been invited to present a case study on implementing carbon management to other potential NHS participants.

The Foundation Trust has held the 'Carbon Trust Standard' since 1998, the requirements of which are to be able to demonstrate a continued annual reduction in carbon emissions and on-going investment in carbon saving schemes. Since 2008 the Foundation Trust has won £4.1 million in funding from the Department of Health and Salix for energy saving schemes at Bradford Royal Infirmary and St. Luke's Hospital. The schemes range from large scale engineering projects such as de-steaming and the installation of CHP (combined heat and power units) to lighting, insulation and smaller energy saving projects.

Having achieved the Carbon Standard our work to reduce carbon emissions has seen us well placed to deal with recent climate change legislation such as the 2008 Climate Change Act and the Carbon Reduction Commitment (CRC). The Climate Change Act has legally binding targets of 34% CO_2 reduction by 2020 and 80% CO_2 reduction by 2050 on 1990 levels.

The CRC has been changed this financial year by the Coalition government to a straight forward carbon tax with a liability of approximately £12 per tonne CO_2, rising to £16 per tonne by 2014. The Foundation Trust's carbon performance will be published annually in a national league table. Therefore good carbon management is important for cost saving and is vital for maintaining a good reputation.

Sustainability Performance Summary

Waste Management and Minimisation		Waste (tonnes) 2009/10	Waste (tonnes) 2010/11		Cost (£) 2009/10	Cost (£) 2010/11
Methods of Disposal	Clinical Waste	758	689	Expenditure on Waste Disposal	452,924	404,805
	W.E.E.E.	4.4	2.54		2,485	576
	Confidential Waste Recycled	193	161		26,678	22,162
	General Waste Not Recycled	278	248		63,354	N/A ***
	General Waste Recycled *	520	643		** 3,444	N/A ***
Total Waste	**Total Waste**	**1,755**	**1,741**		**548,885**	**497,515**
	Total Waste Recycled	**714**	**804**			
	Total % Recycled	41%	46%			

* includes recycled domestic waste, mixed recycling, cardboard and furniture
**the recycling cost is the cost of recycling the cardboard
*** due to new waste contract starting November 2010 general waste and recycling waste costs not available until 2011/12

Finite Resources	Consumption 2009/10	Consumption 2010/11		Cost (£) 2009/10	Cost (£ 2010/1
Water (m^3)	136,434	147,838	Expenditure on Finite Resources	324,612	362,54
Imported Electricity (kWh)	12,531,857	11,926,609		987,300	948,98
CHP Generated Electricity (kWh)	3,290,405	3,607,311		22,855	17,39
Fossil Fuels - Gas (kWh)	40,324,637	37,359,371		1,009,556	950,36
TOTAL				**2,344,323**	**2,279,28**

Climate Change Performance

Emissions	CO_2 (tonnes) 2009/10	CO_2 (tonnes) 2010/11
Water	55	60
Imported Electricity	6,787	6,459

Fossil Fuels - Gas	7,454	6,906
Waste	296	266
TOTAL	**14,592**	**13,692**

Carbon Intensity, Eco-Efficiency	2009/10	2010/11
$KgCO_2$ per £1000 income	48	43
$KgCO_2$ per Inpatient admission	141	129
$KgCO_2$ per m^2	107	106*

* Trust Gross Internal Floor area decreased from 135,988m^2 to 128,753m^2 in 2010/2011 due to demolitions at St Luke's Hospital, offsetting a large drop in CO_2 emissions.

Sustainability Performance Commentary

Waste

In 2010/2011 the amount of clinical waste being produced by the Foundation Trust decreased to 689 tonnes from 758 tonnes and the total amount of general waste including cardboard, furniture, domestic and mixed recycling increased to 891 tonnes. This reflects the strategy to decrease the ratio of clinical waste to general waste. Clinical waste is incinerated or heat treated with its associated high CO_2 emissions, whereas the majority of domestic waste can be recycled with lower to zero CO_2 emissions.

The total amount of waste being recycled by the Foundation Trust in 2010/2011 stood at 804 tonnes, which includes the new mixed recycling bins, cardboard, confidential paper waste and furniture. This equates to 46% of the total waste (clinical and general) produced, and is up from 41% in 2009/2010.

Large strategic changes were introduced in waste management at the end of 2010/2011 and include a zero to landfill domestic waste policy, a shift in clinical waste to domestic waste and a move from incineration of 80% of the clinical waste to less environmentally intensive heat treatment.

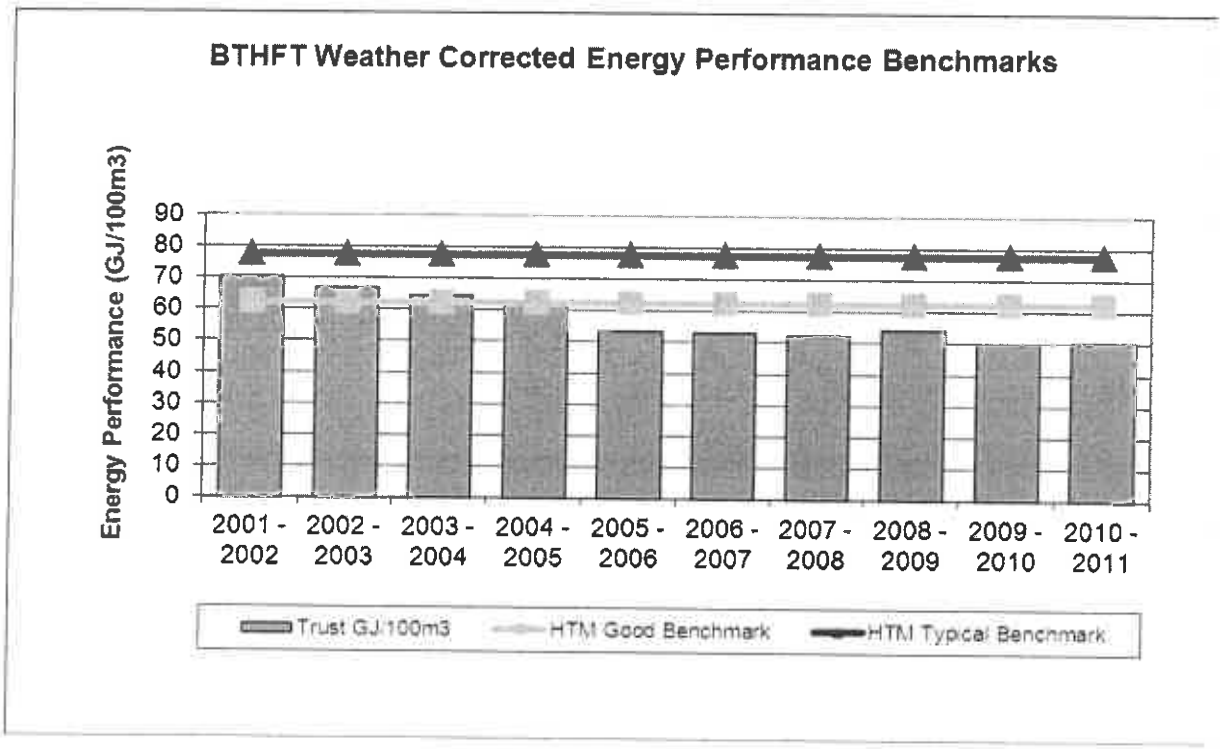
Water

Although water consumption decreased from 2007/08 to 2009/09 due to the implementation of water saving initiatives such as toilet displacement devices and pressure reducing valves on taps, consumption has increased in 2009/10 and 2010/11 at Bradford Royal Infirmary (BRI). Consumption is decreasing at St. Luke's Hospital. The increase at BRI reflects increasing clinical activity and increased estates activity with, for example, the installation of chlorine dioxide dosing plant for Legionella protection. Under the Sustainable Development Strategy, the Foundation Trust will aim to achieve a 10% reduction in water consumption by 2015. Permanent data logging equipment has been installed on all water meters to ensure future increases are detected immediately and appropriate action taken.

Electricity

Overall electricity consumption including that generated onsite by CHP has decreased in the last financial year. This performance has been achieved despite an increase in activity at Bradford Royal Infirmary. Under the NHS Carbon Management Program the Foundation Trust has begun to see the benefits of a number of Salix-funded projects completed during the year including energy saving lighting schemes, PC power management software, variable speed drives on motors and a low energy car park lighting scheme.

The weather corrected energy performance benchmarks in the associated graph show the combined performance of electricity and fossil fuel use compared to previous years, benchmarked against Health Technical Memorandum (HTM) guidelines for a 'good' and 'typical' performance. The Foundation Trust is performing considerably better than the 'good' benchmark, which places us well within the top quartile of large acute trusts. This achievement reflects the outstanding efforts made by the Foundation Trust despite the legacy of an ageing estate.



Fossil Fuels

The Foundation Trust has performed very well in reducing gas consumption in 2010/11. The CHP and new boilers at St. Luke's Hospital have dramatically reduced both gas and electric consumption at this site. Additional savings have been made at Bradford Royal Infirmary where two small CHP's have been installed and the maternity unit has been de-steamed. The Foundation Trust is also reaping the benefit of a number of other Salix funded projects at Bradford Royal Infirmary such as additional flat roof insulation for some of the wards, Gas AMR, pipe insulation and boiler optimisation.

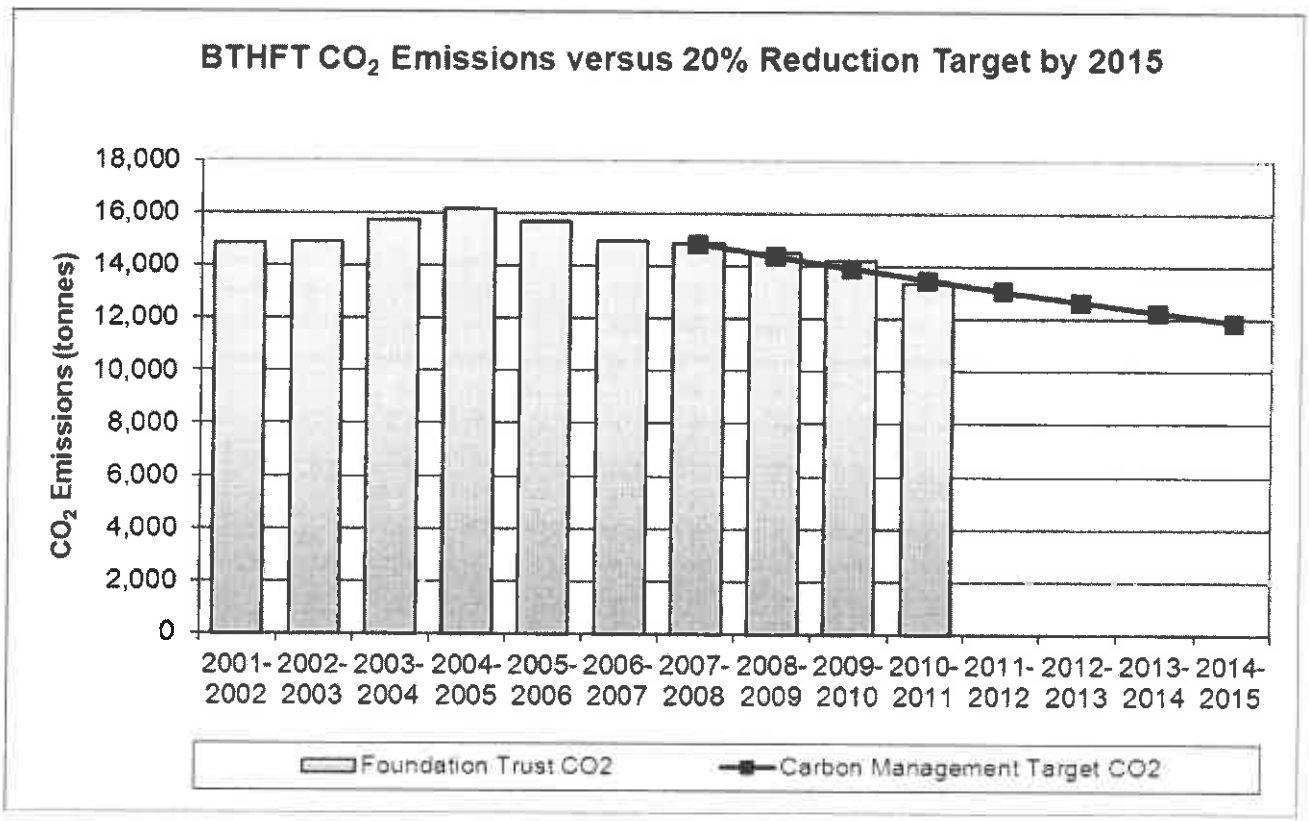
CO_2 Emissions

Buildings CO_2 emissions are 6.1% lower in 2010/11 compared to the previous year and 9.9% lower compared to our NHS Carbon Management Program baseline year of 2007/08. The

Foundation Trust is now half way towards meeting the Carbon Management Program target of 20% reduction by 2014/15.

Absolute CO_2 emissions give a good indication of performance but carbon intensity shows how much carbon the Foundation Trust emits in relation to its core activity of healthcare. Measurement of carbon intensity gives transparency into how well the Foundation Trust is actually doing compared to decreasing or increasing clinical activity. In terms of CO_2 emissions per inpatient admission the Foundation Trust is delivering healthcare 8% less intensively than last year, and in terms of CO_2 emissions per £1,000 revenue the Foundation Trust is 9% more carbon efficient.

Into the future the Foundation Trust will continue with the energy saving schemes on a rolling basis, and is making inroads into other areas with associated carbon emissions such as procurement and with the introduction of a Green Travel Plan to manage transport emissions. One of the key ways the Foundation Trust will move towards being a sustainable organisation will be the mobilisation of staff on the ground within the carbon champion scheme.



Staff Survey

Statement of approach to staff engagement

The Foundation Trust's score for overall Staff Engagement is 3.70 against a national average for Acute Trusts of 3.62. The indication is based on 3 questions; staff ability to contribute towards improvements at work, staff recommendation of the Trust as a place to work or receive treatment, and staff motivation at work. The Foundation Trust's ranking compared with other Acute Trusts is above (better than) average for all indicators with the exception of staff motivation when we are in the highest (best) 20%.

The Foundation Trust conducted its own Staff Engagement Survey in 2010 and is currently consulting on a Staff Engagement Plan which will be in place for April 2011.

	2009		2010	
Response rate	Trust	National Average	Trust	National Average
	47%	51%	37%	52%

	2009		2010		
Top 4 ranking scores	Trust	National average	Trust	National average	
% of staff suffering with work related stress in last 12 months	29%	28%	23%	28%	Lowest (best)20%
Fairness and effectiveness of incident reporting procedures	3.54	3.42	3.58	3.45	Highest (best) 20%
% of staff saying hand washing materials always available	75%	69%	75%	67%	Highest (best)20%
% of staff suffering work related injury in last 12 months	13 %	17%	13%	16%	Lowest (best)20%

Bottom 4 ranking scores					
% staff experiencing discrimination at work in last 12 months	-	-	19%	13%	Highest (worst) 20%
% staff appraised with PDPs in last 12 months	50%	59%	56%	66%	Improvement but still lowest (worst) 20%
% staff appraised in last 12 months	59%	70%	66%	78%	Improvement but still lowest (worst) 20%
% of staff believing the Trust provides equal opportunities for career progression and promotion	92%	90%	86%	90%	Below (worse than) average

The largest local changes where staff experience has improved are in the following areas:

- % of staff receiving health and safety training in the last 12 months.
- Perception of effective action from employer towards violence and harassment. (1)
- % of staff having equality and diversity training in the last 12 months.
- Fairness and effectiveness of incident reporting procedures.

Where staff experience has deteriorated is in the following areas:

- % of staff believing the Trust provides equal opportunities for career progression and promotion.
- Support from immediate manager.
- Quality of job design.
- Work pressure felt by staff. [2]

Future Priorities and Targets

Priorities will continue to be to improve appraisal rates within the Trust. Analysis of results around equal opportunities and discrimination at work will be undertaken and an action plan developed to tackle these areas.

Monitoring will take place through the Quarterly Performance Review process and through the Workforce Strategy Implementation Board, which is chaired by a Non-Executive Director.

[1] When compared with other Acute Trusts in England the score for this key finding is better than average.
[2] This was the key finding in 2009 that had deteriorated.

Regulatory Ratings

In 2010/11 Foundation Trusts were rated against three categories; finance, governance and mandatory services. As part of the annual plan, we include a section with our annual assessment against each of the categories.

- Finance: Trusts are awarded a rating of 1-5 on a quarterly basis, with 1 being the lowest rating and 5 being the highest.
- Governance: Trusts are awarded a rating of red, amber or green on a quarterly basis.
- Mandatory Services: Trusts are awarded a rating of red, amber or green on a quarterly basis.

Summary and analysis of rating performance throughout the year

In 2010/11 we received the following ratings:

- Finance: 3 for quarters 1 and 2, 4 for quarter 3 and 3 for quarter 4.
- Governance: Green for all quarters.
- Mandatory Services: Green for all quarters.

In comparison to 2009/10 the Trust's performance in 2010/11 against the three categories is:

- Finance: During quarters 1 and 2 in 2010/11, the Foundation Trust was given a rating of 3. In the same quarters of 2009/10 the Foundation Trust achieved a rating of 4. However the quarter 3 rating of 4 was consistent with the quarter 3 rating during 2009/10.

- Governance: Consistent ratings of green for each quarter in 2009/10 and 2010/11.
- Mandatory Services: Consistent ratings of green for each quarter in 2009/10 and 2010/11.

Analysis of actual quarterly rating performance compared with expectation in the annual plan:

- Finance: The rating of 4 in quarter 3 is slightly higher than planned. All other quarters are consistent with the planned annual risk assessment for 2010/11.
- Governance: The green ratings for each quarter are consistent with the planned annual risk assessment of green for 2010/11.
- Mandatory services: The green ratings for each quarter are consistent with the planned annual risk assessment of green for 2010/11.

Actual performance in 2010/11 has been consistent with expected performance detailed in our annual risk assessment and we have not received any formal interventions.

Care Quality Commission (CQC) Registration

In April 2010 we were successfully registered with the Care Quality Commission as part of the regulator's statutory requirement to ensure that all health and social care providers adhere to essential standards of quality and safety. No 'compliance conditions' were imposed against the Foundation Trust, indicating that the CQC has not identified any clear concerns regarding the ability of the organisation to meet these essential quality standards.

As part of the registration process the Foundation Trust has registered two main locations for service delivery (Bradford Royal Infirmary and St Luke's Hospital) and is permitted to carry out services in line with the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment of medical treatment for persons detained under the Mental Health Act 1983
- Surgical Procedures
- Diagnostic and Screening Procedures
- Maternity and Midwifery Services
- Termination of Pregnancies
- Nursing Care
- Family Planning Services

Throughout 2010-11 we have continued to maintain this registration and have developed a productive working relationship with the Care Quality Commission.

Through the Transforming Community Services programme we are adding four additional locations our registration, these are:

- Westwood Park Diagnostic and Treatment Centre
- Westbourne Green Community Hospital
- Shipley Community Hospital
- Eccleshill Community Hospital

Our Finances

Income and Expenditure Position

The Foundation Trust continues to report a year on year surplus. This year, the year-end surplus is £3.7m which is slightly ahead of the original plan of £3.2m. The table below summarises how the position has changed between 2009/10 and 2010/11:

	Position at 31.3.10 £m	Position at 31.3.11			% Change on Previous Year
		Plan £m	Actual £m	Variance £m	
Total Income	305.4	310.3	318.1	7.9	4%
Operating Expenditure	-289.3	-295.8	-303.2	-7.4	5%
EBITDA	**16.2**	**14.4**	**14.9**	**0.5**	
Depr/Int Rec & Pay/PDC	-13.7	-11.2	-11.2	0.0	
Surplus/(Deficit)	**2.4**	**3.2**	**3.7**	**0.5**	

The Foundation Trust has continued to invest significant effort in controlling cost and recovering the appropriate amount of income commensurate with the work carried out throughout the year. The demonstration of this effort is represented in the achievement of a £13.0m cost improvement target, providing a strong foundation for the forthcoming year.

The Foundation Trust has continued to maintain a strong cash position throughout the year and ended the year with a higher cash balance than previously planned.

The annual plan submitted to Monitor awarded the Foundation Trust a financial risk rating of 3 (with ratings ranging from 1 - significant financial risk to 5 - no financial risk). The quarterly financial positions reported to Monitor have resulted in the following Financial Risk Ratings:

	FRR
Q1 (April to June)	3
Q2 (July to Sept)	3
Q3 (Oct to Dec)	4
Q4 (Jan to Mar)	3

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

2006/07	£0.7m surplus
2007/08	£1.9m surplus
2008/09	£4.3m surplus
2009/10	£2.4m surplus
2010/11	£3.7m surplus

Maintaining this healthy financial position, when considered in conjunction with the Foundation Trust's success in delivering access and waiting time targets, is recognition for all the hard work invested by all staff within the organisation.

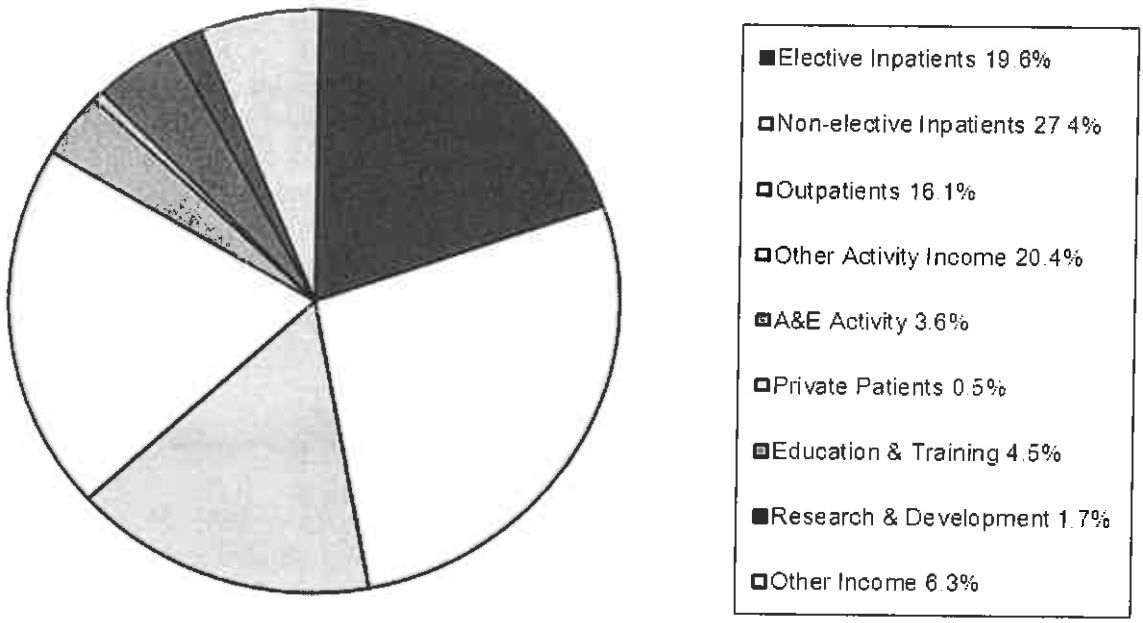
The underlying position remains one of planned surplus to maintain the strong foundation generated over recent years. The financial planning parameters used to populate the financial plan for 2011/12 reflecting both nationally prescribed assumptions and local variations, produce a significant challenge to the Foundation Trust for the forthcoming year. The emphasis will remain on maintaining robust financial management controls to deliver its financial targets and ensuring, as with previous years, that cost improvements are delivered on a recurrent basis to ensure there is not deterioration in the underlying position.

Income

The total income reported for the 2010/11 financial year was £318.1m which is split as follows:

- Income from Activities - £285m
- Other Operating Income - £33.1m

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



Income from activities is primarily income from Primary Care Trusts (PCTs) 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, catering, car parking and other services.

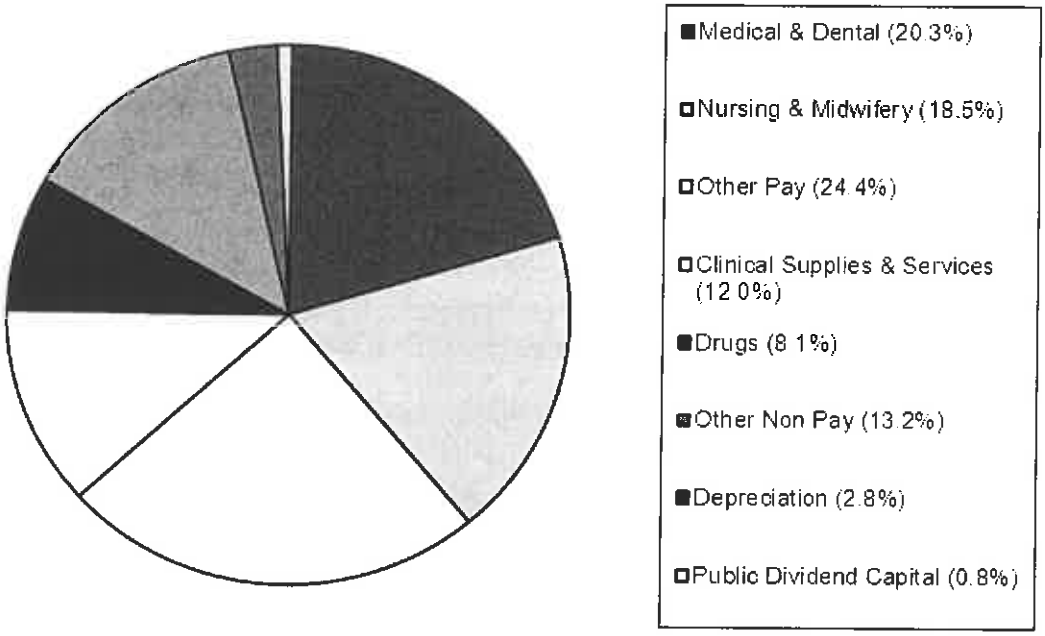
Overall this represented an Income over recovery of £7.9m. The main items making up this over recovery are:

- Increased workload associated with:

    - Higher than planned level of acute work;
    - Higher than planned levels of outpatient activity;
- Increased high cost items such as drugs and blood products chargeable to the PCTs on a usage basis;
- Other operating income as a result of additional income relating to education & training, research & development.

Expenditure

The composition of the total expenditure of £314.4m is summarised in the chart below:



Overall this represents an over spend of £7.4m. The main items making up this over spend are:

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

Total expenditure on continuing professional development was £1.4m.

Cost Improvement Programme (CIP)

The Foundation Trust commenced the year with a plan to deliver a surplus of £3.2m which represented 1.0% of turnover. Delivery of this target required the Foundation Trust to secure a cost improvement target of £13m mainly through the delivery of cost reduction programmes that deliver real cash releasing savings. The efficiency plans have been delivered through a 5% cost improvement programme levied across the Directorates/Departments. A number of corporately sponsored schemes have been commissioned to support the delivery of

Directorates' CIPs. By delivering a surplus of £3.7m the Foundation Trust has delivered its cost improvement target in full.

The financial outlook for the forthcoming and future years continues to pose a significant financial challenge which will need to be delivered through an extensive savings and efficiency programme. Maintaining the underlying surplus position and ambitious corporate strategy places greater emphasis on the requirement to identify sustainable productivity and efficiency gains both immediately and into the future. The financial performance of the Foundation Trust will be maintained through the delivery of:

- Directorate specific cash releasing programmes; and
- Centrally sponsored productivity and efficiency initiatives commissioned by the Corporate Improvement Portfolio Board.

Financial Risk Ratings

The Foundation Trust's Annual Plan for 2010/11 included an assessment of the forecasted annual financial risk rating (as prescribed by Monitor the Independent Regulator). The assessment is based on a number of financial metrics which produces an overall risk rating of between 1 and 5 (with 5 representing the most financially secure organisations).

The financial plan calculated a planned financial risk rating of 3 for quarters 1 to 4 in 2010/11. Securing a surplus of £3.7m delivers a financial risk rating of 3 for the year ending 31 March 2011.

Key Financial Risks

The Foundation Trust started 2010/11 with a number of significant financial risks, which have been managed effectively through the delivery of the financial position highlighted above.

The main financial risks for 2011/12 are similar to those experienced in 2010/11, namely the delivery of:

- Budgetary control targets and the cost improvement plans against a backdrop of inflationary cost pressures, service developments and challenging cost improvement targets;
- Planned activity and income levels and ensuring robust, timely counting and charging processes are in place to facilitate monthly reporting;
- A Financial Risk Rating (FRR) of 3 or better;
- Delivery of contractual indicators that attract financial penalty clauses for non-delivery.

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

- Identify further Directorate and centrally driven productivity and efficiency initiatives;
- Identify non recurrent measures that will release savings in-year
- Closely monitor progress on access targets using the capacity review provisions within the contract to mitigate the application of financial penalties by the PCTs;

- Detailed monitoring and management of performance against contractual indicators with rigorous internal mechanisms for targeting both delivery and improvement;
- Generate additional income/contribution;
- Regular dialogue with the Directorates, to ensure internal reporting processes are appropriately identified where contractual changes have been introduced;
- Maximise the opportunities resulting from the Transform agenda associated with the transfer of Community Services.

Improving Value for Money

The Foundation Trust continues to pursue improvements in value for money for the services it provides, together with the drive for improvements in the qualitative aspects of care. This has been demonstrated through the continued investment in the infrastructure and estate to ensure modern fit for purpose facilities are provided, meeting nationally prescribed standards. The Foundation Trust has implemented a dispensing robot in pharmacy in 2010/11 that will facilitate the release of sizeable cost savings in subsequent years.

The Foundation Trust is committed to maintaining its financial position to release financial resources for reinvestment back into services. In recognition of this, and subject to financial stability in 2011/12, the Foundation Trust will continue to explore in detail the viability of a second modular build, housing modern ward facilities together with a new main entrance.

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

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

The Foundation Trust's Corporate Improvement Portfolio Board have identified and are pursuing a number of Trust-wide modernisation and service improvement initiatives which will secure improved value for money through recurrent productivity and efficiency benefits. Examples of the workstreams underway include:

- the implementation of an Electronic Medical Record, replacing paper based patient notes, transforming the medical records function;
- continued implementation of the Transforming Surgical Pathways, maximising the efficiency and effectiveness of its operating facilities and inter-related services;
- implementation of software tools and products designed to improve the rostering of staff;
- improving the booking and monitoring of outpatient appointments to ensure that clinics are running effectively and efficiently;
- establishing a Workforce Productivity Board to oversee opportunities to maximise the benefits and value of the Trusts workforce;
- and continued participation in national benchmarking pilots.

The Foundation Trust's Service Improvement Team is working closely with Directorates to secure sustainable and tangible change throughout the organisation, the remit of the team, working in partnership with the organisation, is to:

- facilitate change and innovation;
- maximise efficiency and productivity;

- instil a culture of continuous improvement;
- train staff in improvement tools and techniques;
- co-ordinate programmes of improvement work.

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

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

Cash and Statement of Financial Position

The cash position has increased in year to £58.5m (2009/10 £51.1m). The increase is largely through a combination of the operating surplus, a decrease in receivables, an increase in provisions and other liabilities and Public Dividend Capital offset by capital payments of £12.0m including capital creditors (2009/10 £13.1m including capital creditors), a decrease in trade and other payables and net repayment of loans in the year.

Prudential Borrowing

The Foundation Trust had a maximum long-term borrowing of £51.6m (2009/10: £56.7m).

The Foundation Trust secured a loan of £10m over 10 years with the final principal repayment due on the 25 January 2019 from the Foundation Trust Financing Facility. The Foundation Trust had also secured approval for a further £15m over 15 years from the Foundation Trust Financing Facility with a utilisation date up to 31 December 2010. The FT did not take up this loan.

The Foundation Trust has secured interest free loans totalling £1.1m from the Salix Energy Efficiency Loan Scheme. The final principal repayment will be made on the 1 September 2014.

The Foundation Trust has £18.5m (2009/10: £18.5m) of approved working capital facility. The Foundation Trust did not draw on this facility during 2010/11 or in the previous year.

Private Patient Cap

The amount of income the Foundation Trust generates from private patient activities must be within the Private Patient cap set by Monitor at 1.09% of total patient related income.

The surplus resulting from private activity is reinvested into services for the benefit of NHS patients.

	2010/11	2009/10

	£ 000	£ 000
Private Patient Income	1,467	1,372
Total Patient Related Income	284,961	269,496
Proportion as a percentage	0.51%	0.51%

Public Sector Payment Policy Performance

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

The performance in 2010/11 for Non-NHS Creditors is in line with the previous year's performance and for NHS Creditors has shown an improvement in the value of invoices paid. The Foundation Trust is continuing to look at ways to improve its performance.

	2010/11	
	Number	£000
Total Non-NHS trade invoices paid in the year	45,566	99,770
Total Non NHS trade invoices paid within target	39,582	86,393
Percentage of Non-NHS trade invoices paid within target	87	87
Total NHS trade invoices paid in the year	1,461	18,343
Total NHS trade invoices paid within target	681	14,884
Percentage of NHS trade invoices paid within target	47	81

	2009/10	
	Number	£000
Total Non-NHS trade invoices paid in the year	53,089	96,538
Total Non NHS trade invoices paid within target	47,126	85,882
Percentage of Non-NHS trade invoices paid within target	89	89
Total NHS trade invoices paid in the year	1,722	24,110
Total NHS trade invoices paid within target	974	14,983
Percentage of NHS trade invoices paid within target	57	62

Investments

The Foundation Trust does not have any investments in subsidiaries or joint ventures. However, where the Foundation Trust had short-term cash surpluses to invest it placed them with approved UK registered banks and building societies and central government banking facilities including the Government Banking Service and the National Loans Fund in line with the approved policy.

Capital Programme

Capital investment totalling £13.1m was made during the year. The main elements of the capital programme are as follows:

Scheme	£million
Information Technology Schemes	1.0
Medical Equipment	4.3
Patient Environment Improvements	1.5
Buildings and Engineering Maintenance and Upgrade	4.1
New Building Schemes	2.2
	13.1

Statement on Going Concern

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

Charitable Funds

Purpose of Charitable Funds

The Foundation Trust's charitable funds are operated for the benefit of staff and patients in accordance with the objects of the charity.

Significant Donations During the Year

The Foundation Trust received a large number of very generous donations throughout the year, from many parts of the community. The Friends of BRI and Friends of St Luke's were again very supportive in their fundraising efforts.

Amongst the very generous donations received were legacies from Thomas Hall Dorman (£60,000), Marjorie Farrar (£41,021), Hilda Clark (£35,000) and Marion Moore (£25,000).

Key Benefits Accruing from the Charitable Funds for 2010/11

During the year, the Charitable Funds purchased a large number of items of equipment and new fixtures and fittings for the wards and departments within the Foundation Trust, including a Tracking Hoist Facility for the Stroke and Neurology ward.

Other significant purchases were of medical equipment, including an Ultrasound Machine for the Maternity Unit, a Defibrillator Monitor for St Luke's Renal Dialysis, a Precision Flow Unit and Starter Pack for the Special Care Baby Unit and two handheld Oximeters and Capnographs for the Intensive Care Unit.

Board of Governors

The Board of Governors holds a number of statutory duties, one of which is to be consulted on the future plans of the organisation. They appoint and remove the Chairman and Non-Executive Directors, they set the terms, conditions and remuneration of Non-Executive Directors and they receive the annual report, the annual accounts and the auditor's report on the accounts. The Board of Governors also appoint and remove the external auditors.

The Board of Governors meet formally four times a year in addition to the Annual General Meeting.

This year, in line with their statutory duties, the Governors have reappointed the external auditor, reappointed the Chairman and reappointed three Non-Executive Directors. They have been consulted on, and contributed to, the Foundation Trust's Annual Plan 2010/11. Governors have participated in the annual performance review of the Chairman and considered and accepted the annual performance review report on the Non-Executive Directors.

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

Although the working groups involve varied numbers of Governors it is recognised that those who sit on them act as representatives for the full Board of Governors. They regularly report back to the full Board at the scheduled Board of Governor meetings on activities undertaken along with any recommendations for action, discussion and agreement. Individual Governors also participate in a selection of Foundation Trust business meetings.

All Governors have been involved in some strand of the work/involvement programme and the time devoted has been fairly distributed across the whole governing body. Membership of the Governor working groups and involvement in other areas of influence has been determined through the interests, skills and knowledge Governors declared following the completion of their induction programme in July 2010.

The Governors work/involvement programme encompasses the following:

- Auditors Search Committee
- Appointments/Remuneration Search Committees
- Care Quality Commission
- Charitable Funds & Investment Committee
- Membership Development and Communications
- Patient and Public Involvement
- Quality Agenda and Ward Visits (improving the patient experience)
- Young Peoples Engagement Programme
- Volunteers Forum
- New Ward Block Development
- Regional Governors Forum
- Foundation Trust Governors Association
- Bradford Institute of Health Research Innovation Group
- 'Appliances Amnesty Project'
- 'Acute Medicine Care Project'

- Review of Patient Information (Acute Surgery Clinical Directorate)

Governors have worked towards maintaining membership levels and further developing the general membership engagement programme. Governors have continued to oversee the delivery of the membership quarterly communications.

Governors oversaw the Annual General Meeting (AGM) in September 2010 which attracted 120 people and Governors were also integral to the planning and delivery of the accompanying Open Event (the Foundation Trust's fifth annual major open event) which showcased over 30 departments, clinical areas and projects. The event attracted over 600 visitors.

In targeting hard to reach groups, Governors have worked with the Foundation Trust in continuing to develop web-based communications for young people and to involve a large number of members within a major consultation related to the Foundation Trust's Quality Account for 2011/12.

Governors were involved in supporting the Volunteers Forum in the delivery of a Charity and Volunteering Fair in September 2010 (part of the Foundation Trust's Week of Special Events).

This year saw the addition of a number of new areas of work/involvement to the Governors Work Programme;

- Patient and Public Involvement
- New Ward Block Development
- Bradford Institute of Health Research Innovation Group
- 'Appliances Amnesty Project'
- 'Acute Medicine Care Project'
- Review of Patient Information (Acute Surgery Clinical Directorate)

The composition of the Board of Governors from April 2010 to March 2011 is set out below:

From 1 April 2010 to 31 March 2011

Public Governors	
Bradford North	Mrs Mary Brewer
Bradford North	Mr Mohammad Yaqoob
Bradford South	Mr Mike Turner
Bradford South	Mrs Maureen Sharpe
Bradford West	Mr Michael Warr
Bradford West	Mrs Nora Whitham (vice-chair to Jan' 2011)
Keighley	Mr Ron Beale
Keighley (to 6 December 2010)	Mr Mike Richings
Keighley (from 7 December 2010)	Ms Vera Woodhead
Shipley	Mrs Susan Hillas
Shipley	Mrs Joan Barton

Patient Governors	
Out of Bradford Patients	Mr John Speight
Out of Bradford Patients	Mr Mick Young
Staff Governors	
All Other Staff Groups	Mr John Sidebottom
Allied Health Professionals and Scientists	Mrs Alison Haigh
Medical and Dental	Mr Mark Steward (vice-chair from Jan' 2011)
Nursing and Midwifery	Carolyn Butterfield
Partner Governors	
NHS Bradford and Airedale	Mr Shafiq Ahmed
Bradford Metropolitan District Council	Cllr Matt Palmer
Bradford University	Dr Marina Bloj
Leeds University	Professor John Young

Elections to the Board of Governors

The term of office of 1 elected Governor ended on 6 December 2010. The election process commenced on 11 October 2010.

The following Governor was elected unopposed and commenced her term of office from 6 December 2010.

Public - Keighley	Ms Vera Woodhead

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

Board of Governors

Attendance at Board of Governors' Meetings 2010/11

Name	Governor Status	Representing	21.4.10	21.7.10	13.9.010 (AGM)	20.10.10	19.1.11	total attendances*
Mr Shafiq Ahmed	Partner Governor	Bradford and Airedale tPCT	x	x	√	√	√	3 of 5
Mrs Joan Barton	Public Governor	Shipley	√	√	√	√	√	5 of 5
Mr Ron Beale	Public Governor	Keighley	x	x	x	x	x	0 of 5
Dr Marina Bloj	Partner Governor	Bradford University	√	√	√	x	√	4 of 5
Mrs Mary Brewer	Public Governor	Bradford North	√	√	√	√	√	5 of 5
Carolyn Butterfield	Staff Governor	Nursing and Midwifery	x	√	x	√	√	3 of 5
Mrs Alison Haigh	Staff Governor	Allied Health Professionals and Scientists	√	√	√	√	√	5 of 5
Mrs Susan Hillas	Public Governor	Shipley	√	√	√	√	√	5 of 5
Cllr Matt Palmer	Partner Governor	Bradford Metropolitan District Council	√	√	√	x	x	3 of 5
Mr Mike Richings	Public Governor	Keighley	√	√	x	x		2 of 4
Mrs Maureen Sharpe	Public Governor	Bradford South	√	√	√	√	√	5 of 5
Mr John Sidebottom	Staff Governor	All Other Staff Groups	√	√	√	√	√	4 of 5
Mr John Speight	Patient Governor	Out of Bradford Patients	√	√	√	√	√	5 of 5
Mr Mark Steward	Staff Governor	Medical and Dental	x	x	√	√	√	3 of 5
Mr Mike Turner	Public Governor	Bradford South	√	√	√	√	√	5 of 5
Mr Michael Warr	Public Governor	Bradford West	x	x	√	√	√	3 of 5
Mrs Nora Whitham	Public Governor	Bradford West	√	√	√	√	√	5 of 5
Ms Vera Woodhead	Public Governor	Keighley					√	1 of 1
Mr Mohammad Yaqoob	Public Governor	Bradford North	√	√	√	√	√	5 of 5
Professor John Young	Partner Governor	Leeds University	√	x	√	x	√	3 of 5
Mr Mick Young	Patient Governor	Out of Bradford Patients	√	√	√	√	√	5 of 5
	denotes period when not a Governor							
* provides total attendances out of maximum number of meetings could attend								

It will be noted that a number of Governors were unable to attend some/all of the scheduled meetings during 2009/10. The Chairman met with individuals concerned (in line with the constitutional requirement) and established there were acceptable reasons provided for non-attendance which in the majority of cases was due to other scheduling conflicts. All Governors have, however, participated in the extensive Governor Work Programme and so remain committed and active members of the Board.

Board of Directors

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

It is made up of both Non-Executive Directors and Executive Directors. The Executive Team has specific roles, with defined skills as stated in the Constitution. The Non-Executive Directors are appointed for their business skills and links to serving the local community. Prior to any new appointment of a Non-Executive Director, the Chairman carries out a skills assessment of the Board of Directors to review the person specification which accompanies the generic job description of the Non-Executive Director.

The Board of Directors meets monthly and following each Board meeting there is a lunchtime operational visit to a Directorate. During this visit the Clinical Director and General Manager are invited to give a short presentation to the Board followed by a visit to the clinical areas.

Four times a year the Board of Directors holds time-out meetings, which operate on a workshop style model. The way these meetings are held varies, with the Executive Team, Chairman and Non-Executive Directors meeting separately and then coming together to discuss a range of issues. Twice a year the Board of Directors hold joint timeout sessions with the Board of Governors. The autumn Board to Board meeting focuses on the development of the annual plan.

Key management structures that feed in to and out of the Board of Directors are the Executive Directors' group, which meets formally twice per month and the Clinical Management Group, which meets monthly. Any new business case which presents a variance to the annual plan approved by the Board of Directors, will be reviewed and approved by the Clinical Management Group before they are presented to the Board of Directors.

Evaluating Our Performance

The Chairman and the Non-Executive Directors set objectives for the Executive Directors to deliver on targets as defined by our corporate priorities.

Appraisal of the Non-Executive Directors was reported to the Board of Governors at the July 2010 meeting of the Board of Governors. The Senior Independent Director carried out the appraisal of the Chairman at separate meetings of the Board of Governors and Board of Directors, and collated his feedback to present at the Board of Governors meeting in October 2010.

The Chief Executive carried out the appraisals of the executive team, which is collated and considered by the remuneration committee.

External appraisal regarding the overall delivery and performance of the Foundation Trust is set by the ratings issued by Monitor for three key categories – financial, governance and mandatory services.

The Foundation Trust maintained throughout the year a risk rating by Monitor for financial performance by being awarded a rating of four, with five being the best rating available. With regard to governance, the Foundation Trust was rated "green" throughout the year. We were rated as "green" for mandatory services (these are a range of services we have to

provide as set out in the terms of our licence from Monitor). This means that we are performing well.

In April 2010 we were successfully registered with the Care Quality Commission as part of the regulator's statutory requirement to ensure that all health and social care providers adhere to essential standards of quality and safety. No 'compliance conditions' were imposed against the Foundation Trust, indicating that the CQC has not identified any clear concerns regarding the ability of the organisation to meet these essential quality standards. The Board of Governors evaluated and scrutinised the Board of Directors in considering a series of appointments that were required during the year. These appointments were based on an assessment and feedback received on each individual along with the overall performance of the Board of Directors.

In considering the longer term succession planning for the Board of Directors the first position to be considered was that of the Chairman, whose terms of office will expire during the coming year in June 2011. The Chairman was re-appointed for a final three year term of office, which he will commence from July 2011.

Two Non-Executive Directors, whose terms of office also expire in June 2011 having also both served six year terms of office, were both re-appointed to each serve a two year period.

One Non-Executive Director has served a three year term of office, which expired at the end of January 2011 and was re-appointed by a further three year period.

Working Together

The Board of Directors has formally consulted with the Board of Governors throughout the year to support the delivery of their statutory duties.

Through regular consultation, they also play a key role in shaping, developing and evaluating the success of our annual plan, a process that begins every autumn at the joint Board to Board meeting.

The Director of Planning and Performance has presented regular updates throughout the year to the Board of Governors to seek their views, in order to feed into the development of the annual plan.

The Board of Governors and Board of Directors meet twice a year in closed workshop meetings. Here they address issues in the emerging agenda in the Foundation Trust's work programme for the Executive Directors to develop further with the Board of Directors.

The Board of Governors Working Group has scrutinised the internal work by departments in meeting the ongoing requirements of the Care Quality Commission (CQC). This has provided the Board of Directors with additional assurance towards the ongoing in-year compliance with the Care Quality Commission (CQC).

The Board of Governors has continued to make progress in the quality assessment programme. The work programme is led by a Governor Working Group, however all Governors have signed up to participating in the ward visits. These visits consist of spot checks on the wards during which the Governors make a range of assessments which includes talking to patients and staff. The assessment tool which has been developed and piloted is now being used twice a year to carry out assessments across over thirty areas of the Trust. This information is reported to the Board of Directors and to the public at the Board of Governors meetings.

The Board of Governors Working Group lead on arranging a week of events around the Annual General Meeting and together with the Board of Directors host a series of events during this week.

Appointments to the Board of Directors

Name and title	Commenced in post/terms of office
Mr David Richardson, Chairman	July 1 2005 to June 30 2014
Mr Miles Scott, Chief Executive	Permanent post from August 30 2005
Mr Bryan Millar, Director of Finance and Deputy Chief Executive	Permanent post from October 10 2005
Professor Clive Kay, Medical Director	Permanent Post from November 1 2006
Mrs Sally Ferguson, Chief Nurse	Permanent post from March 31 2008
Dr Dean Johnson, Director of Planning and Performance	Permanent post from November 21 2005
Mr Richard Bell, Non-Executive Director and Chair of Audit Committee	June 1 2005 to May 31 2013
Mr Chris Jelley, Non-Executive Director	June 1 2005 to May 31 2013
Mr John Bussey, Non-Executive Director	May 1 2006 to April 30 2012
Mr John Waterhouse, Non-Executive Director	February 1 2008 to January 31 2014
Professor David Cottrell – Non-Executive Director	June 1 2008 to May 31 2011
Professor Grace Alderson – Non-Executive Director	December 1 2009 to November 30 2012

John Waterhouse - from February 1 2011 to January 31 2014

Although the terms of office do not expire until May or June 2011, in considering the longer-term succession planning the Board of Governors made the following appointments:

David Richardson – from July 1 2011 to June 30 2014
Richard Bell – from June 1 2011 to May 31 2013
Chris Jelley – from June 1 2011 to May 31 2013

Register of Interests

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

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

It is a statutory duty of the Board of Governors to appoint and remove the Chairman and the Non-Executive Directors. Therefore, in order to carry out this duty, the Chairman reports to the Governors on the outcome of the annual appraisal with each of the Non-

Executive Directors at the July public meeting of the Board of Governors. The Senior Independent Director then carries out the appraisal of the Chairman, taking a sounding from both the Board of Directors and Board of Governors, to formally report back to the Board of Governors at a public meeting.

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

About Our Directors

Mr David Richardson, Chairman

David was appointed as Chairman to Bradford Teaching Hospitals NHS Foundation Trust in July 2005 and re-appointed by the Governors in 2008. David is currently the Director of his own company called DGR (UK) Ltd. He is the Chairman of Bradford and Airedale Care Partnerships Ltd-LIFT Co, and Chief Executive of Bradford Breakthrough Ltd, which is the senior business leaders' forum for the district.

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

Mr Miles Scott, Chief Executive

Miles has been Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust since August 2005. Before coming to Bradford he was Chief Executive of Harrogate and District NHS Foundation Trust for four years. Miles joined the NHS General Management Training Scheme in 1988 after graduating from Cambridge University with a degree in History. His NHS career has encompassed acute, community and mental health services, the King's Fund and Trent Regional Office. He is Vice Chairman of the Foundation Trust Network Board, Chair of the West Yorkshire Comprehensive Local Research Network and a member of the GMC Undergraduate Board.

Mr Bryan Millar, Director of Finance/ Deputy Chief Executive

Bryan has worked in the NHS since 1977 in a variety of roles within Yorkshire and the North East of England. After occupying a number of posts at District and Regional Health Authorities, Bryan joined Northgate and Prudhoe NHS Trust becoming their Director of Finance and Performance Management in 1993. He became Director of Finance at Bradford Community Health NHS Trust in 1999 before moving to Bradford South and West PCT where he was Director of Finance and Deputy Chief Executive. Bryan joined the Foundation Trust in October 2005. He is a fellow of the Association of Chartered Certified Accountants.

Prof Clive Kay, Medical Director

Clive took over the role as Medical Director in November 2006 and has worked as a Consultant Radiologist at the Foundation Trust since 1998. Before working in Bradford, he spent three years at the Medical University of South Carolina as Chief of Radiological Services at the Digestive Disease Centre. Clive was the Lead Clinician for the Western West Yorkshire Upper Gastrointestinal Cancer Centre between July 2001 and March 2010. He is the Chairman of the Royal College of Radiologists' Scientific Programme Committee,

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

Mrs Sally Ferguson, Chief Nurse

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

Dr Dean Johnson, Director of Planning and Performance

Dean spent six years at Loughborough University studying mathematics to degree and PhD level. Following university, Dean started working for the NHS in 1992, on the management training scheme. After seven years working at Queens Medical Centre in operational and corporate roles, he moved to Nottingham Health Authority to be responsible for the commissioning of elective services. Following three years at the Health Authority, Dean moved to Broxtowe and Hucknall PCT as Director of Planning and Performance. Following this and in the year preceding working at the Foundation Trust, Dean worked for the Department of Health in both Leeds and London, looking at urgent care in a primary care setting. Dean's current responsibilities are for planning services, the performance management of the organisation, planning capital investment, information services and marketing

Mr Richard Bell, Non-Executive Director

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

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

Mr Chris Jelley, Non-Executive Director

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

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

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

Mr John Bussey, Non-Executive Director

After ten years in shipping and forwarding, John spent two years in corporate finance before jointly founding the Driver Hire Group. From 1985 when Driver Hire was founded it has grown from two offices to a nationwide company with more than 120 offices and a turnover of over £70m in 2004 when the business was invested in by private equity investors.

John is a member of the Institute of Logistics, the Institute of Management, holder of the Certified Diploma in Accounting and Finance from the Association of Certified Accountants and a Fellow of the Institute of Directors. He is also a chartered director and an interviewer for the Chartered Director Programme on behalf of the Institute of Directors. For 11 years John was also a board member of the British Franchise Association, has been an advisor to the Prince's Trust and is a retired Justice of the Peace.

Mr John Waterhouse, Non-Executive Director

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

He was a member of the Community Health Council and the successor organisation for public and patient involvement. He maintains his interest in the improvement of both primary and secondary NHS services in his native Bradford, particularly in the tackling of health inequalities in our city.

He lives in Idle and has served as a Magistrate in Bradford since 1992 and was a school governor. A lifetime runner, he is a member of the regional council for England Athletics, charged with modernising the sport in our region.

Professor David Cottrell, Non-Executive Director

David is the Foundation Chair in Child and Adult Psychiatry, and Dean of Medicine, at the Leeds School of Medicine. Until recently, he was Associate Medical Director of Leeds Primary Care Trust, where he was actively involved in reshaping the way children's services are provided, as well as forging partnerships with local education, social services and the voluntary sector. He remains a clinician and is a registered family and systemic psychotherapist. He has recently been awarded a large grant to conduct a major research

project evaluating family therapy following self-harm. David represents the University of Leeds.

Professor Grace Alderson, Non-Executive Director

Grace works part-time as Professor of Medical Microbiology at Bradford University where she has held a range of senior academic roles including senior Pro Vice Chancellor. She is also a Chartered Scientist, Chartered Biologist and a Fellow of both the Institute of Biomedical Science and the Institute of Biology. Grace became a Partner Governor at Bradford Teaching Hospitals in 2004 representing the University of Bradford until her appointment to Non-Executive Director on December 1, 2009. She is a member of the Lord Chancellor's Advisory Committee in Bradford and on the Board of Governors of Dixons City Academy. Grace is a lay member of the General Dental Council. She has also been a trustee for a range of charities including the higher education Equality Challenge Unit and QED-UK. Grace has been a member of the board of Salitas, a spin out company from the University of Bradford which interfaces with the health sector.

Attendance at Board of Directors' Meetings 2009/10

BOARD MEMBERS	28.4.10	26.5.10	30.6.10	28.7.10	25.8.10	29.9.10	27.10.10	24.11.10	15.12.10	26.1.11	24.2.11	30.3.11	TOTA
David Richardson	√	√	√	√	X	√	√	√	√	√	√	√	11
Miles Scott	√	√	√	X	√	√	√	√	√	√	√	√	11
Bryan Millar *	√	√	√	X	√	√	X	√	√	√	X	√	9
Clive Kay	√	√	√	√	X	√	√	√	√	√	X	√	10
Sally Ferguson **	√	√	X	√	√	√	X	√	√	√	√		9
Dean Johnson ***	√	√	X	√	√	√	√	X	√	√	√	√	10
Richard Bell	√	√	√	√	√	√	X	√	√	√	√	√	11
Chris Jelley	√	√	X	√	√	√	√	√	√	√	√	√	11
John Bussey	X	√	√	√	√	√	√	√	√	X	√	√	10
John Waterhouse	√	√	√	√	√	√	√	√	√	√	√	√	12
David Cottrell	X	√	√	√	√	X	X	√	√	√	√	√	9
Grace Alderson	√	√	√	√	√	√	√	√	√	√	√	√	12
Jo Bray ****	√	√	√	√	√	X	√	√	√	√	√	√	11

√ = Attended X = Apologies sent * = Represented by Matthew Horner ** = Represented by Sally Scales *** = Represented by Lisa Hilder
**** = In attendance

Governance Committee

The Governance Committee is a committee of the Board of Directors. The purpose of the committee is to ensure that the Foundation Trust maintains and develops an effective assurance framework and system of internal control across a range of its clinical, non-clinical, financial and business activities. Its aim is to maintain the risk to compliance with the authorisations, standards, targets, quality and safety criteria in a unified assessment framework designed to achieve organisational objectives. This is to be achieved through a process of regular reporting and evaluation, and the maintenance of risk registers at corporate and operational levels.

It does not remove from the Board of Directors the overall responsibility for the system of internal control, but provides a forum for detailed consideration of such matters in order to give Board confidence in signing the Statement of Internal Control and self-certification process required by Monitor, the Care Quality Commission and other external organisations.

The Committee met four times during the year from 1 April 2010 to 31 March 2011.

Attendance at Board of Directors' Governance Committee Meetings 2010/2011

MEMBERS	19.5.10	11.8.10	8.12.10	15.3.11	TOTAL
David Richardson	√	√	√	√	4
Miles Scott	√	√	√	√	4
Bryan Millar	√	√	√	√	4
Clive Kay	√	√	√	√	4
Sally Ferguson	√	x	x	√	2
Dean Johnson	√	√	√	√	4
Richard Bell	√	√	√	√	4
John Waterhouse	√	√	√	√	4
Grace Alderson	√	√	√	x	3
Chris Allcock (in attendance)	√	x	√	√	3
Jo Bray (in attendance)	√	√	√	√	4
Donna Thompson (in attendance)	√	x	√	√	3
√ = Attended X = Apologies sent					

Audit Committee

The Audit Committee is a committee of the Board of Directors. The purpose of the committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. During the year, the committee approved the audit plans for both internal and external auditors. Representatives from both auditors have attended each meeting and presented details of the work carried out and their main findings.

The committee has reviewed a number of key documents and the processes supporting them including the head of internal audit opinion and the Foundation Trust's annual accounts and the report produced by the external auditor on these accounts.

The committee has sought and been given assurance that the necessary co-operation had been received from Trust managers and staff. The committee was also satisfied that there was appropriate liaison and co-operation between internal and external auditors.

The committee's membership is as follows:

- Richard Bell
- John Bussey
- Chris Jelley

In addition, the Director of Finance and representatives of both internal and external audit normally attend meetings. One of the Assistant Directors of Finance acts as Secretary to the committee.

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

Attendance at Audit Committee Meetings 2010/11

MEMBERS	26.05.10	28.07.10	29.09.10	24.11.10	26.01.11	30.03.11	TOTAL
Richard Bell	√	√	√	√	√	√	6
John Bussey	√	√	√	√	X	√	5
Chris Jelley	√	√	√	√	√	√	6
Bryan Millar (in attendance)	√	X	√	√	√	√	5
Chris Allcock (in attendance)	√	√	√	√	√	√	6
√ = Attended	X = Apologies sent						

External Audit

The external auditor for the Foundation Trust is:

PricewaterhouseCoopers LLP
Benson House
33 Wellington Street
Leeds
LS1 4JP

The auditor was originally appointed in March 2007 following a procurement exercise led by a working group of the Board of Governors. The auditor was reappointed by the Board of

Governors in October 2010. The appointment is in accordance with the Audit Code for NHS Foundation Trusts, published by Monitor.

The fee for the year is shown below:

Fee (excluding VAT)	2010/11 £000
Audit Services – Statutory Audit	67.0
Other Services	30.3
Total	**97.3**

The non-audit work relates to financial due diligence work in respect of the Transforming Community and Intermediate Care Services transaction.

The provision of non-audit services by the external auditor is governed by the Foundation Trust's Policy on the Use of External Audit for Non-Audit Services, which was approved by the Board of Governors in July 2009. The main objective of the policy is to ensure that any non-audit service provided by the external auditor cannot impair or cannot be seen to impair, the objectivity of their opinion on the financial statements.

Any proposal for the use of the external auditors to provide non audit services is reported to the audit committee.

Quality and Safety Review Group

In autumn 2009 we established a non-executive led committee of the Board of Directors, the Quality and Safety Review Committee. The purpose of the Quality and Safety Review Committee is to ensure an integrated and co-ordinated approach to the management and development of quality and safety at a corporate level in the Foundation Trust. The group was responsible for initiating our new SAFE! Campaign, to improve the care of acutely unwell patients and spread best practice throughout the organisation. The work of the Quality and Safety Review Group is having real impact on the quality and safety issues being addressed. It presented its first annual report to the Board of Directors in December 2010.

Attendance at Quality and Safety Review Group Meetings 2010/11

Member	Deputy	18.06.2010	08.10.2010	17.12.2010	04.03.2011	Attendance
David Cottrell (Chair)	Non Executive Director	√	√	√	√	4
Clive Kay	Donna Thompson	√	√	√	√	4
Sally Ferguson	Sally Scales	√	√	√	√	4
Dean Johnson	Brent Walker	√	√	√	√	4
Robin Jeffrey	Ass Medical Director	√	√	√	√	4
Derek Tuffnell	Ass Medical Director	X	√	√	X	2
John Wright	Tracy Watson	√	√	X	√	3
David Wilkinson	Donna Thompson	√	√	√	√	4
Jo Bray		√	√	√	√	4
Simon Frazer	Maria Neary	√	√	√	√	4

Brent Walker	Dave Griffith	√	√	√	√	4
John Waterhouse		√	X	√	X	2
Donna Thompson		√	√	√	√	4
Sally Scales		X	√	√	√	3
Chris Allcock		√	√	√	√	4

Charitable Funds Committee

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

The Charitable Funds Committee monitors all aspects of the charity's activity with the Foundation Trust as set out within its governing document . During the year the Committee reviewed the income and expenditure of the Fund and approved changes to signatories and the setting up and closure of specific designated sub funds. Other business addressed during the year included monitoring the investment performance of the Fund, agreeing the charity's priorities as those described in "Better Medicine, Better Health" to maximise the impact of the charity and its benefits to the beneficiaries, and the deferral of the possible requirement to consolidate the charity's annual accounts with those of the Foundation Trust under International Accounting Standard 27 until the financial year 2011/12 at the earliest.

Attendance at Charitable Fund Committee Meeting 2010/11

MEMBERS	30.6.10	27.10.10	23.02.11	TOTAL
David Richardson	√	√	√	3
Miles Scott	√	√	√	3
Bryan Millar	√	X	X	1
Sally Ferguson	√	X	√	2
Sally Scales (Representing Sally Ferguson)	N/A	√	N/A	1
John Young (in attendance)	X	√	N/A	1
John Sidebottom (in attendance)	X	√	√	2
Mary Brewer (in attendance)	N/A	N/A	√	1
John Speight (in attendance)	N/A	N/A	√	1
Mike McDonnell (in attendance)	√	√	√	3
Matthew Horner (Representing Bryan Millar)	N/A	N/A	√	1
John Waterhouse	√	√	X	2
John Bussey	√	√	X	2

Remuneration Report

Remuneration Committee

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

The Chairman and the Non-Executive Directors review appraisal outcomes for Executive Directors and review progress against the Corporate Priorities.

Contracts for Executive Directors are permanent, and include a 6-month notice period. Cost-of-living pay awards are automatically linked to Agenda for Change and incremental progression is subject to achievement of objectives. The exception being the Medical Director – who has retained Medical and Dental Terms and Conditions. There is no separate provision for compensation for early termination. No significant awards were made to past senior managers during the year.

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

Attendance at Remuneration Committees 2010

MEMBERS	28.4.10	27.10.10	TOTAL
David Richardson	√	√	2
Miles Scott (in attendance)	√	√	2
Richard Bell	√	x	1
John Bussey	x	√	1
John Waterhouse	√	√	2
Chris Jelley	√	√	2
David Cottrell	x	x	0
Grace Alderson	√	√	2
Pat Campbell (in attendance)	√	√	2
√ = attended		x = apologies sent	

Directors' Remunerations
Remuneration of senior managers

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

Name and Title	Salary (Bands of £5,000s) £000s	Other Remuneration (Bands of £5,000s) £000s	Golden Hello £000s	Compensation for loss of office £000s	Benefits in kind (Rounded to the nearest £100) £000s
Mr David Richardson (Chairman)	50-55				
Mr Miles Scott (Chief Executive)	190-195				
Mr Bryan Millar (Director of Finance / Deputy Chief Executive)	155-160				
Professor Clive Kay (Medical Director)	70-75	190-195			
Mrs Sally Ferguson (Chief Nurse)	150-155				
Dr Dean Johnson (Director of Planning & Performance)	145-150				
Mr Richard Bell (Non-Executive Director)	15-20				
Mr Chris Jelley (Senior Non-Executive Director)	15-20				
Mr John Bussey (Non-Executive Director)	10-15				
Mr John Waterhouse (Non-Executive Director)	10-15				
Professor David Cottrell (Non-Executive Director)	10-15				
Professor Grace Alderson (Non-Executive Director)	10-15				

No bonus paid in 2010/11

Membership Constituencies

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

Public Membership Constituency

To be eligible for public membership a person needs to be over the age of 16 years and resident within one of the public constituencies as outlined within the Foundation Trust's Constitution.

The Public membership constituency is divided into five sub-constituencies which are known as Keighley, Shipley, Bradford North, Bradford South and Bradford West.

These constituencies are comprised of the 30 electoral wards in existence within the Bradford Metropolitan District Council (BMDC) area. In April 2010 BMDC implemented a number of changes to the constituency boundaries encompassing the electoral wards and changed the name of the Bradford North Constituency to Bradford East. One electoral ward was moved from Bradford West to Bradford East. It was determined that no discernible value would be gained from the Foundation Trust adopting these changes and so the Trust continues to reflect the old model with regards to the membership constituencies.

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

Membership Sub-constituency	Wards
Keighley	Craven, Ilkley, Keighley Central, Keighley East, Keighley West, Worth Valley
Shipley	Baildon, Bingley, Bingley Rural, Shipley, Wharfedale, Windhill and Wrose
Bradford North	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, Little Horton, Manningham, Thornton, Toller

Patient Membership Constituency

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

Staff Membership Constituency

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

The staff membership constituency is made up of four sub-constituencies which are Allied Health Professionals & Scientists, Nursing and Midwifery, Medical and Dental and, All Other Staff Groups.

Number of Members

At the year end the Foundation Trust has a total membership of 56,435. Compared to the previous year (2009/10) the Foundation Trust has 7,339 additional members registered. The table below provides a breakdown of membership within each of the main membership constituencies and where applicable the sub-membership constituency within each group.

Public Membership Constituency Breakdown	FT members	Total BMDC 16 plus pop.	Total BMDC pop	Membership as % of total BMDC 16 plus eligible public pop.
Keighley	3,479	70,895	94,368	5%
Shipley	8,340	71,428	90,029	12%
Bradford North	9,235	69,042	92,364	13%
Bradford South	10,346	71.606	110,308	14%
Bradford West	12,139	68,911	105,954	18%
Total Public Membership	**43,539**	**351,882**	**493,023**	**12%**

Total Patient Members	**7,987**

Staff Membership Constituency breakdown	FT members	Total eligible staff population	Membership as % of total eligible staff population
Allied Health Professionals and Scientists	563	580	98%
Nursing and Midwifery	1,592	1,608	99%
Medical and Dental	326	340	96%
All Other Staff Groups	2,428	2,480	98%
Total Staff	**4,909**	**5,008**	**98%**

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 Activity during 2010 to 2011

In year the Foundation Trust recruited 13,900 new members across all membership constituencies whilst membership reduced by approximately 6,000 members across all membership constituencies. This equates to approximately 11,500 new members joining our Public and Patient membership communities and approximately 450 new members joining our Staff membership constituency. Total Public membership represents approximately 12% of the local eligible BMDC population. Staff membership remains at approximately 98% of the total staff population.

In order to attain the target set for the total membership of 50,000 for 2010/2011 the Foundation Trust has undertaken its third opt-in membership recruitment drive. The recruitment drive was aimed at those who were under-represented within membership in terms of ethnicity and age. The previous recruitment drive undertaken in 2008/09 returned an over-representation of younger members, the majority of whom have retained their membership. Within this group the churn rate is lower than that overall for membership, at 7.5% against an overall average annual churn rate of 12%.

All public and patient members are able to access a range of membership benefits which include special rates for members in the Foundation Trust's restaurants and access to 'NHS Discounts', an online national discount scheme previously only available to NHS staff. New members have been recruited through a range of methods including direct calls to the free phone membership helpline, via the membership recruitment form included within all issues of FOCUS (the Foundation Trust membership magazine), and recruitment forms in circulation within the community and in wards/departments across the Foundation Trust. An increasing number of members are joining via the Foundation Trust's online joining form.

The Foundation Trust and Governors are pleased that we have managed to increase membership in line with the target set and that the membership is representative of the community served.

A Summary of the Membership Strategy

The current Membership Development Strategy was approved by the Board of Governors at their formal meeting in March 2007. The membership recruitment target set within the strategy of a membership totalling 30,000 was achieved early in the life of the strategy. The membership target has since been revised upwards to 50,000 as this figure represents approximately 10% of the local population. This level of membership is deemed to provide a good representative figure for the community served by the Foundation Trust. The membership engagement programme continued to be developed and implemented during the year. Activities and initiatives undertaken during the year are highlighted below.

Membership Activity 2010 - 2011

In year the main focus has been on delivering an effective membership engagement programme that caters to all membership groups and their preferred level and methods of engagement. This year has again seen a number of key developments with regard to membership engagement, development and communications.

Governor Working Groups

The start of the year saw significant changes to the membership of the Governing body. Four new Governors started their first term of office and ten Governors commenced their second or third term of office in April. December saw the addition of a fifth new public Governor.

The majority of Governors underwent an in-depth induction programme delivered on set days over a three month period. Following the induction programme Governors completed a skills, knowledge and development audit. Governors then took on roles within the Governor Work Programme according to their interests, skills and knowledge. The Governor Working Group programme includes areas of activity where Governors both lead on and influence developments at the Foundation Trust including all aspects of membership recruitment, engagement and communications. Although the working groups involve varied numbers of Governors those who sit on them act as representatives for the full Board of Governors. They regularly report back to the full Board at the scheduled Board of Governor meetings on activities undertaken and bring recommendations for further actions to the full Board for further discussion and agreement. There are Governor Working Groups involved with each of the developments relating to the distinct areas of membership activity outlined below.

'Week of Special Events'

The Foundation Trust's annual week of special events ran from Monday 13 September to Friday 17 September 2010. The events were delivered from a specially erected Marquee at BRI and from the Sovereign Lecture Theatre, Field House Teaching Centre. The increasingly popular series of open days, awards nights and thank you events;

- Paid tribute to staff and volunteers for their hard work and support during the last year in the delivery of the corporate objectives including, most significantly, the cost improvement programme;
- Promoted service developments and important projects and campaigns being delivered in line with the Corporate Strategy to our members, patients and the general local population, within the context of improving the patient's experience;
- Provided an opportunity for staff to understand more about the procurement process and meet directly with suppliers with the aim of encouraging efficiency savings.

The range of events delivered during the course of the week attracted a combined audience of 2,850.

Event	**2009**	**2010**
Volunteering/Charities Fair		200
Staff Benefits & Information Event	300	450
Long Service Awards / Team of the Year / Hospital Oscars	200	200
Annual General Meeting	150	120
Open Event	800	600
Procurement Event	450	700
Staff Thank You (Quiz Night)	200	220
Volunteers Thank You Lunch	200	200
'Friday Night Finale' (Live music charity event)		160
Total	**2,750**	**2,850**

The 'week of special events' is built around the key event of the week, the annual membership showcase event which coincides with the Foundation Trust's AGM.

Open Event/AGM 2010

In September 2010 the Foundation Trust, with the support of Governors, delivered its fifth annual Open Event combined with the AGM. This major event attracted 600 visitors and approximately 120 people attended the Annual General Meeting. The annual open event provided an opportunity for Foundation Trust members to find out more about the services delivered by the Trust. The event featured 33 hospital teams including wound care, stroke services, infection control, emergency planning and A&E, palliative care, women and children's services, the chaplaincy, catering, security and bowel cancer screening. The event also featured opportunities for visitors to talk to staff involved in the delivery of key projects such as 'Being Open', the SAFE! Campaign and 'Going Digital' (a key Foundation Trust project focussed on replacing a number of paper-based systems with electronic equivalents).

Governors' awards were presented to those teams taking part in the event who best communicated the ethos of the day, which was 'communicating effectively with patient/public members and other visitors to the Foundation Trust who might not have previously come into contact with the services provided'. Feedback has shown that the awards are very highly regarded amongst staff with each year bringing even stronger competition.

Although the attendance figures at the Open Event were slightly below those recorded in previous years many comments received in the satisfaction surveys from both staff and visitors highlight the benefit of being able to spend more time with individuals leading to an increased qualitative experience.

Volunteers Forum

The Volunteers Forum comprises eleven charitable and voluntary organisations operating within the Foundation Trust. Governors support the work of the forum by providing regular feedback on activities and developments to the main Board of Governors.

During 2010/11 the forum has continued to raise and consolidate its profile within and outside of the Foundation Trust. The Volunteer and Charities Fair took place on Monday 13 September (as part of the 'week of special events' held by the Foundation Trust). The event included participation from voluntary and charitable organisations operating at the Foundation Trust along with volunteer groups/organisations and charities operating within the local community. Governors' awards were made to a number of internal and external organisations which were judged to have best communicated their messages to visitors.

In September 2010 during the Foundation Trust's 'Week of Special Events' the fifth annual Volunteers Thank You Luncheon took place. The event, hosted by the Chairman and Chief Executive, paid tribute to the very significant contribution made to the life of the Foundation Trust by the volunteers and charitable organisations. The event honoured volunteers with long service awards and a volunteer of the year award. Approximately 200 volunteers from the groups who comprise the forum attended the event.

The forum's involvement in these events has served to increase awareness of the roles of volunteers across the Foundation Trust and has also served to support an increase in the number of people registering as volunteers.

Regular articles continue to be placed within the Foundation Trust's internal staff magazine (*Trust Today*) and within *Focus*, the membership magazine.

Young Peoples Engagement Programme

The Governor Working Group has supported the delivery of an expanded engagement and communications programme aimed at both our younger Foundation Trust members and our local students within statutory, further and higher education. The focus of the programme of work in year has included further development of the website launched at the end of the previous year in March 2010.

The site provides an information resource with a focus on the range of jobs and career options in the NHS as well as training and education opportunities for young people. The resource also provides information on how young people can access the various opportunities available at the Foundation Trust such as work experience, short courses for those interested in science, nursing and medicine and advice and guidance on applying for the Foundation Trust's young volunteers programme. During the course of the year 12 short videos have been produced which provide a snapshot of the job roles of a wide range of employees working at the Trust which will give our site visitors insights into their jobs and careers. Those featured include a surgeon, the web manager, a healthcare assistant, a nurse and one of the Trust's pharmacists.

Links continue to be developed with local high schools' staff and students. A range of arts based projects are underway with a number of teams within the Women's and Children's Directorate. Developments are also underway to create a gallery space within the Bradford Royal Infirmary Site. The Governor Working Group is currently working with the Foundation Trust's Training and Education department to deliver the fifth annual student open event in October 2011.

Bradford Institute of Health Research forum seminars

The Bradford Institute of Health Research established a rolling programme of seminars during 2010/2011. These seminars reported on a range of different research projects taking place at the institute. Invitations to the seminars were extended to Foundation Trust members and their guests. Attendees had the opportunity to find out more about:

- Bradford Wound Healing Unit
- Culture and Chemotherapy: Cancer Research in Bradford
- Developments in Haematology Research at Bradford

Membership Consultation on the Quality Account

One of the key initiatives involving members within 2010/11 was the major consultation involving selected public and patient members of the Foundation Trust. The consultation focussed on identifying members' priorities for improvement in relation to the patient experience. This consultation was part of the wider consultation with a range of stakeholders seeking to identify the priorities which would be included within the Foundation Trust's Quality Account for 2011/12.

This consultation was led by the Patient & Public Involvement Governor Working Group. Governors within this group worked with the Foundation Trust to formulate a consultation questionnaire, following a review of the common themes reflected in a range of patient feedback sources available to the Foundation Trust. This included feedback collected from Complaints, the Patient Advice and Liaison Service and from local and national patient surveys.

In January 2011 the consultation questionnaire was sent to 1,000 members. These members were selected from those who had completed the revised membership interest's questionnaire and had indicated that they would be happy to be involved in Patient and

Public Involvement activities. All those selected had recent patient experience (either as an inpatient and/or outpatient).

This is the first membership consultation undertaken to ascertain and understand the priorities of members. The resulting information gathered around membership expectations (priorities) and membership experiences has provided a useful addition to the intelligence being collected to reflect how well the Foundation Trust is delivering against expectations.

- 537 questionnaires were returned representing a 54% response rate.
- A total of 77 questions were asked.
- 34 questions related to members' expectations with regard to the importance they placed on aspects of their care and treatment.
- 43 questions related to members' outpatient / inpatient experiences at Bradford Teaching Hospitals and how good these experiences were.

Seven priorities for improvement were identified from the information collected from members. The Foundation Trust has included all seven priorities within the Quality Account for 2011/12.

Patient and Public Involvement

Throughout the year small groups of members have been invited to take part in a range of small and large scale activities. Aside from the major membership consultation on the Quality Account active members have been involved in 'patient communications' and attended consultations on the Foundation Trust's planned new ward block development. Approximately 300 members have registered with the Bradford Institute of Health Research to support a range of research development activities.

The membership interest's form has been circulated to all new members and provides an opportunity for members to register their interests and state their willingness to be involved in Patient and Public Involvement activities.

Reports on all membership events, activities and developments have been presented to the membership as a whole via articles and updates within *FOCUS*, the membership magazine.

Membership Communications

Members have received regular quarterly communications consisting of two update letters alternating with two membership magazines during the year. These communications have provided updates on new developments at the Foundation Trust, information on membership activities, useful patient information, patient stories, spotlights on services, reports to the membership from the Governors and useful contact information. This year there has been an increase in patient-focused stories as these have proved popular with staff and members.

All new members have received a welcome letter which includes information requesting preferred methods of communication. The Foundation Trust continues to collate information provided by members who are willing to receive electronic communication and share mailings with members of the same household. The membership welcome letters include a membership identity card containing useful contact details for the Foundation Trust including PALS, Complaints, Membership contact information and details of the Foundation Trust website.

Governor's main method of communicating with the membership is through the twice yearly membership magazine (FOCUS) and two information letters. The magazine

includes regular reports providing feedback on the business covered by the Board of Governors meetings.

Contact procedures for Members who wish to communicate with Governors

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

Members are encouraged to raise questions regarding the business of the Board of Governors by contacting the Head of Corporate Affairs in the first instance in advance of meetings.

Board of Governor papers and agendas are published on the Foundation Trust's website two weeks prior to the meetings taking place.

Members are advised of these processes through the membership welcome pack, the quarterly membership communications updates, the agenda for the board of governors meetings and via the Foundation Trust's dedicated membership website pages.

Public Interest Disclosures

Countering Fraud and Corruption

The Foundation Trust complies with the Secretary of State's directions on counter fraud measures that were issued in 2004.

A programme of proactive work has been carried out during the year by the Foundation Trust's Local Counter Fraud Specialist and this has linked closely with the Foundation Trust's communications plans.

The Foundation Trust's fraud and corruption policy and a range of related materials are available on the intranet for staff and work has continued to raise the profile of the Local Counter Fraud Specialist through a range of initiatives.

Foundation Trust staff have been communicated to about tackling fraud in the NHS and who to contact if they suspect fraud has been committed. Internal publicity to promote counter fraud week and the role of the Local Counter Fraud Specialist has taken place and counter fraud leaflets have been distributed throughout the hospitals.

Equality and Diversity

The Equality Act 2010 came into force on 1st October 2010. The two main purposes of the Act are to harmonise discrimination law and to strengthen the law to support progress on equality.

Most of the existing discrimination legislation will be repealed as the different parts of the Equality Act (2010) come into force. The main components of the Act came into force in October 2010, with the integrated public sector Equality Duty coming into force in April 2011.

Main provisions prohibiting direct and indirect discrimination, harassment and victimisation apply to 9 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The public sector equality duty applies to eight relevant protected characteristics: age, disability, gender-reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

In addition to the general public sector Equality Duty, following public consultation, the government published, in December 2009, its proposals for specific duties: 'less prescriptive, more flexible, and more outcome focused' than existing specific duties. The new government may still wish to make some changes. The current proposed specific duties which include, a duty to set equality objectives based on evidence, consultation and relevance and the duty on public authorities with 150 or more employees to publish workforce equality data, including the gender pay gap (single median figure), ethnic minority employment (% of workforce), disability employment (% of workforce).

The Foundation Trust's Equality and Diversity Team

The Foundation Trust's Equality and Diversity team has been set up to ensure services delivered by the organisation are not discriminating against any individual or groups. The following posts make up the Equality and Diversity team;

- Head of Equality and Diversity
- Interpreting and Patient Communication Manager
- Office Administrator/Manager
- Bookings Co-ordinator
- 6 WTE Liaison Officers

The Human Resources Directorate works to promote Equality and Diversity among the workforce. This includes responsibility for the Dignity at Work Policy, which incorporates Harassment and Bullying. Professor Grace Alderson is the Non-Executive lead on equality and diversity.

During the year the Foundation Trust supported five members of staff and Professor Grace Alderson, Non-Executive Director and BME sponsor, to attend the national NHS BME Network conference 'Hope, Change and Bottom Up'. The conference launched a national initiative and presented fresh approaches to promote race equality in the NHS.

Achievements

The Foundation Trust has made good progress in making services accessible to patients. Below are just some of the achievements to date.

Equality Impact Assessments

Equality Teams, made up of clinicians, lead nurses, managers, staff and patient representatives are meeting across the Foundation Trust to look in detail at the policies, services and functions that have the greatest impact on the community we serve. These teams are considering the equality issues and asking our stakeholders - patients, Foundation Trust members, partners and the public to comment and make suggestions for improvement.

Interpreting Services (Spoken Languages)

Over 15,000 interpreting sessions were carried out in 2009 (Jan- Dec).The demand for interpreting services has doubled since 2005 and will continue to increase into the future. The range of languages in which interpreting services are provided is also increasing, with interpreting services provided in over 40 different languages in 2009 (Jan – De).

The demand for interpreting services is met through six whole-time equivalent (WTE) in-house interpreters providing services in a core set of languages (Urdu, Punjabi, Polish, Bengali, Hindi) and additional support via a database of sessional and agency interpreters.

Face to face interpreting services are backed up with a 24 hour telephone interpreting service to ensure that patients and staff have access to interpreting services outside of office hours. In addition to this, through the intranet, staff have access to a list of interpreters who they can contact directly outside office hours.

Interpreting Services (British Sign Language - BSL)

For the provision of BSL interpreting services, the Foundation Trust is on track to spend in the region of £50,000 by the end of this financial year. BSL interpreting services enable deaf patients to effectively communicate with staff. The Trust works closely with Morley Street Resource Centre to quality assure the delivery of BSL services.

Text Relay

The benefits of Text Relay (a service which enables deaf or hard of hearing patients to communicate over the phone using a minicom) have been promoted across the Foundation Trust to enable deaf or hard of hearing patients to communicate with staff over the phone. Departments are encouraged to add Text Relay details on letters and patient information

Concerns and Complaints

The Foundation Trust is committed to ensuring that the complaints process is accessible to everybody. We are aware that people who do not speak English or those that use BSL may find it difficult to raise a complaint. To this end we have added a BSL translation of the Complaints Leaflet on to the Foundation Trust's website along with audio translations of Urdu, Slovak and Pahari.

We have also produced an easy read version of our complaints leaflet. Easy Read is an accessible information format, mostly used by people with Learning Disabilities.

Equality Implementation Group

The Equality Implementation Group was established in 2008 with the aim of mainstreaming Equality and Diversity into the day to day work of the Foundation Trust. The group has representation from all the Directorates and is chaired by the Head of Equality and Diversity. The group has assisted in rolling out the Equality Impact Assessment (EqIA) process across all Directorates, getting key Equality and Diversity messages to the front line, promoting Text Relay and sharing of good practice learnt from PALS issues and complaints.

The EqIA process is well established within the Foundation Trust, where policies and functions (services provided by the Foundation Trust) are reviewed to see if they have an adverse impact on any particular group of people. Where issues are found as a result of the EqIA process, an action plan is developed to remedy the situation. For example many of the EqIA's have found that communication with non-English speakers is a major barrier to effective patient care, hence the project looking at Video Interpreting below. Another common theme across different EqIA's has been the use of family and friends as interpreters. The Foundation Trust currently does not have a policy or guidance around this area.

Some of the key functions that have had an EqIA are Recruitment and Retention, Maternity Services, Theatres and Employee Relations.

The EqIA process is also integrated into the Directorate annual planning process where appropriate targets for Directorates have been established.

Closing the Gap

A "Closing the Gap toolkit" has been developed and rolled out across the Foundation Trust to assist staff in identifying care needs of patients with learning disabilities. The toolkit highlights any adjustments needed so care can be tailored to patient needs effectively. The toolkit forms part of the Closing the Gap Policy.

Staff Networks

Staff networks for LGB, BME and Disabled staff have been established within the Foundation Trust. All the networks are confidential, self-governing groups, which provide support and help in raising awareness of issues affecting these staff groups. The Foundation Trust has granted approval for staff to attend network meetings during work time.

Feedback from the networks is being used by the Foundation Trust to improve employment practice within the Trust. For example, representatives from the different Staff Networks attend the Diversity Workstream of the Workforce Strategy Implementation Board to highlight various issues affecting the different staff groups and assisting in developing action plans to deal with those issues.

Diversity Workstream (Employment)

A group, chaired by the Director of HR, has been established to review the Foundation Trust's recruitment practice and work towards improving opportunities for staff. The group reports into the Workforce Strategy and Implementation Board.

Scrutiny Committee

An Equality and Diversity Scrutiny Committee was set up by Bradford Teaching Hospitals Foundation Trust in 2009 composing of representation from communities of interest in the Bradford District representing the six Equality Strands.

Unfortunately, a review of the committee concluded that it was not achieving its objectives, mainly through a lack of attendance from the groups and organisations representing the different equality strands. A decision was made to cancel future meetings of the committee and look at alternative ways of consulting and engaging with communities of interest.

Challenges

Although we have worked hard to increase access to our services for all groups, there are still areas that are presenting challenges moving forward, some of these challenges are listed below.

- In response to rising demand, develop effective interpreting services so staff are able to use interpreters in a timely manner, to communicate with their patients.
- Improve consultation to make sure we are consulting with a wide range of patient/people from all the different equality groups and using their experiences and views to improve services.
- Provide information in accessible formats for patients.
- Ensuring that the EqIA process delivers real change and identified actions are implemented within Directorates.
- Look to effectively meet the challenges of the Integrated Equality Duty when it comes into force in April 2011 (Equality Act 2010)

Future Developments

Below is some of the work currently being carried out to meet the challenge of ensuring our services are accessible to everyone.

Video Interpreting Network

An innovative project looking at a Video Interpreting Network is being carried out to enable the Foundation Trust to effectively meet the needs of patients who do not speak English or use BSL.

Easy Read

A project looking at producing an Easy Read version of the "Coming into Hospital" booklet will soon be completed. Easy Read is an accessible information format, mostly used by people with Learning Disabilities. Other groups, like older people and speakers of other languages may also use it.

At the end of the project guidance around producing easy read information will be developed and promoted across the Trust to enable Directorates to produce other information in Easy Read.

This project is being carried out in conjunction with a learning disabilities group (Bradford People First).

BSL Translations

BSL Translation of the "Coming into Hospital" booklet will soon be produced and put onto the Trust's website. This will enable deaf patients to have access to the information.

Equality Delivery System (EDS)

EDS can be described as a "framework or a process" designed to enable NHS organisations to set and achieve equality objectives and meet statutory obligations.

The EDS has been developed by the Equality and Diversity Council (EDC) for the NHS. Equality and Diversity Council is a sub-committee of the NHS Management Board. David Nicholson chairs both the EDC and the NHS Management Board.

The Foundation Trust is looking to adopt the system and has been involved in the consultation phase.

Communicating With Our Staff

During the year, we have made sure that we communicate effectively with our staff over matters that concern them as employees. Staff have access to information through our newly-revamped intranet, staff magazine, monthly core briefings after the Board of Directors meeting, globally-sent emails and individual directorate briefings.

We have continued to use these methods of communication to make our staff aware of the financial and economic factors affecting the performance of the Foundation Trust.

We make every effort to make sure that our staff are engaged and involved in the day-to-day decision-making at the Foundation Trust. We have a staff involvement policy, which sets out how we do this and 2011 will see us embarking on a new staff engagement programme.

The Staff Suggestion Scheme across the Foundation Trust gives staff the opportunity to provide feedback and make suggestions which could help save money, improve the delivery

of a service or improve the experience of patients. Staff Governors, working with the Chairman, review all suggestions and prizes are awarded to staff whose suggestions are successfully implemented.

Our policy on equality and diversity includes a code of practice on recruitment and selection, which takes into account the need for reasonable adjustments for disabled employees.

We also have a policy on managing attendance, which contains specific provisions for dealing with employees who have become disabled. We have a staff development policy where we manage the development of staff, including disabled employees, within the Knowledge and Skills Framework and their personal development plan.

Caring for Our Environment

The Foundation Trust's operations have a large environmental, social and economic impact on the local community. We recognise our responsibility to deliver these services sustainably, in a way that protects the planet's natural resources, ensures a healthy and just society and contributes to a productive economy. In practical terms this means consuming less resources, producing less waste and operating with less energy, even when levels of patient services are increasing.

Being a large organisation the Foundation Trust is committed to operating as a good Corporate Citizen. Good corporate citizenship requires us to integrate our environmental, social and economic considerations into the core NHS strategy, rather than it being an additional regulatory burden tagged on the side.

The Foundation Trust has developed a Sustainable Development Strategy that outlines a plan of action to achieve the aims of sustainable delivery of care. Our Sustainable Development Implementation Plan provides a framework for setting specific sustainability objectives and targets to achieve the plan. Governance and implementation of the strategy is the responsibility of the Sustainable Development Steering Group (SDSG), led by the Chairman David Richardson. The objectives aim to achieve a 10% target reduction by 2015 and cover the following areas:

- Energy and carbon management, design of the built environment, water and finance
- Procurement and food
- Waste and transport
- Organisational and workforce development
- Role of partnerships and networks and Governance

To demonstrate our commitment to continual improvement, prevention of pollution and compliance with environmental legislation the Foundation Trust is in the process of implementing an Environmental Management System (EMS) and is working towards ISO14001 accreditation.

The Foundation Trust is participating in Phase 4 of the Carbon Trust NHS Carbon Management Program and has committed to a CO_2 emissions target reduction of 20% by 2014/2015 on the 2007/2008 baseline. We have been very successful in obtaining Salix funding and are continually investing in carbon reduction projects including:

- Energy efficient engineering projects at Bradford Royal Infirmary and St Luke's

- Metering and monitoring projects
- Green travel planning
- Carbon champions and energy campaigns
- Waste management projects

Since 1999, the Foundation Trust has held the Carbon Trust Carbon Standard, the requirements of which are to be able to demonstrate a continued annual reduction in carbon emissions and ongoing investment in carbon saving schemes.

The Foundation Trust has reduced CO_2 consumption by 9.9% since the 2007/2008 financial year. We are well on our way to achieving our 20% target by 2014/2015. Our weather-corrected energy benchmark performance of 47 GJ/100 m^3 is remarkable compared to the average of other old acute large hospitals at 66 GJ/100 m3. With the introduction of better recycling practises we have been able to reduce our overall waste recycling rate from 41% in 2009/10 to 46% in 2010/11.

Volunteering

Our volunteering community has more than doubled in the last five years and it continues to grow. There are now more than 500 volunteers providing a vital resource in the delivery of patient care within our Foundation Trust.

Volunteering can be extremely rewarding and beneficial to both the volunteer and patient, providing a worthwhile activity and a purpose in life. It also provides the opportunity for members of the public to get involved in local healthcare services and to make a real difference.

Our volunteers deliver a wide variety of practical services, with the aim of improving the patient experience. In addition, through various fund raising activities, many of our charities have donated equipment, soft furnishings and other much-needed items to our wards and departments.

Volunteers are welcome at the Foundation Trust from the age of 16.. There is no upper age limit, we just ask that our volunteers are fit enough to carry out their role. Membership comprises of all ages, backgrounds, experience and skill. We strive to offer placements within an equitable framework and opportunities are, therefore, developed to support the demand from our wards and departments, while also reflecting the needs of our diverse community.

In addition to those who are retired, requests for volunteer placements from younger, pre-retirement age people are continually increasing. This group includes those who have been made redundant or are unemployed. The placements they seek tend to be much shorter and mainly carry the aim of gaining experience, in the hope that it will assist them in securing paid work. The implications of this for the voluntary services department include a faster turnover and an increased workload. The department is currently supported by two full-time and one part-time staff.

A number of groups (volunteer-led and other charitable organisations) continue to operate from within the Foundation Trust. Through membership of the Volunteer Forum Group, these groups collectively continue to grow and develop into a mutually supportive network, raising and promoting the good work of our volunteers.

The Volunteer Forum Group is supported by two Foundation Trust Governors , who provide support, advice and a good communication link with the Trust Board. Close links are maintained with external groups such as the Bradford Strategic Volunteer Partnership and Bradford University Student Volunteer Centre.

The voluntary services department continues to manage the relationship between the Foundation Trust and a number of those voluntary and charitable organisations. The 12 most active groups have a combined membership of 908 people. Through a variety of services and activities, our volunteers are able to support our staff, patients and visitors.

Six distinct voluntary organisations, with charitable status, are registered with the Foundation Trust and are directly managed through the voluntary services department:

- The Friends of BRI
- The Friends of SLH
- Radio Royal
- St Luke's Sound
- Bradford Heart Support Group
- Stroke Carer Support Group

A number of other voluntary groups are also registered with the voluntary services department and we maintain strong links with them too. These groups fall within the management of those who specialise in that particular field:

- The Chaplaincy Group
- Born In Bradford Project
- Cancer Information Centre Volunteers
- Downs Syndrome Support
- Ear Trust
- Toy Library

The department continues to work closely with Bradford University and local schools and colleges to provide valuable learning opportunities and experiences for students, and other young people under the age of 25, through voluntary placements.

There are two periods of recruitment for this age group each year with 50 places available in each intake. Students are required to commit to a minimum of six months and recruitment has been organised to allow for exam timetables.

The demand for volunteers within wards and departments continues to increase, with new projects being introduced. These have included requests for a new guiding service in the Outpatient West Department and the Diabetic Unit. A team of volunteer play assistants has been introduced into the paediatric wards at BRI and the paediatric outpatients department at SLH. A drop-in session which will offer carers of stroke patients support and advice was introduced last year and has received good feedback. The session is based on Ward F6 at SLH and is proving a useful way of feeding back carers concerns to staff.

Over the last 12 months, we worked with Morley Street Resource Centre to provide a much-needed support system for visually impaired patients. In particular, this service provides immediate support for patients who have been placed onto the visually-impaired register and offers help and advice to patients and their carers. The project proved so successful that a paid position has now been developed and more recently, the help of volunteers has been requested once again.

The Ward Trolley Service, which has been trialled over the last 10 months, has proved so successful that we are exploring the possibility of setting up a second trolley run to reach even more wards at the BRI. The trolley provides cold drinks, confectionary, newspapers and magazines for those who are unable to visit the hospital shop.

A number of other voluntary and charitable organisations continue to have strong links with the Foundation Trust and liaise closely with the voluntary services department. Whilst most groups maintain their own distinct identity and purpose, all groups share the same aim to assist and improve the experiences of patients who receive healthcare within our hospitals and to enhance patient care.

Health and Safety

The work to continually improve health and safety within the Foundation Trust is progressing. Generally, awareness of health and safety has been raised through the Risk Management newsletter, training, risk management meetings, communicating health and safety statistics and shared learning bulletins. The risk management website on our intranet also plays an important role in highlighting key messages. There is a health and wellbeing strand of work from the workforce strategy implementation group which contributes to health and safety within the Foundation Trust.

The Foundation Trust's risk assessment programme continues and is incorporated within relevant directorate risk registers and where appropriate, onto the corporate risk register.

3,140 health and safety risk incidents were reported in the last 12 months, 636 of these incidents related to staff. The following areas continue to be our highest reported health and safety incidents:

- injuries caused as a result of slips and trips on the same level;
- injuries caused as a result of falls from a height;
- incidents of verbal abuse by patients or visitors;
- injuries caused by contamination, for example sharps injuries.

Effort continues to be focused on the above risk areas with specific groups being set up to concentrate on reducing the number of incidents. In the last 12 months a workstream has been set up which is looking at preventing patient falls. The group have been looking at the information that is already available for staff on patients that are at risk of falling and developing guidance, assessments and care plans to aid staff. A new template has been introduced for recording patient falls to ensure more detailed and better quality reporting at the time of the incident. The template is being reviewed to ensure that the data now being collected is more meaningful and can assist in learning.

The falls sub group is reviewing incidents that have led to a patient fall and are looking at what controls were put in place for each of the patients. As part of this work, root cause analysis is being undertaken and lessons learnt are being produced for sharing across the clinical areas.

Occupational Health

It has been a very busy but successful first year for the Workplace Health and Wellbeing Centre which secured the tender for business from Bradford University's School of Health

Studies for a further two years from February 2011.A new national contract has also been implemented with medium-sized businesses in the private sector. A systematic customer relations management system for the centre is now in place and a Business Development Strategy has recently been implemented.

The department also welcomed a new Occupational Health Consultant, Dr. Anna Trakoli, to the team in September 2010.

Training sessions have been run for Foundation Trust managers on the role of Occupational Health in sickness absence management and managing staff with mental health issues. The nominated Display Screen Equipment (DSE) assessors have been trained in line with the updated policy and a continuous rolling programme of training sessions planned. Back care training sessions are also being delivered to non-clinical support services staff.

Our staff seasonal flu vaccination campaign was again hugely successful in 2010/11 and uptake increased to 51.1% this year – an increase of 21.1% on the previous year.

This year the Workplace Health & Wellbeing Centre has developed a vision and an action plan for service development over the next 12 months.

A systematic health surveillance process for dermatitis was introduced earlier in the year and in future this, and other types of health surveillance, pre-employment screening and management referrals will be delivered by a new web-based system as the department streamlines these processes.

Further quality improvement initiatives are being implemented. The satisfaction rate for management referrals is currently 91% in the past 12 months. A new employee feedback questionnaire will be introduced in April 2011.

The department participated in the second national audit of Occupational Health processes regarding back pain and depression. As a result of the first audit last year several new types of evidence-based documentation were implemented.

The department has also signed up to the Faculty of Occupational Medicine Standards of Accreditation and NHS Plus Occupational Health Quality Standards. These standards are new and nationally recognised as the quality accreditation for Occupational Health. Formal assessment will take place in 12 months.

A new muscular skeletal pathway for staff is being developed in conjunction with the physiotherapy department which will include triage of referrals and fast track to treatment. The aim is the reduce the length of long term sickness absence, resulting in increased productivity for the Trust and a better quality of life for staff.

The Department has future plans to introduce podiatry and complimentary therapies while the staff gym and Health and Wellbeing Centre are gearing up for the 2012 Olympics by organising the NHS Challenge on behalf of the Foundation Trust.

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 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 the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Bradford Teaching Hospitals NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Bradford Teaching Hospitals NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting* Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's *NHS Foundation Trust Accounting Officer Memorandum*.

Signed .....

Chief Executive Date: 25 May 2011

Annual Governance Statement 2010/11

(previously named Statement of Internal Control)

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bradford Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the Annual Report and accounts.

Capacity to handle risk

As the Chief Executive of a large acute teaching hospital Foundation Trust, I recognise that committed leadership in the area of risk management is essential to maintaining the sound systems of internal control required to manage the risks associated with the achievement of corporate objectives and compliance with our terms of authorisation as an NHS Foundation Trust.

To this end I also recognise that diligence and objectivity are personal attributes required to ensure that appropriate structures are in place to gain assurance about the management of risk, from both internal and external sources.

In order to demonstrate this commitment, the Medical Director and Head of Corporate Affairs are personally accountable to me for the maintenance and development of the governance framework for the organisation. The Medical Director is responsible for clinical risk and the Head of Corporate Affairs is responsible for corporate governance. In addition the Medical Director plays a key role in the Quality and Safety Review Group which was established in the autumn of 2009 and provided the Board of Directors with its first annual report in December 2010.

The Governance Committee of the Board of Directors, chaired by the Foundation Trust's Chairman, is charged with coordinating, monitoring and overseeing risk management of both clinical and non-clinical governance agendas. I am a member of this Committee, together with Executive Directors and representative Non-Executive Directors. The Governance Committee of the Board of Directors complements the Audit Committee of the Board of Directors and the Quality and Safety Review Group.

In addition to this I recognise that effective training is essential in the management of risk and this is demonstrable at all levels within the organisation. At an operational level, the Foundation Trust has in place well developed programmes of generic and specific risk management training. These programmes, including those at induction, are aimed at minimising common risks at ward and development level.

At the Clinical Directorate level, designated risk coordinators are in place to coordinate devolved risk management arrangements. Local policies are in place at this level, as are directorate risk registers. Specialist advisors are available to provide input to these arrangements and generic advice and support is provided by the risk management team.

At the senior management level the system of control for business, financial and service delivery risk is encompassed within the Organisational Management Framework, as described in the Risk Management Strategy. The use of the risk assessment tool and the processes of control and assurance attendant to risk minimisation has been shared and disseminated at senior management level through regular risk management meetings. It is working practice that all Board of Directors' papers and reports include a summary of risk assessment.

On scheduled dates throughout the year Executive and Non-Executive Directors go on leadership walkarounds in pairs with the remit of talking to frontline staff and patients to understand their concerns around the priorities for the department. All feedback from these discussions is recorded and acted upon.

Learning from good practice and from untoward incidents is seen as a primary mechanism for continuously improving risk management systems. In the Foundation Trust these lessons are derived from external guidance, from site visits and from incidents reported through the hospital's risk incident reporting system. All Serious Untoward Incidents (SUIs) are reported formally to the Board of Directors.

The risk and control framework

The Foundation Trust's Risk Management Strategy is founded on a holistic approach to risk management that embraces business, financial, service delivery, clinical and non-clinical risks. The latest update of the Strategy was approved by the Board of Directors in August 2010 and the Quality and Safety Strategy 2011/12 in April 2011. A review of the Assurance Framework was carried out by the Board of Directors in April 2011.

The Risk Management Strategy clearly defines how the broad spectrum of risks managed by the Foundation Trust is identified, assessed, managed and controlled. Business, financial and service delivery risks are derived from organisational objectives through the business planning process of the Foundation Trust. Clinical and non-clinical risks are identified through well-defined processes of assessment and reporting.

Evaluation of all these risks, independent of source, is performed using a risk assessment tool that may be applied in a structured and uniform way. Residual organisational risk is ranked and prioritised on the Foundation Trust's risk register.

The Risk Management Strategy describes how risk management is embedded in the organisation using three interacting and complementary management systems intrinsic to operational practice.

These are:

- The corporate plan

- The governance framework
- The strategic management framework

Internal assurances as to the effectiveness of this system of internal control are provided under the auspices of one of these systems.

The corporate priorities incorporate the primary system of risk minimisation. These control mechanisms are initiated by the setting of personal objectives at senior management level that are derived from the principle organisational objectives defined by the corporate objectives and the Annual Plan submission to Monitor, the Independent Regulator of Foundation Trusts.

The performance management, progress monitoring and control processes embedded in this structure ensure that the corrective actions required to deliver objectives are consistently applied. Within the same framework, the consequences of partial or non-achievement of objectives are regularly monitored and assessed. In this way, the risks associated with the business, financial and service objectives are actively minimised.

The role of the governance framework in respect of the management of risk is twofold:

- To oversee and monitor the process of internal control in the Foundation Trust to assure itself, from both internal and external sources, that the risks run by the organisation are properly identified and appropriately managed
- To identify, evaluate and prioritise clinical and non-clinical risks and gain assurance that these are appropriately controlled and treated within the corporate risk management framework

The inter-relationship of these systems is described in the risk management strategy.

The assurances the Board of Directors and I require to endorse and approve the statement of internal control are derived from internal and external sources of evidence. The governance framework has a key role in monitoring, evaluating, reporting and collating this evidence. This evidence is to a great extent derived from the schedule of reports and reviews that are generated by:

- The operational management and governance systems
- Internal audit
- External audit and external reviews

These reviews and reports have taken the form of:

- Monthly reports to the Board of Directors, for on-going monitoring
- Annual, or more frequent, internal reports to the Board of Directors, and other key meetings, required by guidance or statute resulting from monitoring processes within the operational management frameworks
- External reports from inspecting bodies
- Specific reports on particular focussed key risk issues

These reports and reviews are generally associated with action plans whose achievement priority is reflected in the risk register and in organisational and personal objectives.

Key internal assurances can be derived from the following reviews by the Board of Directors:

- Self-assessment against the requirements of Monitor's Compliance Framework

- Self-assessment against the requirements of the Care Quality Commission
- Routine monitoring returns to Monitor
- Performance management monitoring
- Financial monitoring
- Clinical risk management reports
- Claims and complaints
- Clinical governance
- Clinical and non-clinical risk management, including health and safety
- Human resources and service equity
- Equality Impact Assessments and monitoring
- Self-assessment against any external investigation/enquiries into the performance of other Trusts
- Senior Information Risk Owner reporting

These areas have been covered in statutory, mandatory or advisory reports to the Board of Directors or to the Governance Committee during the last 12 to 15 months, or incrementally on a month-by-month basis.

The responsibility for reporting is a personal requirement of the senior managers with delegated responsibility in these areas. The report highlights the current status of compliance and residual risk in respect of relevant statute, guidance, targets or good practice in the areas covered, and act as primary internal assurances to the Board of Directors. They also highlight areas where corrective action must be undertaken. In addition, the groups within the governance framework and Board sub-committees have specific delegated responsibilities in monitoring the effectiveness of risk minimisation in the Foundation Trust to support the Board of Directors in endorsing the statement of internal control.

Overlaid on this framework are a series of external reports that reinforce the assurance required by the Board of Directors in endorsing the Statement of Internal Control. These include assessments carried out on behalf of the NHS Litigation Authority (NHS LA).

The NHS LA administers the Clinical Negligence Scheme for Trusts which provides a means for funding the cost of clinical negligence claims and the Risk Pooling Scheme for Trusts, which provides a means for funding the cost of legal liabilities to third parties and property losses. Organisations receive discounts on their contributions to the schemes where they can demonstrate compliance with the NHS LA's risk management standards. Assessment against these standards is currently in two parts – Maternity Services and Risk Management Standards for Acute Trusts. The Foundation Trust holds level 1 for maternity services and level 1 for Acute Trusts.

The Senior Information Risk Owner (SIRO) provides a quarterly report to the Board of Directors and ensures that there is an effective information governance infrastructure in place and any information risks are reported. This is an appointment which was required by the NHS to strengthen controls around information risk and security. The Foundation Trust also carries out an annual assessment by means of the Information Governance Toolkit.

The Foundation Trust has its IT equipment fully encrypted and has effective information governance to ensure essential safeguarding of our information assets from all threats.

Mr Tony Shenton, Consultant in Accident and Emergency Medicine and Caldicott Guardian, works closely with the SIRO, particularly where any identified information risks include patient confidentiality or information sharing issues. He Chairs the Information Governance Group which reports annually to the Governance Committee of the Board of Directors.

The Foundation Trust's Serious Untoward Incident (SUI) Policy has been amended to incorporate incidents including data loss or breach of confidentiality.

The Foundation Trust has made good progress in implementing equality impact assessments on policy, service provision and functions throughout the Foundation Trust and is open about reporting this information on our website. All policies are reviewed to include an equality impact assessment. The Board of Directors have received information in year to implement the Equality Act and awaits further information from the Department of Health about further implementation of their model of delivery via the Equality Delivery System. Once this becomes clear the Board of Directors will set the priorities for the organisation in delivering the Equality Act for the coming year.

The Foundation Trust is fully compliant with the Care Quality Commission essential standards of quality and safety. The Board of Directors receive a quarterly assessment against these standards.

The Board of Directors actively engages the Board of Governors and the respective public stakeholders in the reporting of the financial and performance management of the Foundation Trust.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments and developed an Adaptation Plan to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKC P09), to ensure that this organisation's obligations under the Climate Change Act are met.

Annual Quality Report

Corporate Governance and Leadership

The Directors of Bradford Teaching Hospitals NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Report is fairly stated. In doing so we are required to put in place a system of internal control to ensure that proper arrangements are in place based on criteria specified by Monitor, the Independent Regulator of NHS Foundation Trusts. The Board of Directors confirmed it met the declaration set out in Annex B of Monitor's Detailed Guidance for External Assurance in the Quality Report at their meeting in April 2011.

We have appointed an Executive Director, the Chief Nurse, to lead and advise us, on all matters relating to the preparation of the Trust's annual Quality Report.

We have established a Non-Executive led committee of the Board of Directors, the Quality and Safety Review Group. The purpose of the Quality and Safety Review Committee is to ensure an integrated and co-ordinated approach to the management and development of quality and safety at a corporate level in the Foundation Trust.

To ensure that the Trust's Quality Report presents a properly balanced picture of its performance over the year the committee are required:

- To contribute to the development of the Foundation Trust's Quality Report
- To agree the priorities that will inform the development of the Directorate Quality Report
- To provide a mechanism for assurance to the Board of Directors

The quality metrics and performance data within the Quality Report are reviewed and reported to the Board of Directors by the Corporate Governance and Leadership.

Systems and Processes

There are systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which is accurate, valid, reliable, timely, relevant and complete.

Each quality indicator has a named lead with their specific roles and responsibilities in relation to data quality and validation clearly defined and documented.

The data collection system and validation process is monitored through peer review by the named leads.

Where the indicator forms part of the national reporting framework the data is validated and signed off by the Performance team.

Data which will be used for external reporting will be subject to rigorous verification and senior management approval.

The effectiveness of the systems of internal control in relation to the Quality Report will be reviewed through a process of internal audit.

We have carried out consultation with 1,000 members of the Foundation Trust with a response of 54% to collate the priorities in next year's Quality Report and via a Board of Governor Working Group and the Quality and Safety Review Group will monitor progress of the improvement of these priorities to report in next year's Quality Report. Information about this is also being fed back to the membership via biannual members magazine.

Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust's financial plan, which was submitted to Monitor in May 2010, included a planned surplus of £3.2 million. This plan included a savings target (described within the organisation as the performance improvement target) which has been delivered in full throughout the year and this provides a firm baseline for the forthcoming year. The Foundation Trust is currently working towards delivering a £50 million cost improvement saving over three years.

The resources of the Foundation Trust are managed within the framework set by the Standing Financial Instructions, and various guidance documents that are produced within the Foundation Trust, which have a particular emphasis on budgetary control and ensuring that service developments are implemented with appropriate financial controls.

the Foundation Trust, which have a particular emphasis on budgetary control and ensuring that service developments are implemented with appropriate financial controls.

The Board of Directors receives a comprehensive finance report on a monthly basis encapsulating all relevant financial information to allow them to discharge their duties effectively. The Foundation Trust also provides financial information to Monitor on a quarterly basis inclusive of financial tables and a commentary.

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

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

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust that have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee, Governance Committee and Quality Review and Safety Group, Risk Management Steering Group, Clinical Audit, Internal Audit and leadership from the Medical Directors Office with regard to clinical risk reporting, management and implementing learning, and plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

The Foundation Trust and its officers are alert to their responsibilities in respect of internal control and has in place organisational arrangements to identify and manage risk. The Foundation Trust has not identified any significant internal control issues.

Miles Scott
Chief Executive **25.05.11**

Bradford Teaching Hospitals NHS Foundation Trust

Annual Accounts

for the year ended 31 March 2011

CONTENTS

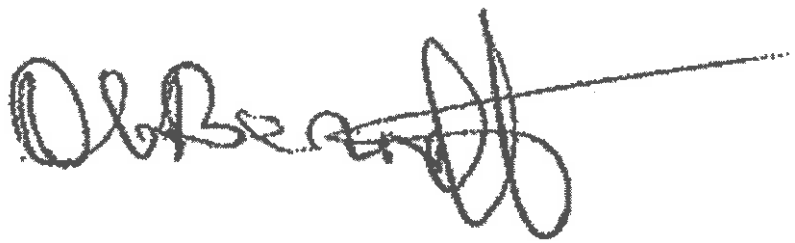
NATIONAL HEALTH SERVICE ACT 2006

DIRECTION BY MONITOR, INDEPENDENT REGULATOR OF NHS FOUNDATION TRUSTS IN RESPECT OF FOUNDATION TRUSTS' ANNUAL REPORTS AND THE PREPARATION OF ANNUAL REPORTS

Monitor, the independent regulator of NHS foundation trusts, in exercise of powers conferred on it by paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, hereby directs that the keeping of accounts and the annual report of each NHS foundation trust shall be in the form as laid down in the annual reporting guidance for NHS foundation trusts within the NHS Foundation Trust Annual Reporting Manual, known as the FT ARM, that is in force for the relevant financial year.

Signed by authority of Monitor, the independent regulator of NHS foundation trusts

Signed:



Name: David Bennett (Chairman)
Dated: 28 February 2011

INDEPENDENT AUDITOR'S REPORT TO THE BOARD

Independent Auditors' Report to the Board of Governors of Bradford Teaching Hospitals NHS Foundation Trust

We have audited the financial statements of Bradford Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2011 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. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with the NHS Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (ISAs) (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Board of Governors of Bradford Teaching Hospitals NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

The maintenance and integrity of the Bradford Teaching Hospitals NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

INDEPENDENT AUDITOR'S REPORT TO THE BOARD

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the NHS Foundation Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view, in accordance with the NHS Foundation Trust Annual Reporting Manual, of the state of the NHS Foundation Trust's affairs as at 31 March 2011 and of its income and expenditure and cash flows for the year then ended to 31 March 2011; and

- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual; and

- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us 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 or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;

- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or

we have qualified our report on any aspects of the Quality Report.

INDEPENDENT AUDITOR'S REPORT TO THE BOARD

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Ian Looker (Senior Statutory Auditor)
For and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Leeds
03-Jun-11

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 31 March 2011 have been prepared by Bradford Teaching Hospitals NHS Foundation Trust under paragraph 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

Signed.....

Chief Executive

Date: 25 May 2011

PRIMARY STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME

	note	2010/11 £000	2009/10 £000
Operating income	2	318,117	305,425
Operating expenses	3	(311,932)	(299,711)
OPERATING SURPLUS		**6,185**	**5,714**
FINANCE COSTS			
Finance income	5	471	251
Finance expense - financial liabilities	6.1	(261)	(291)
Finance expense - unwinding of discount on provisions	16	(53)	(44)
PDC dividend payable	6.2	(2,610)	(3,181)
NET FINANCE COSTS		(2,452)	(3,265)
SURPLUS FOR THE YEAR		**3,733**	**2,449**
Other comprehensive income			
Revaluation (losses) and impairment (losses) property, plant and equipment		639	(20,623)
Increase in the donated asset reserve due to receipt of donated assets		100	701
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of donated assets		(140)	(187)
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR		**4,331**	**(17,660)**

All income and expenses shown relate to continuing operations.
The notes on pages 10 to 46 form part of these financial statements.

PRIMARY STATEMENTS

STATEMENT OF FINANCIAL POSITION

	note	31 Mar 2011 £000	31 Mar 2010 £000
Non-current assets			Restated
Intangible assets	7.1	1,854	1,797
Property, plant and equipment	8.1	132,368	127,394
Trade and other receivables	11.1	959	1,102
Total non-current assets		135,181	130,293
Current assets			
Inventories	10	3,811	3,698
Trade and other receivables	11.1	6,115	10,242
Non-current assets for sale and assets in disposal groups	9	0	0
Cash and cash equivalents	18.1	58,476	51,059
Total current assets		68,402	64,999
Current liabilities			
Trade and other payables	12	(35,220)	(38,724)
Borrowings	14	(1,327)	(1,048)
Provisions	16	(3,776)	(2,120)
Other liabilities	13	(11,835)	(9,263)
Total current liabilities		(52,157)	(51,154)
Total assets less current liabilities		**151,426**	**144,138**
Non-current liabilities			
Borrowings	14	(7,709)	(8,000)
Provisions	16	(1,634)	(1,814)
Other liabilities	13	(9,105)	(5,726)
Total non-current liabilities		(18,448)	(15,540)
Total assets employed		**132,979**	**128,597**
Financed by taxpayers' equity			
Public Dividend Capital		115,197	115,147
Revaluation reserve	17	27,408	27,014
Donated asset reserve		1,199	1,235
Income and expenditure reserve		(10,825)	(14,800)
Total taxpayers' equity		132,979	128,597

These financial statements, including notes, were approved by the Board on 25 May 2011.

Signed: ..... Miles Scott
Chief Executive

Date: 25 May 2011

PRIMARY STATEMENTS

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Donated Assets Reserve £000	Income and Expenditure Reserve £000
Taxpayers' equity at 1 April 2010	**132,177**	115,147	30,335	1,235	(14,540)
Prior period adjustment	(3,580)	0	(3,321)	0	(260)
Taxpayers' equity at 1 April 2010 - restated	**128,597**	**115,147**	**27,014**	**1,235**	**(14,800)**
Surplus for the year	**3,733**	0	0	0	3,733
Revaluation (losses) and impairment losses property, plant and equipment	**639**	0	635	4	0
Increase in the donated asset reserve due to receipt of donated assets	**100**	0	0	100	0
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	(140)	0	0	(140)	0
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**0**	0	(242)	0	242
Public Dividend Capital received	**50**	50	0	0	0
Taxpayers' equity at 31 March 2011	**132,978**	**115,197**	**27,408**	**1,199**	**(10,825)**
Taxpayers' equity at 1 April 2009	**148,351**	113,661	51,432	721	(17,463)
Surplus for the year	**2,449**	0	0	0	2,449
Revaluation(losses) and impairment (losses) property, plant and equipment	(20,623)	0	(20,623)	0	0
Revaluation gains/(losses) and impairment losses arising from classifying non current assets as Assets Held for Sale	**0**	0	(354)	0	354
Increase in the donated asset reserve due to receipt of donated assets	**701**	0	0	701	0
Reduction in the donated asset reserve in respect of depreciation, impairment, and/or disposal of on donated assets	(187)	0	0	(187)	0
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	0	0	(120)	0	120
Public Dividend Capital received	**1,486**	1,486	0	0	0
Taxpayers' equity at 31 March 2010	**132,177**	**115,147**	**30,335**	**1,235**	**(14,540)**

PRIMARY STATEMENTS

STATEMENT OF CASH FLOWS	2010/11 £000	2009/10 £000
Cash flows from operating activities		
Operating surplus from continuing operations	6,185	5,714
Non-cash income and expense:		
Depreciation and amortisation	8,183	8,107
Impairments	469	2,334
Reversals of impairments	0	(239)
Transfer from the donated asset reserve	(140)	(187)
Decrease/(increase) in trade and other receivables	4,146	(2,567)
Increase in inventories	(113)	(17)
(Decrease)/increase in trade and other payables	(4,588)	4,363
Increase in other liabilities	5,951	2,710
Increase in provisions	1,423	1,016
Other movements in operating cash flows	165	111
NET CASH GENERATED FROM OPERATIONS	**21,681**	**21,345**
Cash flows from investing activities		
Interest received	471	251
Purchase of financial assets	(319,000)	(145,000)
Sales of financial assets	319,000	145,000
Purchase of property, plant and equipment	(12,025)	(13,026)
Sales of property, plant and equipment	0	8
Net cash used in investing activities	**(11,554)**	**(12,767)**
Cash flows from financing activities		
Public Dividend Capital received	50	1,486
Loans received	1,134	0
Loans repaid	(1,142)	(1,000)
Interest paid	(265)	(243)
PDC dividend paid	(2,487)	(3,583)
Net cash used in financing activities	**(2,710)**	**(3,340)**
Increase in cash and cash equivalents	7,417	5,238
Cash and cash equivalents at 1 April	51,059	45,821
Cash and cash equivalents at 31 March	**58,476**	**51,059**

NOTES TO THE ACCOUNTS

Note 1 Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the *NHS Foundation Trust Annual Reporting Manual* which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's *Financial Reporting Manual* to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Consolidation

These accounts are for Bradford Teaching Hospitals NHS Foundation Trust (the Foundation Trust) alone as there are no subsidiaries, associates, joint ventures or joint operations. NHS charitable funds considered to be subsidiaries are excluded from consolidation in accordance with the accounting direction issued by Monitor.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration received or receivable in the normal course of business, net of discounts and, where appropriate, other sales related taxes. The main source of income for the Foundation Trust is contracts with 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 year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The Foundation Trust contracts with NHS commissioners following the Department of Health's Payment by Results methodology. The income associated with incomplete inpatient spells (spells which begin in one financial year but are incomplete at the year end date) is matched to the appropriate financial year. The element relating to the financial year in which the spell began is included at an estimated value, and is recorded as incomplete in receivables in the current year.

The NHS Operating Framework 2009/10 introduced "Commissioning for Quality and Innovation (CQUINS)" which provides the opportunity for the Foundation Trust to receive incentive income, over and above contracted income, by demonstrating compliance with a number of quality indicators agreed with NHS Commissioners. Income is recognised when Bradford and Airedale PCT, the Foundation Trust's local PCT, determines that the quality indicators have been achieved.

1.4 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers' pension cost contributions are charged to operating expenses as and when they become due. The NHS Pension Scheme (England and Wales) Resource Account is published annually and can be found on the Business Service Authority - Pensions Division website at www.nhsbsa.nhs.uk/pensions.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Foundation Trust commits itself to the retirement, regardless of the method of payment.

1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.6 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 Foundation Trust;

- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Additionally property, plant and equipment is capitalised where:
- individual items have a cost of at least £5,000;
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, 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. Thereafter they are stated at cost less accumulated depreciation and any recognised impairment loss.

All assets are measured subsequently at fair value.

The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the statement of comprehensive income in the year to which they relate.

Land and buildings are valued at fair value in accordance with the revaluation model set out in IAS 16. Land and buildings are revalued at least every five years. More frequent valuations are carried out if the Foundation Trust believes that there has been a significant change in value.

Valuations of land and buildings are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors Valuation Standards. The last asset valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs, during March 2010 at the prospective valuation date of 1 April 2010.

Indices will be applied to all equipment with an original cost in excess of £100,000 and all other capital equipment shall have its life and valuation assessed in house.

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 of building related expenditure of greater than or equal to £1,000,000 will necessitate a formal impairment valuation.

Operational equipment is valued at net historical cost.

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 Statement of Comprehensive Income 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. Depreciation is charged using the straight-line method.

Freehold land is considered to have an infinite life and is not depreciated.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the Foundation Trust's professional valuers.

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	5 - 10 years
Medical and other equipment	5 - 15 years
IT equipment	4 - 6 years
Buildings, installations and fittings	25 - 60 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial position date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Government granted assets are held as deferred income and donated assets held in the donated asset reserve. Depreciation is charged on both Government granted assets and donated assets in line with the above estimated lives. However for Government granted assets and donated assets a transfer is made to the I&E account to match the depreciation charged.

Disposals
The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in the income statement.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the FT ARM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer would be 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 2009/10 and 2010/11 there were no such impairments.
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 assets
Donated fixed assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the statement of comprehensive income. Similarly, any impairment on donated assets charged to the statement of comprehensive income is matched by a transfer from the donated asset reserve. On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the income and expenditure reserve.

1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:
- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;

- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

There was no such expenditure requiring capitalisation at the statement of financial position 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 Statement of Comprehensive Income 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 fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

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 6 years.

1.8 Government grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund. Where the Government grant is used to fund revenue, expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

1.9 Inventories

Pharmacy inventories are valued at weighted average historical cost. Other inventories are valued at the lower of cost and net realisable value using the First In, First Out (FIFO) method.

Provision is made where necessary for obsolete, slow moving inventory where it is deemed that the costs incurred may not be recoverable.

1.10 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Foundation Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets in respect of assets acquired through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are categorised as 'Loans and receivables'. Financial liabilities held by the Foundation Trust are all classified as 'Other financial liabilities' with none categorised as 'Liabilities at fair value through the statement of comprehensive income' .

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Foundation Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value. 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 is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

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 financial statements.

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book. These balances exclude monies held in the Foundation Trust's bank account belonging to patients (see 'third party assets' below). Account balances are only set off 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 are recorded as, respectively, 'interest receivable' and 'interest payable' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

For the purposes of the Cash Flow Statement, cash and cash equivalents consist of cash and cash equivalents as defined above.

Financial liabilities
All financial liabilities are recognised initially at fair value. In all cases the fair value is the transaction value.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets
At the Statement of Financial Position date, the Foundation Trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account for credit losses.

1.11 Leases

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease. Thereafter the asset is accounted for an item of property plant and equipment. The annual rental is split between the repayment of the liability and a finance cost over the life of the lease.

The annual rental is split between the repayment of the liability and a finance cost over the life of the lease. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

The Foundation Trust has reviewed all current leases and decided that there are no material finance leases. Hence all leases are shown as operating leases.

1.12 Provisions

The Foundation Trust recognises a provision:
- where it has a present legal or constructive obligation of uncertain timing or amount;
- for which it is probable that there will be a future outflow of cash or other resources; and
- a reliable estimate can be made of the amount.

The amount recognised in the Statement of Financial Position 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 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.9% in real terms.

Clinical negligence costs
The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Foundation Trust is disclosed at note 16 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling
The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSLA Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 20 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 20, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:
• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as Public Dividend Capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Services and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets.

1.15 Value Added Tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation Tax

The Foundation Trust is a Health Service body within the meaning of s519 AICTA 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 2011, this power has not been exercised. Accordingly, the Foundation Trust is not within the scope of Corporation Tax.

1.17 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position 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.

To meet the requirements of some research projects, the Foundation Trust operates a Euro account. The balance of this account is translated into sterling at the exchange rate ruling at the time of receipt of the monies and at the end of the accounting period. Any resulting exchange gains and losses are taken to the statement of comprehensive income.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Foundation Trust has no beneficial interest in them. However, they are disclosed in note 18.1 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.20 Accounting standards issued but not yet adopted in the NHS

There are a number of accounting standards that are issued but not yet effective. A table is shown at the end of these accounts, which lists these standards (note 25). These accounts do not reflect any of these standards.

1.21 Critical accounting estimates and judgements

The preparation of the financial information in conformity with IFRS requires management to make judgements, estimates and assumptions that affect the application of policies and the reported amounts of income and expenses and of assets and liabilities. The estimates and assumptions are based on historical experience and other factors that are believed to be reasonable under all the circumstances. Actual results may vary from these estimates. The estimates and assumptions are reviewed on an ongoing 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 financial statements are outlined below.

Income estimates
In measuring income for the year, management have taken account of all available information. Income estimates that have been made have been based on actual information related to the financial year.

Included in the income figure is an estimate for open spells, patients undergoing treatment that is only partially complete at twelve midnight on 31 March. The number of open spells for each specialty is taken and multiplied by the average specialty price and adjusted for the proportion of the spell which belongs to the current 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 estimation must be made as to the collectability.

Expense accruals
In estimating expenses that have not yet been charged for, management have made a realistic assessment based on costs actually incurred in the year to date, with a view to ensuring that no material items have been omitted.

Impairment of property, plant and equipment
In accordance with the stated policy on asset valuation, a valuation of the Foundation Trust's property assets was carried out during March 2010 at the prospective valuation date of 1 April 2010.

Specialised property has been valued at depreciated replacement cost on a modern equivalent asset basis in line with Royal Institute of Chartered Surveyors standards. Land has been valued having regard to the cost of purchasing notional replacement sites in the same locality as the existing sites.

Recoverability of receivables
In accordance with the stated policy on impairment of financial assets, management have assessed the impairment of receivables and made appropriate adjustments to the existing allowance account for credit losses.

Provisions
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 rate as stated, as appropriate. Management have also taken into account all available information for disputes and possible outcomes.

NOTES TO THE ACCOUNTS

Note 2.1 Operating income	2010/11 Total £000	2009/10 Total £000
Income from activities		
Elective income	62,204	60,091
Non elective income	87,093	90,680
Outpatient income	51,096	45,113
A & E income	11,426	10,713
Other NHS clinical income (see note 2.2)	69,664	59,732
Private patient income (see note 2.3)	1,467	1,372
Other non-protected clinical income	2,011	1,796
Total income from activities	**284,961**	**269,496**
Other operating income		
Research and development	5,318	3,546
Education and training	14,199	15,471
Charitable and other contributions to expenditure	271	257
Transfer from donated asset reserve in respect of depreciation on donated assets	191	187
Provider to provider income (see note 2.4)	5,314	8,394
Catering income	1,227	1,279
Car parking income	1,268	1,229
Other	5,368	5,327
Reversal of impairments	0	239
Total other operating income	**33,156**	**35,929**
	318,117	**305,425**

The Terms of Authorisation set out the mandatory goods and services that the Foundation Trust is required to provide (protected services). The majority of the income from activities shown above is derived from the provision of protected services other than other non-protected clinical income and private patient income.

NOTES TO THE ACCOUNTS

Note 2.2 Other NHS clinical income

Other NHS clinical income comprises, in the main, former Bradford managed services (critical care, renal and cochlear auxiliaries), direct access services, cost per case items, ward attenders, audiological services, consultant excellence awards and breast screening income.

Note 2.3 Private patient income	2010/11 £000	2009/10 £000	Base Year £000
Private patient income	1,467	1,372	1,632
Total patient related income	284,961	269,496	160,654
Proportion (as percentage)	**0.51%**	**0.51%**	**1.02%**

Section 44 of the National Health Service Act 2006 requires that the proportion of private patient income to the total patient related income of foundation trusts should not exceed its proportion whilst the body was an NHS trust in 2002/03, which was 1.02%. The above note shows that the Foundation Trust was compliant for 2010/11 and 2009/10.

Note 2.4 Provider to provider income

Provider to provider income relates to services provided by the Foundation Trust to other trusts or PCTs. Income recorded under this heading relates to areas including ENT, ophthalmology and plastic surgeons working at Calderdale and Huddersfield NHS Foundation Trust and Airedale NHS Foundation Trust and the provision of radiation protection and rehabilitation services to various trusts within the district. Other areas relate to the provision of ENT services across Calderdale and Kirklees, ophthalmology staff time and support in primary care, and provision of IVF and Community Paediatric Services.

Note 2.5 Other income

Other income relates to non NHS staff recharges i.e council and universities, car parking income, occupational health, therapy and pain management, medical record requests, prescription charges and staff gym.

Note 2.6 Segmental analysis

The "Chief Operating Decision Maker" (CODM) is the Board of Directors because it is at this level where overall financial performance is measured and challenged. The Board of Directors primarily considers financial matters at a trust wide level. The Board of Directors is presented with information on clinical directorates but this is not the primary way in which financial matters are considered.

The Foundation Trust has applied the aggregation criteria from IFRS 8 operating segments because the clinical directorates provide similar services, have homogenous customers, common production processes and a common regulatory environment. Therefore on this basis we believe that there is one segment and have reported under IFRS 8 on this basis.

NOTES TO THE ACCOUNTS

Note 3.1 OPERATING EXPENSES

	2010/11	2009/10
	Total £000	Total £000
Services from NHS foundation trusts	164	56
Services from NHS trusts	7,009	7,513
Services from other NHS bodies	119	0
Employee expenses - executive directors	1,229	1,108
Employee expenses - non-executive directors	157	159
Employee expenses - staff	197,271	193,350
Drug costs	25,347	22,603
Supplies and services - clinical (excluding drug costs)	31,438	29,782
Supplies and services - general	4,146	4,352
Establishment	4,326	4,734
Research and development	1,257	341
Transport	316	1,246
Premises	16,622	16,202
Increase / (decrease) in allowance account for credit losses	1,398	(1,392)
Depreciation on property, plant and equipment	7,454	7,537
Amortisation on intangible assets	729	570
Impairments of property, plant and equipment	469	2,334
Audit fees		
audit services - statutory audit	67	68
Other auditors' remuneration		
further assurance services	30	36
Clinical negligence	6,777	5,245
Loss on disposal of property, plant and equipment	165	111
Legal fees	235	182
Consultancy costs	946	783
Training, courses and conferences	960	1,028
Patient travel	33	31
Car parking and security	17	3
Redundancy	1,519	0
Hospitality	33	53
Insurance	132	156
Other services, eg external payroll	1,048	1,004
Losses, ex gratia and special payments	143	170
Other	377	347
	311,932	299,711

NOTES TO THE ACCOUNTS

Note 3.2 Operating leases	2010/11 £000	2009/10 £000
Minimum lease payments	360	356
	360	356

Note 3.3 Operating leases	31 Mar 2011 £000	31 Mar 2010 £000
Future minimum lease payments due:		
- not later than one year;	258	316
- later than one year and not later than five years;	334	476
	592	792

The Foundation Trust leases in the main comprise of items of medical equipment but also motor vehicles and other equipment.

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 consistant with an operating lease arrangement.

Motor vehicles and other equipment currently held under lease are leased under agreements specific to the lessor concerned. None of the agreements currently in force make provision for any contingent rentals nor comprise escalation clauses.

There was no intention from the inception of any of the current leases that any of the leased equipment would be purchased outright either at the end of or at any time during the lease terms.

Note 3.4 Limitation on auditor's liability	2010/11 £000	2009/10 £000
Limitation on auditor's liability	1,000	1,000

NOTES TO THE ACCOUNTS

Note 4.1 Employee expenses	2010/11 Total £000	2010/11 Permanent £000	2010/11 Other £000	2009/10 Total £000
Salaries and wages	**159,418**	155,394	4,023	**155,995**
Social security costs	**13,145**	12,822	324	**12,261**
Pension costs - defined contribution plans Employer's contributions to NHS Pensions	**18,749**	18,288	462	**17,411**
Termination benefits	**1,519**	1,519	0	**0**
Agency/contract staff	**7,154**	0	7,154	**8,791**
	199,985	**188,023**	**11,962**	**194,458**

All employer pension contributions in 2010/11 and 2009/10 were paid to the NHS Pensions Agency.

Note 4.2 Average number of employees (stated on a whole time equivalent basis)	2010/11 Total Number	2009/10 Total Number
Medical and dental	565	534
Administration and estates	1,063	1,056
Healthcare assistants and other support staff	1,052	900
Nursing, midwifery and health visiting staff	1,591	1,530
Nursing, midwifery and health visiting learners	143	225
Scientific, therapeutic and technical staff	605	599
Bank and agency staff	104	332
	5,122	**5,176**

Note 4.3 Early retirements due to ill health	2010/11 £000	2010/11 Number	2009/10 £000	2009/10 Number
Number of early retirements on the grounds of ill health		**8**		**11**
Value of early retirements on the grounds of ill health	**422**		**813**	

NOTES TO THE ACCOUNTS

Note 5 Finance income

Interest receivable amounted to £471,000 (2009/10: £251,000). This relates to interest earned on short term Treasury deposits with approved UK registered banks and building societies and central government banking facilities including the Government Banking Service and the National Loans Fund.

Note 6.1 Finance costs - interest expense

Interest payable amounted to £261,000 (2009/10: £291,000). This is interest due on a 10 year £10,000,000 loan from the Foundation Trust Financing Facility taken out on 21 January 2009.

No interest or compensation has been paid under the Late Payment of Commercial Debts (Interest) Act 1998 during 2011/10 or 2009/10.

Note 6.2 Public Dividend Capital dividend

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Services and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

The amount payable this year is £2,610,000 (2009/10: £3,181,000), which is 3.5% of the year's average relevant net assets of £74,581,500 (2009/10: £90,892,000, 3.5%).

Note 6.3 Losses and special payments

NHS foundation trusts are required to record cash and other adjustments that arise as a result of losses and special payments. These losses to the Foundation Trust will result from the write off of bad debts, compensation paid for lost patient property, or payments made for litigation claims in respect of personal injury. In the year the Foundation Trust has had 224 (2009/10: 167) separate losses and special payments, totalling £327,117 (2009/10: £170,930). The bulk of these were in relation to bad debts and ex gratia payments in respect of personal injury.

NOTES TO THE ACCOUNTS

Note 7.1 Intangible assets 2010/11	Total	Software licences
	£000	£000
Gross cost at 1 April 2010	3,178	3,178
Additions - purchased	369	369
Revaluation surpluses	724	724
Gross cost at 31 March 2011	4,271	4,271
Amortisation at 1 April 2010	1,381	1,381
Provided during the year	729	729
Revaluation surpluses	307	307
Amortisation at 31 March 2011	2,417	2,417
Net book value		
NBV - Purchased at 1 April 2010	1,797	1,797
NBV total at 1 April 2010	1,797	1,797
Net book value		
NBV - Purchased at 31 March 2011	1,854	1,854
NBV total at 31 March 2011	1,854	1,854

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, (IAS 38.97).

Note 7.2 Intangible assets 2009/10 Prior year	Total	Software licences
	£000	£000
Gross cost at 1 April 2009	3,132	3,132
Additions - purchased	46	46
Gross cost at 31 March 2010	3,178	3,178
Amortisation at 1 April 2009	811	811
Provided during the year	570	570
Amortisation at 31 March 2010	1,381	1,381
Net book value		
NBV - Purchased at 1 April 2009	2,321	2,321
NBV total at 1 April 2009	2,321	2,321
Net book value		
NBV - Purchased at 31 March 2010	1,797	1,797
NBV total at 31 March 2010	1,797	1,797

NOTES TO THE ACCOUNTS

Note 8.1 Property, plant and equipment 2010/11

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2010 as previously stated	**163,094**	20,152	95,690	2,750	556	34,279	397	8,820	450
Prior period adjustments	(3,580)	(552)	(2,561)	(460)	(6)	0	(1)	(0)	1
Cost or valuation at 1 April 2010 as restated	**159,514**	19,600	93,129	2,290	550	34,279	396	8,820	451
Additions - purchased	**12,739**	0	5,152	91	3,205	3,196	0	1,094	0
Additions - donated	**100**	0	0	0	0	100	0	0	0
Reclassifications	**0**	0	3,411	0	(3,411)	0	0	0	0
Revaluation surpluses	**753**	(75)	0	75	0	142	0	611	0
Disposals	(4,512)	0	0	0	0	(2,518)	0	(1,882)	(112)
Cost or valuation at 31 March 2011	**168,593**	**19,525**	**101,693**	**2,456**	**344**	**35,199**	**396**	**8,643**	**339**
Accumulated depreciation at 1 April 2010	**32,119**	0	0	0	0	25,266	328	6,207	318
Depreciation provided during the year	**7,455**	0	3,682	239	0	2,315	11	1,180	27
Impairments recognised in operating expenses	**469**	0	469	0	0	0	0	0	0
Revaluation surpluses	**531**	0	0	0	0	116	0	415	0
Disposals	(4,347)	0	0	0	0	(2,509)	0	(1,729)	(109)
Accumulated depreciation at 31 March 2011	**36,225**	**0**	**4,151**	**239**	**0**	**25,188**	**339**	**6,073**	**236**

NOTES TO THE ACCOUNTS

Note 8.1 Property, plant and equipment 2010/11	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - purchased at 1 April 2010	**126,160**	19,600	92,311	2,290	550	8,609	68	2,599	133
NBV - donated at 1 April 2010	**1,235**	0	818	0	0	404	0	13	0
NBV total at 1 April 2010 restated	**127,395**	**19,600**	**93,129**	**2,290**	**550**	**9,013**	**68**	**2,612**	**133**
Net book value									
NBV - purchased at 31 March 2011	**131,169**	19,525	96,735	2,217	344	9,629	58	2,559	103
NBV - donated at 31 March 2011	**1,199**	0	807	0	0	381	0	11	0
NBV total at 31 March 2011	**132,368**	**19,525**	**97,542**	**2,217**	**344**	**10,010**	**58**	**2,570**	**103**

Of the totals at 31 March 2011, £1,576,000 (31st March 2010: £1,576,000) related to land valued at open market value, and £301,000 (31 March 2010: £301,000) related to dwellings valued at open market value.

No assets were held under finance leases and hire purchase contracts at the balance sheet date (31 March 2010: £ nil).

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts (31 March 2010: £ nil).

Note 8.2 Analysis of property, plant and equipment 31 March 2011	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - Protected assets at 31 March 2011	**93,660**	10,614	80,830	2,217	0	0	0	0	0
NBV - Unprotected assets at 31 March 2011	**38,707**	8,911	16,712	0	344	10,010	58	2,570	103
Total at 31 March 2011	**132,368**	**19,525**	**97,542**	**2,217**	**344**	**10,010**	**58**	**2,570**	**103**

The Foundation Trust's unprotected assets include land, car parking, residential accommodation, administrative offices and unused wards.

NOTES TO THE ACCOUNTS

Note 8.3 Property, plant and equipment 2009/10	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2009 as previously stated	179,669	21,176	112,675	2,472	683	33,978	357	7,871	457
prior period adjustments	0	0	106	(106)	0	7	2	(8)	(1)
Cost or valuation at 1 April 2009 as restated	179,669	21,176	112,781	2,366	683	33,985	359	7,863	456
Additions - purchased	10,552	0	4,013	93	3,644	1,776	38	988	0
Additions - donated	701	0	689	0	0	12	0	0	0
Impairments charged to revaluation reserve	(27,158)	(1,496)	(25,845)	183	0	0	0	0	0
Reclassifications	0	0	3,771	0	(3,771)	0	0	0	0
Transferred to disposal group as asset held for sale	861	472	281	108	0	0	0	0	0
Disposals	(1,531)	0	0	0	0	(1,494)	0	(31)	(6)
Cost or valuation at 31 March 2010	163,094	20,152	95,690	2,750	556	34,279	397	8,820	450
Accumulated depreciation at 1 April 2009 as previously stated	30,437	0	0	0	0	24,559	319	5,264	295
prior period adjustments	0	0	0	0	0	6	1	(7)	0
Accumulated depreciation at 1 April 2009 as restated	30,437	0	0	0	0	24,565	320	5,257	295
Provided during the year	7,537	0	4,400	42	0	2,078	7	982	28
Impairments recognised in operating expenses	2,334	0	2,334	0	0	0	0	0	0
Reversal of impairments	(239)	0	(239)	0	0	0	0	0	0
Revaluation surpluses	(6,537)	0	(6,495)	(42)	0	0	0	0	0
Disposals	(1,412)	0	0	0	0	(1,375)	0	(31)	(6)
Accumulated depreciation at 31 March 2010	32,120	0	0	0	0	25,268	327	6,208	317

NOTES TO THE ACCOUNTS

Note 8.3 Property, plant and equipment 2009/10

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - purchased at 1 April 2009	**148,511**	21,176	112,581	2,366	683	8,917	39	2,588	161
NBV - donated at 1 April 2009	**721**	0	200	0	0	503	0	18	0
NBV total at 1 April 2009	**149,232**	**21,176**	**112,781**	**2,366**	**683**	**9,420**	**39**	**2,606**	**161**
Net book value									
'NBV - purchased at 31 March 2010	**129,739**	20,152	94,872	2,750	556	8,607	70	2,599	133
NBV - donated at 31 March 2010	**1,235**	0	818	0	0	404	0	13	0
NBV total at 31 March 2010	**130,974**	**20,152**	**95,690**	**2,750**	**556**	**9,011**	**70**	**2,612**	**133**

Note 8.4 Analysis of property, plant and equipment 31 March 2010

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value									
NBV - Protected assets at 31 March 2010	**103,450**	9,611	91,089	2,750	0	0	0	0	0
NBV - Unprotected assets at 31 March 2010	**27,524**	10,541	4,601	0	556	9,011	70	2,612	133
Total at 31 March 2010	**130,974**	**20,152**	**95,690**	**2,750**	**556**	**9,011**	**70**	**2,612**	**133**

The Foundation Trust's unprotected assets include land, car parking, residential accommodation, administrative offices and unused wards.

NOTES TO THE ACCOUNTS

Note 9 Non-current assets for sale and assets in disposal groups 2009/10	Total	Property, plant and equipment
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 31 March 2009	861	861
Less impairment of assets held for sale expensed in year	(861)	(861)
NBV of non-current assets for sale and assets in disposal groups at 31 March 2010	0	0

Area A at St Luke's Hospital was placed on the market for sale during 2007/08 and as such, as at 1 April 2008, the IFRS balance sheet showed the asset held within current assets under IFRS 5. However, at the meeting of the Board of Directors held in August 2009 it was agreed that Area A would not be disposed of, and it is therefore now recorded within property, plant and equipment.

Note 10 Inventories	31 Mar 11	31 Mar 10
	£000	£000
Theatre consumables	644	730
Other consumables	731	733
Drugs	2,230	2,015
Building and engineering	206	219
	3,811	3,698

NOTES TO THE ACCOUNTS

Note 11.1 Trade receivables and other receivables	Total 31 Mar 11 £000	Total 31 Mar 10 £000
Current		
NHS receivables	3,168	7,000
Other receivables with related parties	102	479
Provision for impaired receivables	(2,344)	(1,111)
Prepayments	1,408	1,118
PDC dividend receivable	279	402
Other receivables	3,502	2,354
	6,115	**10,242**
Non-current		
NHS receivables	189	189
Other receivables	770	913
	959	**1,102**

NOTES TO THE ACCOUNTS

Note 11.2 Provision for impairment of receivables	2010/11 £000	2009/10 £000
At 1 April	1,111	2,570
Increase in provision	2,589	26
Amounts utilised	(164)	(67)
Unused amounts reversed	(1,192)	(1,418)
At 31 March	**2,344**	**1,111**

Note 11.3 Analysis of impaired receivables	31 Mar 11 £000	31 Mar 10 £000
Ageing of impaired receivables		
Up to three months	55	135
In three to six months	53	27
Over six months	2,236	949
	2,344	**1,111**
Ageing of non-impaired receivables past their due date		
Up to three months	1,294	2,148
In three to six months	429	2,085
Over six months	475	1,212
	2,198	**5,445**

The Foundation Trust considered the recent collection history of individual receivables in determining whether to provide for them.

NOTES TO THE ACCOUNTS

Note 12 Trade and other payables	Total 31 Mar 11 £000	Total 31 Mar 10 £000
Current		
NHS payables	1,365	9,631
Amounts due to other related parties	6,645	4,064
Trade payables - capital	2,571	1,489
Other payables	583	654
Accruals	24,056	22,886
	35,220	**38,724**

Note 13 Other liabilities	31 Mar 11 £000	31 Mar 10 £000
Current		
Deferred income	11,780	9,208
Deferred Government Grant	55	55
	11,835	**9,263**
Non-current		
Deferred income	8,538	5,104
Deferred Government Grant	566	622
	9,105	**5,726**

As at the 31 March 2011 the Foundation Trust is deferring £1,069,000 of income on behalf of the Yorkshire and Humber HIEC (Health Innovation and Education Cluster). The Foundation Trust is the regional host for this Department of Health initiative aimed at embedding positive research outcomes into standard health care delivery. The main themes (and the organisations responsible for their delivery) are as follows:

- Long Term Conditions (Sheffield Teaching Hospitals NHS Foundation Trust);
- Maternal & Infant Health (York University); and
- Patient Safety (Bradford Teaching Hospitals NHS Foundation Trust).

The above themes are also supported by a team of staff employed through the host.

Within the deferred income figure noted above is £549,000 Regional Innovation Funding (RIF) to further support the main themes. This funding allocation is from the Yorkshire and Humber Strategic Health Authority.

The Yorkshire and Humber HIEC is governed by an independent board which includes members from the host organisation, the main theme lead organisations and the Yorkshire and Humber Strategic Health Authority.

NOTES TO THE ACCOUNTS

Note 14 Borrowings	31 Mar 11 £000	31 Mar 10 £000
Current		
Loans from Foundation Trust Financing Facility	1,043	1,048
Other Loans	284	0
	1,327	**1,048**
Non-current		
Loans from Foundation Trust Financing Facility	7,000	8,000
Other Loans	709	0
	7,709	**8,000**

Note 15 Prudential borrowing limit	31 Mar 11 £000	31 Mar 10 £000
Total long term borrowing limit set by Monitor	51,600	56,700
Working capital facility agreed by Monitor	18,500	18,500
	70,100	**75,200**
Long term borrowing at 1 April	9,048	10,048
Long term borrowing at start of period for new FT's	0	0
Net actual borrowing/(repayment) in year - long term	(12)	(1,000)
Long term borrowing at 31 March	**9,036**	**9,048**

The Foundation Trust is required to comply and remain within a Prudential Borrowing Limit. This is made up of two elements:

- the maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.
- the amount of any working capital facility approved by Monitor.

The Foundation Trust had a maximum long term borrowing limit of £51,600,000 (2009/10: £56,700,000). The Foundation Trust borrowed £10,000,000 with the Foundation Trust Financing Facility in 2008/09 and a further £1,134,431 no interest loan was taken out with Salix in 2010/11.

	2010/11 Actual	**2010/11 Approved**	2009/10 Actual	2009/10 Approved
Financial ratios				
Maximum debt / capital	N/A	N/A	N/A	N/A
Minimum dividend cover	5.6	>1x	5.4	>1x
Minimum interest cover	56.8	>3x	56	>3x
Minimum debt service cover	10.6	>2x	12.6	>2x
Maximum debt service to revenue	0.44%	<2.5%	0.40%	<2.5%

All the actual Prudential Borrowings ratios are all well within approved limits.

The Foundation Trust has £18,500,000 (2009/10: £18,500,000) of approved working capital facility. The foundation trust did not draw down any amounts under its working capital facility in either 2010/11 or 2009/10.

Further information on the *NHS Foundation Trust Prudential Borrowing Code and Compliance Framework* can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

NOTES TO THE ACCOUNTS

Note 16 Provisions for liabilities and charges	Current 31 Mar 11 £000	Current 31 Mar 10 £000	Non-current 31 Mar 11 £000	Non-current 31 Mar 10 £000
Legal claims	725	518	0	1,814
Agenda for Change	215	691	0	0
Other	2,835	911	1,634	0
	3,776	2,120	1,634	1,814

Legal claims consist of three cases currently being dealt with by the Foundation Trust's solicitors.

Agenda for Change provisions include provisions for unresolved national and local bandings for several job profiles and equal pay claims for nursery nurses.

Other provisions include provisions for associated specialitsts who are still being assimilated to new medical grades, a dispute with a supplier relating to service delivery, a provision relating to disputed cessation of recritment and retention premiums, possible loss of income relating to breast screening services and a provision for restructuring of the Foundation Trust's staffing for workforce efficiencies.

Additionally, the other category contains amounts due as a result of third party and employee liability claims. The values are based on information provided by the NHS Litigation Authority, NHS Business Services Authority and NHS Pensions and have previously been reported in legal claims.

As at 31 March 2011 £50,204,000 is included in the provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Foundation Trust (31 March 2010: £42,371,000).

	Total £000	Legal claims £000	Agenda for Change £000	Other £000
At 1 April 2010	3,934	2,332	691	911
Prior period adjustments	0	(2,127)	0	2,127
At 1 April 2009, as restated	3,934	205	691	3,038
Change in the discount rate	(115)	0	0	(115)
Arising during the year	2,712	520	0	2,192
Utilised during the year	(787)	0	(475)	(312)
Reversed unused	(386)	0	0	(386)
Unwinding of discount	53	0	0	53
At 31 March 2011	5,410	725	215	4,470
Expected timing of cashflows:				
- not later than one year;	3,776	725	215	2,835
- later than one year and not later than five years;	486	0	0	486
- later than five years.	1,148	0	0	1,148
	5,410	725	215	4,469

NOTES TO THE ACCOUNTS

Note 17 Revaluation reserve

	Total Revaluation Reserve £000	Revaluation Reserve - intangibles £000	Revaluation Reserve - property, plant and equipment £000
Revaluation reserve at 1 April 2010	**30,335**	0	30,335
Prior period adjustment	**(3,321)**	0	(3,321)
Revaluation reserve at 1 April 2010 - restated	**27,014**	0	27,014
Revaluation (losses) and impairment (losses) property, plant and equipment	**635**	417	218
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**(242)**	(135)	(107)
Revaluation reserve at 31 March 2011	**27,408**	282	27,126
Revaluation reserve at 1 April 2009	**51,432**	0	51,432
Revaluation (losses) and impairment (losses) property, plant and equipment	**(20,623)**	0	(20,623)
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**(120)**	0	(120)
Movements on other reserves	**(354)**	0	(354)
Revaluation reserve at 31 March 2010	**30,335**	0	30,335

The prior period adjustment relates to an asset held for sale in the prior year's accounts. This was originally valued by the District Valuer as being brought back into use, however, the Board of Directors approved the demolition of Area A at its meeting in August 2009. Under IAS8 note 5, misinterpretation of facts permits a prior period adjustment.

Note 18.1 Cash and cash equivalents	**2010/11 £000**	**2009/10 £000**
At 1 April	51,059	45,821
Net change in year	7,417	5,238
At 31 March	**58,476**	**51,059**
Broken down into:		
Cash at commercial banks and in hand	252	163
Cash with the Government Banking Service	58,224	50,896
Cash and cash equivalents as in SoFP and SoCF	**58,476**	**51,059**

Third party assets held by the Foundation Trust at 31 March 2011 were £3,000 (31st March 2010: £3,000).

Note 18.2 Pooled budget

The Foundation Trust is not party to any pooled budget arrangements.

NOTES TO THE ACCOUNTS

Note 19.1 Contractual capital commitments

Commitments under capital expenditure contracts at the reporting date were £251,000 (31 March 2010: £2177,000).

Note 19.2 Events after the reporting period

On 1 April 2011 the Foundation Trust took over some elements of the provider arm of NHS Bradford and Airedale as part of the government initiative Transforming Community Services. This was authorised by the Board of Directors on 30 March 2011. This is a non-adjusting event.

The services transferred include:

- Community Hospitals (Eccleshill, Westbourne Green, Westwood Park and ward F3 at St Luke's Hospital);
- Community Support Teams;
- GPs with Special Interest – Gynaecology, Urology & ENT;
- Paediatric Continuing Care & Specialist Children Services;
- Specialist Nursing Services – Cardiac Rehab, Diabetes, Parkinson's Disease, Stroke;
- Contraception and Sexual Health Services;
- Chlamydia Screening;
- British Heart Foundation; and
- Haemoglobinopathy Support teams.

The services will be paid for as part of an agreed block contract of £15,683,000 per annum with NHS Bradford & Airedale.

The Foundation Trust expects to deliver the services within £15,683,000 with no material adverse impact on its Financial Risk Ratios.

Non-current equipment assets are being transferred at a net book value of £216,000. This is expected to be funded through a PDC adjustment facilitated by the Department of Health.

Revenue equipment and consumables stock has been transferred at a nominal value of £1.

Information technology assets and property assets are being provided through licence and lease arrangements.

Note 20. Contingent liabilities

There is a contingent liability for the potential payment to staff members under the provisions of the equal pay legislation. It is too early in the claims process to estimate the likely outcome or the potential liability. This contingent liability was also noted in last year's accounts.

NOTES TO THE ACCOUNTS

Note 21.1 Related party transactions

Bradford Teaching Hospitals NHS Foundation Trust is a public interest body authorised by Monitor, the Independent Regulator for NHS Foundation Trusts.

During the year none of the Board members or members of the key management staff, or parties related to them, has undertaken any material transactions with the Foundation Trust.

The Register of Interests for the Board of Governors for 2010/11 has been compiled in accordance with the requirements of the Constitution of Bradford Teaching Hospitals NHS Foundation Trust.

The Department of Health is regarded as a related party. During the year the Foundation Trust has had a number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. The entities with which there were material transactions are listed below.

All transactions were for the provision of healthcare services, apart from expenditure with NHS Litigation Authority, who supplied legal services.

The Foundation Trust has also received capital payments from a number of funds held within Bradford Teaching Hospitals NHS Foundation Trust Charitable Funds, the trustee of which is the foundation trust. Furthermore, the Foundation Trust has levied a management charge on the Charitable Funds in respect of the services of its staff. The Charitable Funds have not been consolidated into the Foundation Trust's accounts.

	Income £000	Expenditure £000
Value of transactions with board members in 2010/11		
Short term benefit	0	1,374
Post employment benefit	0	0
Value of transactions with other related parties in 2010/11		
Department of Health	1,724	0
Airedale NHS Foundation Trust (FT status from 01/06/2010)	986	223
Airedale NHS Trust (NHS Trust status before 01/06/2010)	[illegible]	28
Barnsley PCT	25,175	0
Bradford & Airedale Teaching PCT	293,546	605
Bradford District Care Trust	910	503
Bury PCT	136	0
Calderdale and Huddersfield NHS Foundation Trust	524	288
Calderdale PCT	8,252	0
Central Manchester University Hospitals NHS Foundation Trust	6	[illegible]
Cumbria PCT	220	[illegible]
East Lancashire Teaching PCT	1,210	[illegible]
East Riding of Yorkshire PCT	173	[illegible]
Heywood, Middleton and Rochdale PCT	268	[illegible]
Kirklees PCT	5,103	[illegible]
Leeds PCT	6,260	[illegible]
Leeds Teaching Hospitals NHS Trust	3,446	10,305
Manchester PCT	85	0
National Blood Authority	[illegible]	1,721
National Health Service Pension Scheme	[illegible]	18,749
NHS Connecting for Health	178	0
NHS Litigation Authority	5,800	0
North Lancashire PCT	[illegible]	0
North Lincolnshire PCT	[illegible]	0
North Yorkshire & York PCT	3,543	[illegible]
Oldham PCT	[illegible]	0
Sheffield Teaching Hospitals NHS Foundation Trust	14	471
United Lincolnshire Hospitals NHS Trust	[illegible]	0
Wakefield District PCT	437	0
Yorkshire And The Humber Strategic Health Authority	13,494	77
Other NHS Bodies	1,451	180
Charitable Funds	[illegible]	0
NHS Shared Business Services	0	[illegible]
Value of transactions with board members in 2009/10	0	1,547
Value of transactions with other related parties in 2009/10		
Department of Health	1,783	0
Airedale NHS Trust	1,116	417
Barnsley PCT	25,729	0
Bradford & Airedale Teaching PCT	221,416	(361)
Bradford District Care Trust	1,227	481
Calderdale And Huddersfield NHS Foundation Trust	342	311
Calderdale PCT	8,543	[illegible]
Department Of Health	1,783	[illegible]
East Lancashire Teaching PCT	1,327	[illegible]
Kirklees PCT	5,311	[illegible]
Leeds PCT	[illegible]	[illegible]
Leeds Teaching Hospitals NHS Trust	1,599	11,994
NHS Litigation Authority	[illegible]	5,423
North Yorkshire & York PCT	2,954	0
Wakefield District PCT	617	0
Yorkshire Ambulance Service NHS Trust	0	799
Yorkshire And The Humber Strategic Health Authority	15,407	64
Other NHS Bodies	2,714	1,237
Charitable Funds	76	0
Other	[illegible]	2
NHS Shared Business Services	0	498

NOTES TO THE ACCOUNTS

Note 21.2 Related Party Balances	Receivables £000	Payables £000
Value of balances with other related parties at 31 March 2011		
Department of Health	360	12
Airedale NHS Foundation Trust (FT status after 01/06/2010)	209	79
Barnsley PCT	140	0
Bradford & Airedale Teaching PCT	1,328	80
Bradford District Care Trust	92	0
Calderdale And Huddersfield NHS Foundation Trust	143	0
Calderdale PCT	224	0
East Lancashire Teaching PCT	14	99
Leeds Teaching Hospitals NHS Trust	221	345
North Yorkshire & York PCT	387	0
Sheffield Teaching Hospitals NHS Foundation Trust	14	331
Wakefield District PCT	0	122
Yorkshire And The Humber Strategic Health Authority	82	0
Other NHS Bodies	508	253
Charitable Funds	63	0
NHS Business Services Authority	0	56
NHS Shared Business Services	0	19
Value of balances with other related parties at 31 March 2010		
Department of Health	49	0
Airedale NHS Trust	222	58
Barnsley PCT	1,486	0
Bradford & Airedale Teaching PCT *	3,787	6,009
Bradford District Care Trust	0	116
Calderdale And Huddersfield NHS Foundation Trust	313	39
Calderdale PCT	120	222
Department Of Health	49	0
East Lancashire Teaching PCT	98	0
Kirklees PCT	0	40
Leeds PCT	172	298
Leeds Teaching Hospitals NHS Trust	471	108
National Heath Service Pension Scheme	0	2,272
North Yorkshire & York PCT	129	92
Wakefield District PCT	21	52
Yorkshire And The Humber Strategic Health Authority	76	11
Other NHS Bodies	434	315
Charitable Funds	78	0

* Bradford & Airedale Teaching PCT Current Receivables £3,598k, Non Current Receivables £189k

NOTES TO THE ACCOUNTS

Note 22 Private Finance transactions

The Foundation Trust is not party to any Private Finance Initiatives. There are therefore no on-balance sheet or off-balance sheet transactions which require disclosure.

Note 23 Financial instruments

IFRS 7, Financial Instruments: Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Foundation Trust actively seeks to minimise its financial risks. In line with this policy, the Foundation Trust neither buys nor sells financial instruments. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Foundation Trust in undertaking its activities.

Liquidity risk
The Foundation Trust's net operating costs are incurred under three year agency purchase contracts with local primary care trusts, which are financed from resources voted annually by Parliament. The Foundation Trust receives such contract income in accordance with Payment by Results (PBR), which is intended to match the income received in year to the activity delivered in that year by reference to the National Tariff procedure cost. The Foundation Trust receives cash each month based on an annually agreed level of contract activity, and there are quarterly corrections made to adjust for the actual income due under PBR. This means that in periods of significant over- performance against contract there can be a significant cash-flow impact. To alleviate this issue the foundation trust has put in place a £18.5m working capital facility, which to date, due to careful cash management, it has yet to draw on. The working capital facility was renewed on 30 May 2009.

The Foundation Trust currently finances its capital expenditure from internally generated funds and funds made available from Government, in the form of additional Public Dividend Capital, under an agreed limit. In addition, the Foundation Trust can borrow, both from the Department of Health Financing Facility and commercially, to finance capital schemes. Financing is drawn down to match the spend profile of the scheme concerned and the Foundation Trust is not, therefore, exposed to significant liquidity risks in this area.

Interest rate risk
With the exception of cash balances, the Foundation Trust's financial assets and financial liabilities carry nil or fixed rates of interest.

The Foundation Trust monitors the risk but does not consider it appropriate to purchase protection against it.

Foreign currency risk
The Foundation Trust has negligible foreign currency income, expenditure, assets or liabilities.

Credit risk
The Foundation Trust receives the majority of its income from Primary Care Trusts and statutory bodies and so the credit risk is negligible.

The Foundation Trust's treasury management policy minimises the risk of loss of cash invested by limiting its investments to:
- the Government banking service and the National Loans Fund;
- UK registered banks directly regulated by the FSA ; and
- UK registered building societies directly regulated by the FSA.

The policy limits the amounts that can be invested with any one non-government owned institution and the duration of the investment to between £3m and £7.5m and to no longer than 9 months.

Price risk
The Foundation Trust is not materially exposed to any price risks through contractual arrangements.

NOTES TO THE ACCOUNTS

Note 24.1 Financial assets by category	Total £000	Loans and receivables £000
Assets as per SoFP		
Trade and other receivables excluding non financial assets at 31 March 2011	**2,028**	2,028
Cash and cash equivalents at 31 March 2011	**58,476**	58,476
	60,504	**60,504**
Trade and other receivables excluding non financial assets at 31 March 2010	**7,468**	7,468
Cash and cash equivalents at 31 March 2010	**51,059**	51,059
	58,527	**58,527**

All financial assets fall within "loans and receivables".

NOTES TO THE ACCOUNTS

Note 24.2 Financial liabilities by category

	Total £000	Other financial liabilities £000
Liabilities as per SoFP		
Borrowings excluding Finance lease and PFI liabilities at 31 March 2011	**9,036**	9,036
Trade and other payables excluding non financial assets at 31 March 2011	**28,574**	28,574
Provisions under contract at 31 March 2011	**5,410**	5,410
	43,020	**43,020**
Borrowings excluding Finance lease and PFI liabilities at 31 March 2010	**9,048**	9,048
Trade and other payables excluding non financial assets 31 March 2010	**34,660**	34,660
Provisions under contract at 31 March 2010	**3,934**	3,934
	47,642	**47,642**

All financial liabilities fall within "other financial liabilities".

24.3 Fair values

For all of the Foundation Trust's financial assets and financial liabilities fair value matches carrying value.

24.4 Maturity of financial liabilities

All financial liabilities, with exception of the £8,000,000 loan, fall due within one year. The loan is repayable in equal amounts over the 10 years, hence £1,000,000 is due next year.

The loan has 8 remaining years, with the final principal payment due on 25 January 2019.

Note 25 Accounting standards that have been issued but have not yet been adopted

The following accounting standards have been issued but have not yet been adopted. The foundation trust cannot adopt new standards unless they have been adopted in the FT ARM issued by Monitor. The FT ARM generally does not adopt an international standard until it has been endorsed by the European Union for use by listed companies. In some cases, the standards may be interpreted in the FT ARM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation and the likely impact on the assumption that no interpretations are applied by the FT ARM.

i. IFRS 7 – Financial Instruments: Disclosures	This is an amendment to the standard to require additional disclosures where financial assets are transferred during 2011/12. The change should not have any significant impact on the Foundation Trust because it generally does not transfer financial assets between categories.
ii. IRFS 9 – Financial Instruments	This is a new standard to replace, eventually, IAS 39 Financial Instruments: Recognition and Measurement. Two elements of the standard have been issued so far, Financial Assets and Financial Liabilities. The main changes are in respect of financial assets where the existing four categories will be reduced to two; Amortised Cost and "Fair Value through Profit and Loss". At the present time it is not clear when this standard will be applied because the EU has delayed its endorsement.
iii. IAS 24 (Revised) – Related Party Disclosures	This new standard seeks to reduce the extent of disclosures required by government entities whose transactions are principally with other government entities. It is due for adoption in 2011/12. This may potentially relieve the Foundation Trust from providing some of its related party disclosures with other entities within the Whole of Government Accounts boundary, unless Monitor chooses to adapt the standard in the FT ARM to retain the existing disclosures.
iv. IASB Annual Improvements 2010	The document makes minor changes to 6 standards and one IFRIC Interpretation. Two of the standards amended (IFRS 1 and IAS 34) do not apply to foundation trusts. The IFRIC Interpretation amended (13) is not relevant to foundation trusts. The remaining changes are to IAS1 and 27 and IFRS 3 and 7. These changes are minor in nature and should have little or no impact for the Foundation Trust.
v. IFRIC 19 – Extinguishing financial liabilities with equity instruments	This new IFRIC applies from 2011/12 but will have no impact because the Foundation Trust has no equity instruments and therefore cannot issue them to settle financial liabilities.